



**Centenary University**  
**Medical/Prescription Drug, Dental & Vision**  
**Premium Rate Information**  
**Effective July 1, 2022 through June 30, 2023**

Plan	Category of Coverage	Monthly Total	Monthly Employer	Monthly Employee
<b>United Healthcare Oxford Freedom</b>	Single Employee	\$950.21	\$363.40	\$586.81
	Employee and Spouse	\$1,998.29	\$576.70	\$1,421.59
	Employee & Child(ren)	\$1,658.12	\$547.90	\$1,110.22
	Family	\$2,900.04	\$958.73	\$1,941.31
	Dependent to Age 31	\$697.45	N/A	N/A
<b>United Healthcare Oxford EPO Liberty</b>	Single Employee	\$818.36	\$532.45	\$285.91
	Employee and Spouse	\$1,721.01	\$1,042.31	\$678.70
	Employee & Child(ren)	\$1,428.04	\$867.68	\$560.36
	Family	\$2,497.64	\$1,560.17	\$937.47
	Dependent to Age 31	\$600.68	N/A	N/A
<b>United Healthcare Oxford EPO Liberty POST</b>	Single Employee	\$736.93	\$523.39	\$213.54
	Employee and Spouse	\$1,549.76	\$1,052.33	\$497.43
	Employee & Child(ren)	\$1,285.94	\$859.91	\$426.03
	Family	\$2,249.11	\$1,556.62	\$692.49
	Dependent to Age 31	\$540.91	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/Flagship DMO</b>	Single Employee	\$27.30	\$19.35	\$7.95
	Employee Plus Only 1	\$52.10	\$31.53	\$20.57
	Employee Plus 2+ children	\$85.63	\$51.92	\$33.71
	Family	\$85.63	\$51.92	\$33.71
<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