

**Readington Township Board of Education
Group Dental Insurance Rates
2021-2023**

Program	Horizon	
	7/1/21- 6/30/23 Rates	
	Active	COBRA Incl. 2% Admin. Fee
Horizon Dental Option Plan (subgroup 00)		
Single	\$ 31.81	\$ 32.45
Parent/Child(ren)	\$ 55.35	\$ 56.46
Couple	\$ 60.94	\$ 62.16
Family	\$ 93.00	\$ 94.86
Horizon Dental Choice (subgroup 01)		
Single	\$ 24.84	\$ 25.34
Parent/Child(ren)	\$ 48.75	\$ 49.73
Couple	\$ 53.67	\$ 54.74
Family	\$ 81.90	\$ 83.54
Horizon Total Care (subgroup 35)		
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)**

Program	Horizon	
	7/1/21 - 6/30/23 Rates*	
	Active	COBRA Incl. 2% Admin. Fee
Horizon Dental Option Plan (subgroup 20)		
Single	\$ 41.79	\$ 42.63
Parent/Child(ren)	\$ 72.75	\$ 74.21
Couple	\$ 80.09	\$ 81.69
Family	\$ 122.22	\$ 124.66
Horizon Dental Choice (subgroup 22)		
Single	\$ 28.57	\$ 29.14
Parent/Child(ren)	\$ 56.07	\$ 57.19
Couple	\$ 61.72	\$ 62.95
Family	\$ 94.19	\$ 96.07
Horizon Total Care (subgroup 24)		
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.*