

NJ State Health Benefits Plan
Dental Plan Rates Effective January 1, 2010

Dental Plan Number	Dental Plan Name	Coverage Type	Pay Period Rate (24 Periods)	Post-Tax Employee Rate (24 Periods)
301	Benecare	Single	\$ 6.30	\$ -
301	Benecare	Member/Spouse	\$ 10.94	\$ -
301	Benecare	Family	\$ 17.90	\$ -
301	Benecare	Parent Child	\$ 13.26	\$ -
301	Benecare	Domestic Partnership - Member/Partner	\$ 6.30	\$ 4.64
301	Benecare	Domestic Partnership - Family	\$ 13.26	\$ 4.64
302	Community Dental Associates	Single	\$ 6.01	\$ -
302	Community Dental Associates	Member/Spouse	\$ 10.44	\$ -
302	Community Dental Associates	Family	\$ 17.08	\$ -
302	Community Dental Associates	Parent Child	\$ 12.65	\$ -
302	Community Dental Associates	Domestic Partnership - Member/Partner	\$ 6.01	\$ 4.44
302	Community Dental Associates	Domestic Partnership - Family	\$ 12.65	\$ 4.43
305	CIGNA Dental Health	Single	\$ 5.40	\$ -
305	CIGNA Dental Health	Member/Spouse	\$ 9.39	\$ -
305	CIGNA Dental Health	Family	\$ 15.35	\$ -
305	CIGNA Dental Health	Parent Child	\$ 11.38	\$ -
305	CIGNA Dental Health	Domestic Partnership - Member/Partner	\$ 5.40	\$ 3.99
305	CIGNA Dental Health	Domestic Partnership - Family	\$ 11.38	\$ 3.98
307	Healthplex	Single	\$ 5.13	\$ -
307	Healthplex	Member/Spouse	\$ 8.92	\$ -
307	Healthplex	Family	\$ 14.60	\$ -
307	Healthplex	Parent Child	\$ 10.81	\$ -
307	Healthplex	Domestic Partnership - Member/Partner	\$ 5.13	\$ 3.79
307	Healthplex	Domestic Partnership - Family	\$ 10.81	\$ 3.79
317	Horizon Dental Choice	Single	\$ 4.89	\$ -
317	Horizon Dental Choice	Member/Spouse	\$ 8.50	\$ -
317	Horizon Dental Choice	Family	\$ 13.91	\$ -
317	Horizon Dental Choice	Parent Child	\$ 10.30	\$ -
317	Horizon Dental Choice	Domestic Partnership - Member/Partner	\$ 4.89	\$ 3.61
317	Horizon Dental Choice	Domestic Partnership - Family	\$ 10.30	\$ 3.61
319	Aetna DMO	Single	\$ 5.23	\$ -
319	Aetna DMO	Member/Spouse	\$ 9.11	\$ -
319	Aetna DMO	Family	\$ 14.90	\$ -
319	Aetna DMO	Parent Child	\$ 11.04	\$ -
319	Aetna DMO	Domestic Partnership - Member/Partner	\$ 5.23	\$ 3.88
319	Aetna DMO	Domestic Partnership - Family	\$ 11.04	\$ 3.86
399	Dental Expense Plan	Single	\$ 10.54	\$ -
399	Dental Expense Plan	Member/Spouse	\$ 18.32	\$ -
399	Dental Expense Plan	Family	\$ 29.97	\$ -
399	Dental Expense Plan	Parent Child	\$ 22.20	\$ -
399	Dental Expense Plan	Domestic Partnership - Member/Partner	\$ 10.54	\$ 7.78
399	Dental Expense Plan	Domestic Partnership - Family	\$ 22.20	\$ 7.77