

## Monthly COBRA Rates Effective January 1, 2010 to December 31, 2010

CARRIER	COVERAGE LEVEL			
	Single	Member & Spouse/Domestic Partner	Family	Parent & Child
NJ DIRECT15 - #150	\$480.21	\$1,080.47	\$1,200.54	\$672.31
<b>Health Maintenance Organizations (HMOs)</b>				
Aetna Health - #005	\$478.71	\$1,077.09	\$1,196.78	\$670.19
CIGNA HealthCare - #006	\$483.50	\$1,087.88	\$1,208.74	\$676.89
<b>STATE PRESCRIPTION DRUG PLAN</b>	\$131.82	\$296.62	\$329.57	\$184.56
<b>DENTAL RATES</b>				
Dental Expense Plan - #399	\$43.01	\$74.73	\$122.27	\$90.57
<b>Dental Plan Organizations (DPOs)</b>				
Atlantic Southern Dental (Benecare) - #301	\$25.68	\$44.61	\$73.01	\$54.08
Community Dental Assoc. - #302	\$24.50	\$42.60	\$69.68	\$51.61
CIGNA Dental Health, Inc. - #305	\$22.02	\$38.30	\$62.63	\$46.42
Healthplex (International Health Care Services) - #307	\$20.94	\$36.39	\$59.54	\$44.10
Horizon Dental Choice - #317	\$19.96	\$34.68	\$56.74	\$42.03
Aetna DMO - #319	\$21.34	\$37.15	\$60.77	\$45.03
<b>VISION CARE</b>	\$0.71	\$1.51	\$2.09	\$1.13