

**Readington Township BOE
Group Dental Insurance Financial Analysis
July 1, 2025 - June 30, 2026**

		Horizon	
		7/1/24-6/30/25	7/1/25-6/30/26
Program		Current Rates	Renewal Rates ³
Horizon Dental Option Plan (00)			
Single		\$ 38.14	\$ 39.92
Parent/Child(ren)		\$ 66.37	\$ 69.47
Couple		\$ 73.06	\$ 76.47
Family		\$ 111.51	\$ 116.72
Horizon Dental Choice (01)			
Single		\$ 24.84	\$ 26.08
Parent/Child(ren)		\$ 48.75	\$ 51.19
Couple		\$ 53.67	\$ 56.35
Family		\$ 81.90	\$ 86.00
Horizon Total Care (35)			
Single		\$ 32.26	\$ 33.87
Parent/Child(ren)		\$ 55.95	\$ 58.75
Couple		\$ 61.59	\$ 64.67
Family		\$ 93.99	\$ 98.69
Horizon Dental Option Plan- Voluntary (20)			
Single		\$ 50.11	\$ 52.45
Parent/Child(ren)		\$ 87.23	\$ 91.30
Couple		\$ 96.03	\$ 100.51
Family		\$ 146.54	\$ 153.38
Horizon Dental Choice- Voluntary (22)			
Single		\$ 28.57	\$ 30.00
Parent/Child(ren)		\$ 56.07	\$ 58.87
Couple		\$ 61.72	\$ 64.81
Family		\$ 94.19	\$ 98.90
Horizon Total Care- Voluntary (24)			
Single		\$ 37.10	\$ 38.96
Parent/Children		\$ 64.34	\$ 67.56
Couple		\$ 70.83	\$ 74.37
Family		\$ 111.54	\$ 117.12
% Change			
			4.7%
Difference vs. Horizon '25 - '26			