



**State Monthly Active Group  
COBRA Monthly Dental Rates  
Effective 1/1/2024 to 12/31/2024**

PLAN/COVERAGE DESCRIPTION	COBRA RATES
<b>DENTAL EXPENSE PLAN (#399)</b>	
Single	\$43.33
Member & Spouse/Partner	\$75.31
Family	\$123.19
Parent & Child	\$91.25
<b>CIGNA (DPO #305)</b>	
Single	\$21.13
Member & Spouse/Partner	\$36.75
Family	\$60.08
Parent & Child	\$44.54
<b>HORIZON DENTAL CHOICE (DPO #317)</b>	
Single	\$17.70
Member & Spouse/Partner	\$30.79
Family	\$50.36
Parent & Child	\$37.31
<b>AETNA DMO (DPO #319)</b>	
Single	\$20.91
Member & Spouse/Partner	\$36.40
Family	\$59.53
Parent & Child	\$44.11
<b>METLIFE (DPO #320)</b>	
Single	\$14.06
Member & Spouse/Partner	\$23.84
Family	\$38.48
Parent & Child	\$28.71