

Monthly COBRA Rates Effective January 1, 2009

CARRIER	COVERAGE LEVEL			
	Single	Member & Spouse/Domestic Partner	Family	Parent & Child
NJ Direct15 #150	\$423.47	\$952.80	\$1058.67	\$592.86
Health Maintenance Organizations (HMOs)				
Aetna #005	\$440.88	\$991.99	\$1102.21	\$617.23
CIGNA HealthCare #006	\$445.29	\$1001.91	\$1113.22	\$623.40
STATE PRESCRIPTION DRUG PLAN	\$122.74	\$276.19	\$306.87	\$171.85
DENTAL RATES:				
Dental Expense Plan #399 #203	\$ 42.16	\$ 73. 26	\$119.88	\$ 88.80
Dental Plan Organizations (DPOs)				
Atlantic Southern Dental #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 #307	\$ 21.81	\$ 37.91	\$ 62.022	\$ 45.94
Horizon Dental Choice #317	\$ 19.96	\$ 34.68	\$ 56.74	\$ 42.03
Aetna DMO – #319	\$ 21.78	\$ 37.91	\$ 62.01	\$ 45.95
VISION CARE	\$ 0.71	\$ 1.51	\$ 2.09	\$ 1.13

Partner means a Civil Union Partner or eligible same-sex Domestic Partner as recognized under New Jersey State Law.