NJDPB Pensions & Benefits

Local Monthly Active Group
Local Government and Education Employers
Cobra Monthly Dental Rates
Effective 1/1/2018 to 12/31/2018

PLAN/COVERAGE DESCRIPTION	COBRA RATES
DENTAL EXPENSE PLAN (#399)	
Single	$40.31
Member & Spouse/Partner	$70.06
Family	$114.59
Parent & Child	$84.89
CIGNA (DPO #305)	
Single	$23.48
Member & Spouse/Partner	$40.83
Family	$66.75
Parent & Child	$49.49
HEALTHPLEX (DPO #307)	
Single	$8.95
Member & Spouse/Partner	$15.57
Family	$25.44
Parent & Child	$18.85
HORIZON DENTAL CHOICE (DPO #317)	
Single	$19.05
Member & Spouse/Partner	$33.11
Family	$54.16
Parent & Child	$40.11
AETNA DMO (DPO #319)	
Single	$21.94
Member & Spouse/Partner	$38.18
Family	$62.46
Parent & Child	$46.28
METLIFE (DPO #320)	
Single	$15.26
Member & Spouse/Partner	$25.87
Family	$41.76
Parent & Child	$31.16