

**Readington Township Board of Education  
Group Dental Insurance Rates  
2023-2024**

Program	Horizon		
	7/1/23 - 6/30/24 Rates		
	Active	COBRA Incl. 2% Admin. Fee	
<b>Horizon Dental Option Plan (subgroup 00)</b>			
Single	\$ 34.99	\$	35.69
Parent/Child(ren)	\$ 60.89	\$	62.11
Couple	\$ 67.03	\$	68.37
Family	\$ 102.30	\$	104.35
<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)  
2023-2024**

Program	Horizon	
	7/1/23 - 6/30/24 Rates*	
	Active	COBRA Incl. 2% Admin. Fee
<b>Horizon Dental Option Plan (subgroup 20)</b>		
Single	\$ 45.97	\$ 46.89
Parent/Child(ren)	\$ 80.03	\$ 81.63
Couple	\$ 88.10	\$ 89.86
Family	\$ 134.44	\$ 137.13
<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.*