

**Readington Township BOE
Group Dental Insurance Financial Analysis
July 1, 2026 - June 30, 2027**

Program		Horizon		Delta Dental	SHIF
		7/1/25-6/30/26 Current Rates	7/1/26-6/30/27 Renewal Rates ³	7/1/26-6/30/28 24 months Proposed	7/1/26-6/30/27 12 months Proposed ⁴
Census ¹					
Horizon Dental Option Plan (00)				PPO plus Premier	Dental PPO
Single	40	\$ 39.92	\$ 39.92	\$ 45.51	\$ 39.00
Parent/Child(ren)	11	\$ 69.47	\$ 69.47	\$ 79.20	\$ 68.00
Couple	29	\$ 76.47	\$ 76.47	\$ 87.19	\$ 75.00
Family	72	\$ 116.72	\$ 116.72	\$ 133.08	\$ 114.00
Total Monthly Premium	152	\$ 12,982	\$ 12,982	\$ 14,802	\$ 12,691
Horizon Dental Choice (01)				PPO Fixed Copay 6	Dental PPO
Single	5	\$ 26.08	\$ 27.38	\$ 40.33	\$ 25.00
Parent/Child(ren)	0	\$ 51.19	\$ 53.75	\$ 79.14	\$ 50.00
Couple	1	\$ 56.35	\$ 59.17	\$ 87.12	\$ 55.00
Family	2	\$ 86.00	\$ 90.30	\$ 132.95	\$ 84.00
Total Monthly Premium	8	\$ 359	\$ 377	\$ 555	\$ 348
Horizon Total Care (35)				PPO Fixed Copay Complete	Deltacare USA - Complete
Single	5	\$ 33.87	\$ 35.56	\$ 57.60	\$ 25.00
Parent/Child(ren)	6	\$ 58.75	\$ 61.69	\$ 99.88	\$ 42.00
Couple	11	\$ 64.67	\$ 67.90	\$ 109.94	\$ 47.00
Family	11	\$ 98.69	\$ 103.62	\$ 173.14	\$ 66.00
Total Monthly Premium	33	\$ 2,319	\$ 2,435	\$ 4,001	\$ 1,620
Horizon Dental Option Plan- Voluntary (20)				PPO plus Premier	Dental PPO
Single	4	\$ 52.45	\$ 52.45	\$ 45.51	\$ 51.00
Parent/Child(ren)	0	\$ 91.30	\$ 91.30	\$ 79.20	\$ 89.00
Couple	3	\$ 100.51	\$ 100.51	\$ 87.19	\$ 98.00
Family	6	\$ 153.38	\$ 153.38	\$ 133.08	\$ 149.00
Total Monthly Premium	13	\$ 1,432	\$ 1,432	\$ 1,242	\$ 1,392
Horizon Dental Choice- Voluntary (22)				PPO Fixed Copay 6	Dental PPO
Single	0	\$ 30.00	\$ 31.50	\$ 40.33	\$ 29.00
Parent/Child(ren)	0	\$ 58.87	\$ 61.81	\$ 79.14	\$ 57.00
Couple	0	\$ 64.81	\$ 68.05	\$ 87.12	\$ 63.00
Family	0	\$ 98.90	\$ 103.85	\$ 132.95	\$ 96.00
Total Monthly Premium	0	\$ -	\$ -	\$ -	\$ -
Horizon Total Care- Voluntary (24)				PPO Fixed Copay Complete	Deltacare USA - Complete
Single	4	\$ 38.96	\$ 40.91	\$ 57.60	\$ 25.00
Parent/Children	0	\$ 67.56	\$ 70.94	\$ 99.88	\$ 42.00
Couple	2	\$ 74.37	\$ 78.09	\$ 109.94	\$ 47.00
Family	5	\$ 117.12	\$ 122.98	\$ 173.14	\$ 66.00
Total Monthly Premium	11	\$ 890	\$ 935	\$ 1,316	\$ 524
Total Monthly Premium²	217	\$ 17,982	\$ 18,160	\$ 21,916	\$ 16,575
Total Annual Premium²		\$ 215,781	\$ 217,921	\$ 262,989	\$ 225,923
\$ Change			\$ 2,140	\$ 47,208	\$ 2,711,076
% Change			1.0%	21.9%	4.7%
Difference vs. Horizon '26-'27				\$ 45,068	\$ 8,002

¹ Employee census as of December 2025 Horizon invoice. Excludes waivers, COBRA, and retirees.

² Does not reflect Board payment for employees waiving coverage or payroll deductions.

³ Reflects Horizon Dental Option Plan renewal of +0%, Dental Choice & Total Care of +5.00%.

⁴ Deltacare USA - Complete (DMO stock plan) does not offer ETBT benefits to the Horizon Total Care plan