

**Readington Township Board of Education  
Group Dental Insurance Rates  
2020-2021**

Program	Horizon	
	7/1/20 - 6/30/21 Rates	
	Active	COBRA Incl. 2% Admin. Fee
<b>Horizon Dental Option Plan (subgroup 00)</b>		
Single	\$ 34.20	\$ 34.88
Parent/Child(ren)	\$ 59.52	\$ 60.71
Couple	\$ 65.53	\$ 66.84
Family	\$ 100.00	\$ 102.00
<b>Horizon Dental Choice (subgroup 01)</b>		
Single	\$ 24.84	\$ 25.34
Parent/Child(ren)	\$ 48.75	\$ 49.73
Couple	\$ 53.67	\$ 54.74
Family	\$ 81.90	\$ 83.54
<b>Horizon Total Care (subgroup 35)</b>		
Single	\$ 32.26	\$ 32.91
Parent/Child(ren)	\$ 55.95	\$ 57.07
Couple	\$ 61.59	\$ 62.82
Family	\$ 93.99	\$ 95.87

**Readington Township Board of Education  
Voluntary Dental Insurance Rates  
(Aides, Bus Drivers, Clerical population only)  
2020-2021**

Program	Horizon	
	7/1/20 - 6/30/21 Rates*	
	Active	COBRA Incl. 2% Admin. Fee
<b>Horizon Dental Option Plan (subgroup 20)</b>		
Single	\$ 44.94	\$ 45.84
Parent/Child(ren)	\$ 78.23	\$ 79.79
Couple	\$ 86.12	\$ 87.84
Family	\$ 131.42	\$ 134.05
<b>Horizon Dental Choice (subgroup 22)</b>		
Single	\$ 28.57	\$ 29.14
Parent/Child(ren)	\$ 56.07	\$ 57.19
Couple	\$ 61.72	\$ 62.95
Family	\$ 94.19	\$ 96.07
<b>Horizon Total Care (subgroup 24)</b>		
Single	\$ 37.10	\$ 37.84
Parent/Child(ren)	\$ 64.34	\$ 65.63
Couple	\$ 70.83	\$ 72.25
Family	\$ 111.54	\$ 113.77

*\* Horizon requires a minimum of ten (10) enrolled members in order for the plan to be offered. If participation requirement is not met plan may not be offered.*