



**State Monthly Active Group
COBRA Monthly Dental Rates**
Effective 1/1/2022 to 12/31/2022

PLAN/COVERAGE DESCRIPTION	COBRA RATES
DENTAL EXPENSE PLAN (#399)	
Single	\$41.99
Member & Spouse/Partner	\$72.98
Family	\$119.37
Parent & Child	\$88.43
CIGNA (DPO #305)	
Single	\$21.13
Member & Spouse/Partner	\$36.75
Family	\$60.08
Parent & Child	\$44.54
HEALTHPLEX (DPO #307)	
Single	\$8.95
Member & Spouse/Partner	\$15.57
Family	\$25.44
Parent & Child	\$18.85
HORIZON DENTAL CHOICE (DPO #317)	
Single	\$17.93
Member & Spouse/Partner	\$31.18
Family	\$50.98
Parent & Child	\$37.78
AETNA DMO (DPO #319)	
Single	\$21.45
Member & Spouse/Partner	\$37.33
Family	\$61.06
Parent & Child	\$45.24
METLIFE (DPO #320)	
Single	\$14.06
Member & Spouse/Partner	\$23.84
Family	\$38.48
Parent & Child	\$28.71