

**(LOCAL GOVERNMENT AND EDUCATION EMPLOYEES
ENROLLED IN THE SHBP DENTAL PLANS)
STATE HEALTH BENEFITS PROGRAM
COBRA DENTAL BENEFITS CONTINUATION SCHEDULE
RATES EFFECTIVE 1/1/07 - 12/31/07**

Attached are the monthly COBRA dental premium rates for continued coverage under the State Health Benefits Program (SHBP) effective January 1, 2007 to December 31, 2007.

1. On the COBRA Application, check the box associated with the Dental Plan and Contract Type elected. **If you are electing a Dental Plan Organization (DPO), you must indicate a Primary Dental Facility or dentist.**
2. You can elect dental plan coverage **only if** your employer participates in the SHBP Dental Plans and you were enrolled for dental coverage while an active employee. Note: if your employer offered a separate dental plan, your COBRA eligibility under the SHBP does not include dental coverage.

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:

**State of New Jersey
State Health Benefits Program
Newark Post Office
PO Box 19519
Newark, NJ 07195-0519**

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

COBRA DENTAL RATES

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS
 NEW JERSEY STATE HEALTH BENEFITS PROGRAM
 LOCAL MONTHLY ACTIVE GROUP
 LOCAL GOVERNMENT AND EDUCATION EMPLOYERS
 RATES EFFECTIVE 1/1/2007 TO 12/31/2007

PLAN/COVERAGE DESCRIPTION	COBRA RATES
DENTAL EXPENSE PLAN - #399	
SINGLE	\$42.16
Member & Spouse/Domestic Partner/Civil Union Partner	\$73.26
FAMILY	\$119.88
PARENT & CHILD	\$88.80
DENTAL PROVIDER ORGANIZATIONS (DPO)	
HEALTHPLEX (DPO #307)	
ASSURANT (DPO #308)	
FLAGSHIP HEALTH SYSTEMS, INC. (DPO #312)	
SINGLE	\$21.08
Member & Spouse/Domestic Partner/Civil Union Partner	\$36.62
FAMILY	\$59.92
PARENT & CHILD	\$44.39
BENECARE (DPO #301)	
SINGLE	\$24.81
Member & Spouse/Domestic Partner/Civil Union Partner	\$43.10
FAMILY	\$70.54
PARENT & CHILD	\$52.25
COMMUNITY DENTAL (DPO #302)	
SINGLE	\$23.67
Member & Spouse/Domestic Partner/Civil Union Partner	\$41.16
FAMILY	\$67.33
PARENT & CHILD	\$49.86
CIGNA (DPO #305)	
SINGLE	\$21.59
Member & Spouse/Domestic Partner/Civil Union Partner	\$37.54
FAMILY	\$61.41
PARENT & CHILD	\$45.51
GROUP DENTAL HEALTH ADMINISTRATORS (DPO #306)	
SINGLE	\$21.48
Member & Spouse/Domestic Partner/Civil Union Partner	\$37.32
FAMILY	\$61.07
PARENT & CHILD	\$45.24
DENTAL GROUP OF NEW JERSEY, INC. (DPO#314)	
SINGLE	\$19.69
Member & Spouse/Domestic Partner/Civil Union Partner	\$34.26
FAMILY	\$56.02
PARENT & CHILD	\$41.51
HORIZON DENTAL CHOICE (DPO #317)	
SINGLE	\$19.96
Member & Spouse/Domestic Partner/Civil Union Partner	\$34.68
FAMILY	\$56.74
PARENT & CHILD	\$42.03
AETNA DMO (DPO #319)	
SINGLE	\$21.05
Member & Spouse/Domestic Partner/Civil Union Partner	\$36.62
FAMILY	\$59.91
PARENT & CHILD	\$44.40