



Centenary University
Medical/Prescription Drug, Dental & Vision
Premium Rate Information
Effective July 1, 2024 through June 30, 2025

Plan	Category of Coverage	Monthly Total	Monthly Employer	Monthly Employee
Horizon Direct Access EO With Blue Card	Single Employee	\$961.75	\$345.60	\$616.15
	Employee and Spouse	\$2,058.17	\$565.50	\$1,492.67
	Employee & Child(ren)	\$1,565.41	\$399.68	\$1,165.73
	Family	\$2,781.33	\$742.95	\$2,038.38
	Dependent to Age 31	\$584.75	N/A	N/A
Horizon Advantage EPO DE With Blue Card	Single Employee	\$865.06	\$564.85	\$300.21
	Employee and Spouse	\$1,849.35	\$1,136.71	\$712.64
	Employee & Child(ren)	\$1,408.25	\$819.87	\$588.38
	Family	\$2,499.13	\$1,514.79	\$984.34
	Dependent to Age 31	\$525.96	N/A	N/A
Horizon Advantage EPO FE With Blue Card	Single Employee	\$764.02	\$539.80	\$224.22
	Employee and Spouse	\$1,631.11	\$1,108.81	\$522.30
	Employee & Child(ren)	\$1,244.00	\$796.67	\$447.33
	Family	\$2,204.22	\$1,477.11	\$727.11
	Dependent to Age 31	\$464.53	N/A	N/A
Delta Dental PPO Plus Premier	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
Delta Dental DeltaCare/Flagship DMO	Single Employee	\$24.51	\$16.56	\$7.95
	Employee Plus Only 1	\$47.75	\$27.18	\$20.57
	Employee Plus 2+ children	\$80.47	\$46.76	\$33.71
	Family	\$80.47	\$46.76	\$33.71
VSP Base Plan	Single Employee	\$6.02	N/A	\$6.02
	Employee + Dependent(s)	\$12.95	N/A	\$12.95
VSP Premier Plan	Single Employee	\$12.73	N/A	\$12.73
	Employee + Dependent(s)	\$27.38	N/A	\$27.38