

**Centenary University Health Benefit Program**  
**COBRA Rate Information**  
**Effective July 1, 2018 through June 30, 2019**

Plan	Category of Coverage	Monthly Total
Horizon Direct Access Design 5	Single Employee	\$1,072.03
	Employee and Spouse	\$2,550.70
	Employee & Child(ren)	\$1,883.65
	Family	\$3,446.48
Horizon OMNIA Design 3	Single Employee	\$767.95
	Employee and Spouse	\$1,802.58
	Employee & Child(ren)	\$1,330.00
	Family	\$2,435.57
Horizon OMNIA Design 8	Single Employee	\$695.87
	Employee and Spouse	\$1,621.02
	Employee & Child(ren)	\$1,195.45
	Family	\$2,190.21
Delta Dental PPO Plus Premier	Single Employee	\$48.23
	Employee and Spouse	\$96.47
	Employee & Child(ren)	\$104.34
	Family	\$142.37
Delta Dental DeltaCare Flagship DMO	Single Employee	\$26.62
	Employee plus only 1	\$50.81
	Employee plus 2 or more children	\$83.62
	Family	\$83.62
VSP Vision Service	Single Employee	\$5.90
	Employee Plus Dependent(s)	\$12.69
VSP Premier	Single Employee	\$12.98
	Employee Plus Dependent(s)	\$27.93

- o "Employee" means an employee who meets the eligibility criteria.
- o Spouse includes Civil Partner as defined by NJ State Law and Same Sex Domestic Partner as defined by Centenary University Policy.