

**Centenary University Medical/Prescription Drug, Dental & Vision Benefit  
Premium Rate Information  
Effective July 1, 2018 through June 30, 2019**

<b>Plan</b>	<b>Category of Coverage</b>	<b>Monthly Total</b>	<b>Monthly Employer</b>	<b>Monthly Employee</b>
<b>Horizon Direct Access Plan</b>	Single Employee	\$1,051.01	\$468.69	\$582.32
	Employee and Spouse	\$2,500.69	\$1,091.81	\$1,408.88
	Employee & Child(ren)	\$1,846.72	\$745.98	\$1,100.74
	Family	\$3,378.90	\$1,454.77	\$1,924.13
	Dependent to Age 31	\$639.01	N/A	N/A
<b>Horizon OMNIA 3 Plan</b>	Single Employee	\$752.89	\$468.69	\$284.20
	Employee and Spouse	\$1,767.24	\$1,091.81	\$675.43
	Employee & Child(ren)	\$1,303.92	\$745.98	\$557.94
	Family	\$2,387.81	\$1,454.77	\$933.04
	Dependent to Age 31	\$457.76	N/A	N/A
<b>Horizon OMNIA 8 Plan</b>	Single Employee	\$682.23	\$468.69	\$213.54
	Employee and Spouse	\$1,589.24	\$1,091.81	\$497.43
	Employee & Child(ren)	\$1,172.01	\$745.98	\$426.03
	Family	\$2,147.26	\$1,454.77	\$692.49
	Dependent to Age 31	\$414.79	N/A	N/A
<b>Delta Dental PPO Plus Premier</b>	Single Employee	\$47.28	\$31.52	\$15.76
	Employee and Spouse	\$94.58	\$53.94	\$40.64
	Employee & Child(ren)	\$102.29	\$58.34	\$43.95
	Family	\$139.58	\$79.60	\$59.98
<b>Delta Dental DeltaCare DMO</b>	Single Employee	\$26.10	\$18.80	\$7.30
	Employee Plus Only 1	\$49.81	\$30.64	\$19.17
	Employee plus 2+ children	\$81.98	\$50.49	\$31.49
	Family	\$81.98	\$50.49	\$31.49
<b>VSP Base Plan</b>	Single Employee	\$5.78	N/A	\$5.78
	Employee + Dependent(s)	\$12.44	N/A	\$12.44
<b>VSP Premier Plan</b>	Single Employee	\$12.73	N/A	\$12.73
	Employee + Dependent(s)	\$27.38	N/A	\$27.38