

**COBRA RATES
(STATE EMPLOYERS)**

Rates Effective January 1, 2011 to December 31, 2011

COVERAGE, PLAN NAME, AND PLAN NUMBER	TYPE OF CONTRACT			
	Single	Member & Spouse/ Partner	Family	Parent & Child
Preferred Provider Organization				
NJ DIRECT15 – #150	\$ 509.51	\$ 1,146.38	\$1,273.77	\$ 713.32
HMO Plans				
Aetna HMO – #005	\$ 523.71	\$ 1,178.34	\$ 1,309.28	\$ 733.18
CIGNA HealthCare – #006	\$ 526.53	\$ 1,184.69	\$ 1,316.32	\$ 737.13
EMPLOYEE PRESCRIPTION DRUG PLAN – #203	\$ 138.41	\$ 311.45	\$ 346.05	\$ 193.80
DENTAL RATES				
Dental Expense Plan – #399	\$ 43.87	\$ 76.23	\$ 124.72	\$ 92.39
Dental Provider Organizations (DPOs):				
Atlantic Southern Dental (BeneCare) – #301	\$ 25.93	\$ 45.06	\$ 73.74	\$ 54.62
Community Dental Associates – #302	\$ 24.50	\$ 42.60	\$ 69.68	\$ 51.61
CIGNA DHMO – #305	\$ 22.02	\$ 38.30	\$ 62.63	\$ 46.42
Healthplex (International Health Care Services) – #307	\$ 19.89	\$ 34.57	\$ 56.56	\$ 41.90
Horizon Dental Choice – #317	\$ 20.35	\$ 35.37	\$ 57.87	\$ 42.87
Aetna DMO – #319	\$ 21.34	\$ 37.15	\$ 60.77	\$ 45.03
VISION CARE	\$ 0.64	\$ 1.51	\$ 1.86	\$ 1.01

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

STATE HEALTH BENEFITS PROGRAM
COBRA BENEFITS CONTINUATION SCHEDULE
RATES EFFECTIVE 1/1/2011 - 12/31/2011

Attached are the monthly premium rates for continued COBRA coverage under the State Health Benefits Program (SHBP) effective January 1, 2011 to December 31, 2011.

To determine your premium:

1. Locate in the left hand column the coverage(s) in which you wish to be enrolled. If you are eligible for health coverage, you may elect any health plan that serves the area in which you live and for which you are eligible to enroll. If you are eligible for dental coverage, you may elect any dental plan that serves the area in which you live.
2. Once you have identified the plan you desire, select the Contract Type you wish to elect. **YOU MAY NOT ELECT A CONTRACT TYPE WHICH EXCEEDS THAT WHICH YOU HAD ON THE LAST DATE PRIOR TO THE TERMINATION OF YOUR HEALTH CARE COVERAGE.** You may elect the same or a lesser level of coverage. For example, if you had member and spouse coverage as an active employee, you could elect member and spouse or single coverage under COBRA. You could not elect family or parent-child coverage. **You may not elect Dental, Vision, or Prescription Drug coverages unless you were enrolled in that coverage on the date of the COBRA event making you eligible for enrollment in the program (unless a qualifying event occurs during the election period - marriage, birth, etc.).**
3. On the *COBRA Application*, check the box associated with the Plan and Contract Type elected. **If you are electing HMO coverage, be sure to list the name and physician ID number of the HMO Primary Care Physician. If you are electing dental coverage, be sure to specify the plan in which you wish to enroll. If you are selecting a Dental Plan Organization (DPO), you must indicate a Primary Dental Facility or dentist.**

Forward your completed COBRA application without premiums to:

Division of Pensions & Benefits
COBRA Section
PO Box 299
Trenton, NJ 08625-0299

Once your COBRA application has been processed, the SHBP will bill you for premiums you owe for continued coverage. You will be billed on a monthly basis, however your first bill may include an additional billing of retroactive premiums due. Premiums should be sent to:

NJ State Health Benefits Program
PO Box 653
Trenton, NJ 08646-0653

To contact the SHBP regarding COBRA, please write, or call the Division of Pensions and Benefits' Office of Client Services at (609) 292-7524.

You may also reach us by e-mail at: pensions.nj@treas.state.nj.us