

## COBRA Rates for Former Benefits 2000

### Non-Represented Employees – 2008 Prices

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; and non-represented employees of PSEG Power CT hired after 12/6/02

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### COBRA Monthly Medical Program Prices

Effective January 1 – December 31, 2008

Medical Option		You Plus Spouse or Eligible Same- Sex Domestic Partner/Civil			
		You Alone	You Plus Child(ren)	Union	Family
4	\$750/\$1,500 Deductible	\$494.59	\$914.99	\$989.18	\$1,508.49
5	\$1,500/\$3,000 Deductible	\$434.71	\$804.22	\$869.43	\$1,325.88
10	Horizon POS	\$433.82	\$802.57	\$867.63	\$1,323.14
22	Aetna HMO	\$412.85	\$763.77	\$825.70	\$1,259.19
23	Horizon BCBS NJ HMO	\$349.89	\$647.29	\$699.77	\$1,067.15
39	Horizon EPO (Albany only)	\$358.24	\$662.87	\$716.48	\$1,037.00
39	Horizon EPO (CT only)	\$358.24	\$662.87	\$716.48	\$1,037.00

### COBRA Monthly Dental Program Prices

Effective January 1 – December 31, 2008

Dental Option		You Plus Spouse or Eligible Same- Sex Domestic Partner/Civil			
		You Alone	You Plus Child(ren)	Union	Family
3	Dental/Vision	\$41.42	\$62.14	\$78.70	\$95.27
4	Dental Freedom of Choice (FOC)	\$25.69	\$44.04	\$53.50	\$72.37
5	Dental Maintenance Organization (DMO)	\$27.53	\$47.20	\$57.32	\$77.54