

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS
NEW JERSEY STATE HEALTH BENEFITS PROGRAM

DENTAL PLAN RATES

**STATE BIWEEKLY ACTIVE GROUP
RATES EFFECTIVE 1/01/2011 to 12/30/2011**

DESCRIPTION OF COVERAGE	STATE CONTRIBUTION	EMPLOYEE CONTRIBUTION	TOTAL
<u>DENTAL EXPENSE PLAN - #399</u>			
Single	\$9.91	\$9.89	\$19.80
Member & Spouse/Partner	\$17.20	\$17.20	\$34.40
Family	\$28.15	\$28.14	\$56.29
Parent & Child	\$20.85	\$20.84	\$41.69
<u>DENTAL PROVIDER ORGANIZATIONS (DPO)</u>			
BENECARE (DPO #301)			
Single	\$5.86	\$5.85	\$11.71
Member & Spouse/Partner	\$10.18	\$10.16	\$20.34
Family	\$16.65	\$16.63	\$33.28
Parent & Child	\$12.33	\$12.32	\$24.65
COMMUNITY DENTAL (DPO #302)			
Single	\$5.54	\$5.52	\$11.06
Member & Spouse/Partner	\$9.62	\$9.61	\$19.23
Family	\$15.73	\$15.72	\$31.45
Parent & Child	\$11.65	\$11.64	\$23.29
CIGNA (DPO #305)			
Single	\$4.98	\$4.96	\$9.94
Member & Spouse/Partner	\$8.65	\$8.63	\$17.28
Family	\$14.14	\$14.13	\$28.27
Parent & Child	\$10.48	\$10.47	\$20.95
HEALTHPLEX (DPO #307)			
Single	\$4.50	\$4.48	\$8.98
Member & Spouse/Partner	\$7.80	\$7.80	\$15.60
Family	\$12.77	\$12.76	\$25.53
Parent & Child	\$9.46	\$9.45	\$18.91
HORIZON DENTAL CHOICE (DPO #317)			
Single	\$4.60	\$4.59	\$9.19
Member & Spouse/Partner	\$7.98	\$7.98	\$15.96
Family	\$13.07	\$13.05	\$26.12
Parent & Child	\$9.68	\$9.67	\$19.35
AETNA DMO (DPO #319)			
Single	\$4.82	\$4.81	\$9.63
Member & Spouse/Partner	\$8.39	\$8.38	\$16.77
Family	\$13.71	\$13.71	\$27.42
Parent & Child	\$10.17	\$10.15	\$20.32