

COBRA Rates for former Benefits 2000 Non-Represented Employees

Non-represented employees of PSE&G, PSEG Power, and PSEG Services Corporation hired on or after 1/1/96; non-represented employees of PSEG Energy Holdings and its subsidiary companies hired on or after 1/1/97; non-represented employees of PSEG Power NY hired after 5/1/00; non-represented employees of PSEG Power Midwest hired after 7/10/01; and non-represented employees of PSEG Power CT hired after 12/6/02

COBRA Monthly Medical Plan Prices

Effective January 1 – December 31, 2007

Medical Option		You Alone	You Plus Child(ren)	You Plus Spouse	Family
4	\$750/\$1,500 Deductible	\$496.79	\$919.07	\$993.59	\$1,515.21
5	\$1,500/\$3,000 Deductible	\$434.09	\$803.09	\$868.19	\$1,323.98
10	Horizon POS	\$420.46	\$777.86	\$840.93	\$1,282.42
22	Aetna HMO	\$403.53	\$746.53	\$807.05	\$1,230.76
23	Horizon BCBS NJ HMO	\$364.05	\$673.48	\$728.09	\$1,110.33
39	Horizon EPO (Albany only)	\$372.78	\$689.76	\$745.56	\$1,079.09
39	Horizon EPO (CT only)	\$372.78	\$689.76	\$745.56	\$1,079.09

COBRA Monthly Dental Plan Prices

Effective January 1 – December 31, 2007

Dental Option		You Alone	You Plus Child(ren)	You Plus Spouse	Family
3	Dental/Vision	\$42.84	\$64.26	\$81.40	\$98.53
4	Dental Freedom of Choice (FOC)	\$24.24	\$41.54	\$50.46	\$68.26
5	Dental Maintenance Organization (DMO)	\$27.06	\$46.39	\$56.33	\$76.22