



**Local Monthly Active Group  
Local Government and Education Employers  
COBRA Monthly Dental Rates**  
Effective 1/1/2020 to 12/31/2020

| PLAN/COVERAGE DESCRIPTION               | COBRA RATES |
|---|-------------|
| <b>DENTAL EXPENSE PLAN (#399)</b>       |             |
| Single                                  | \$42.57     |
| Member & Spouse/Partner                 | \$74.00     |
| Family                                  | \$121.03    |
| Parent & Child                          | \$89.65     |
| <b>CIGNA (DPO #305)</b>                 |             |
| Single                                  | \$23.48     |
| Member & Spouse/Partner                 | \$40.83     |
| Family                                  | \$66.75     |
| Parent & Child                          | \$49.49     |
| <b>HEALTHPLEX (DPO #307)</b>            |             |
| Single                                  | \$8.95      |
| Member & Spouse/Partner                 | \$15.57     |
| Family                                  | \$25.44     |
| Parent & Child                          | \$18.85     |
| <b>HORIZON DENTAL CHOICE (DPO #317)</b> |             |
| Single                                  | \$18.20     |
| Member & Spouse/Partner                 | \$31.66     |
| Family                                  | \$51.76     |
| Parent & Child                          | \$38.35     |
| <b>AETNA DMO (DPO #319)</b>             |             |
| Single                                  | \$22.16     |
| Member & Spouse/Partner                 | \$38.56     |
| Family                                  | \$63.08     |
| Parent & Child                          | \$46.74     |
| <b>METLIFE (DPO #320)</b>               |             |
| Single                                  | \$14.81     |
| Member & Spouse/Partner                 | \$25.10     |
| Family                                  | \$40.51     |
| Parent & Child                          | \$30.22     |