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
NJ PLUS – #101	$ 353.56	$ 770.66	$ 917.27	$ 531.90
Traditional Plan – #102	$ 712.11	$ 1,524.13	$1,813.96	$1,051.82
HMO Plans:				
Aetna Health – #119	$ 380.55	$ 840.46	$ 977.53	$ 651.94
CIGNA HealthCare – #120	$ 434.68	$ 948.19	$ 1,130.88	$ 652.51
Oxford Health Plan – #128	$ 364.37	$ 801.53	$ 947.26	$ 546.57
AmeriHealth HMO – #133	$ 419.70	$ 933.86	$1,087.55	$ 619.60
Health Net – #134	$ 404.45	$ 881.03	$ 1,069.51	$ 620.44
STATE PRESCRIPTION DRUG PLAN	$ 113.31	$ 258.97	$ 272.02	$ 151.22
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
VISION CARE	$ 0.57	$ 1.21	$ 1.66	$ 0.90

Traditional Plan deductible $250, NJ PLUS and HMO office visit copayment $10.
Prescription Drug Plan copayment $3 for generic drug, $10 for name brand drug.