COBRA RATES
(STATE EMPLOYERS)

Rates Effective January 1, 2007 to December 31, 2007

COVERAGE	TYPE OF CONTRACT			
	Single	Member & Spouse/ Domestic Partner	Family	Parent & Child
DENTAL RATES				
Dental Expense Plan – #399	$ 42.16	$ 73.26	$ 119.88	$ 88.80
Dental Provider Organizations (DPOs):				
Atlantic Southern Dental (BeneCare)-#301	$ 24.81	$ 43.10	$ 70.54	$ 52.25
Community Dental Associates – #302	$ 23.67	$ 41.16	$ 67.33	$ 49.86
CIGNA Dental Health, Inc. – #305	$ 21.59	$ 37.54	$ 61.41	$ 45.51
Group Dental Health Administrators – #306	$ 21.48	$ 37.32	$ 61.07	$ 45.24
Healthplex (Internat'l Heath Care Svc.)– #307	$ 21.08	$ 36.62	$ 59.92	$ 44.39
Assurant Employee Benefits (Fortis) – #308	$ 21.08	$ 36.62	$ 59.92	$ 44.39
Flagship Health Systems, Inc. – #312	$ 21.08	$ 36.62	$ 59.92	$ 44.39
Dental Group of New Jersey – #314	$ 19.69	$ 34.26	$ 56.02	$ 41.51
Horizon Dental Choice – #317	$ 21.08	$ 36.62	$ 59.92	$ 44.39
Aetna DMO – #319	$ 20.54	$ 35.73	$ 58.45	$ 43.31