



**Your COBRA Benefits & Rates  
July 1, 2022–June 30, 2023**



## ENROLLMENT PERIOD

The Open Enrollment period is from June 13, 2022 – June 25, 2022, with changes taking effect on July 1, 2022.

Elections you make during Open Enrollment will become effective **July 1, 2022**.

Your Benefit Choices during this Open Enrollment period include:

- Medical/Prescription Coverage – 3 Options
- Dental Coverage – 2 Options
- Vision Coverage – 2 Options

Special Enrollment allows individuals to make changes to their benefits throughout the plan year *only when they experience a qualifying life event*. Examples of qualifying life events are:

- ▶ Marriage
- ▶ Divorce
- ▶ Birth or Adoption of a Child
- ▶ Loss of Other Coverage

The information in this Open Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

### United Healthcare – Oxford Medical and Prescription Plans

Centenary University offers a choice of medical plan options so you can choose the plan that best meets your needs and those of your family. Each plan includes comprehensive health care benefits, including free in-network preventative care services and coverage for prescription drugs.

#### Important Notes:

- This is a synopsis of coverage only; the plan documents contain exclusions and limitations that are not shown here. Please refer to the plan documents for the full scope of coverage.
- In-network services are based on negotiated charges; out-of-network services are based on Reasonable & Customary (R&C) charges.
- Medical services and benefits are paid at higher levels when you use participating providers and give you the freedom to utilize the services of any out-of-network provider by paying higher deductibles and coinsurance.

#### **Pre-Certification**

Pre-certification may be required for certain procedures. Speak with your physician when using the following services:

- For non-emergency hospital admissions
- For emergency hospital admissions
- Complex imaging tests

Failure to obtain this authorization may result in a reduction or exclusion of benefits. Please note that this is not a complete list – contact your carrier for a comprehensive listing.

#### **Definitions**

**Coinsurance** – The percentage of each health care bill a person must pay out of their own pocket. Non-covered charges are in addition to this amount.

**Copayment** – The amount you must pay out of your own pocket when you receive medical care or a prescription drug. A copayment applies to each in-network visit or prescription.

**Deductible** – The amount the insured must pay before any payment is due from the insurance company. A covered individual is responsible for their deductible only once each calendar year.

**Out of Pocket Maximum** – Each plan limits the amount an individual may pay out of their own pocket during a calendar year. Once the out of pocket maximum is met, benefits are paid at 100%. Deductibles and coinsurance accrue toward this amount.

## Medical and Prescription Insurance

Taking care of matters relating to your United Healthcare / Oxford program may be easier than you realize. Through United Healthcare's website you can obtain your account information quickly and find answers to many of your health plan questions. Log on to [www.myuhc.com](http://www.myuhc.com). On the upper left-hand corner, click on "Sign In." If you are a new member, click on the "Register" link. Once you have registered, you will be able to confirm your eligibility, request ID cards, and check the status of the claims.

You can also:

- Find a Physician
- Check the Status of a Claim
- Download Explanation of Benefits (EOB)
- Email Customer Service

### UNITED HEALTHCARE / OXFORD HEALTH PLANS PROVIDER ACCESS



The UHC Direct Oxford Freedom Plan utilizes the Oxford Freedom network and United HealthCare Choice Plus network nationally.

The UHC EPO Oxford Liberty and UHC Oxford EPO POST Liberty plans utilize the Oxford Liberty network and United HealthCare Choice Plus network nationally.

Outside NJ, Metro NY and CT the national provider network is United HealthCare Choice Plus

To search for a medical provider online, please follow the below steps:

- Go to [www.myuhc.com](http://www.myuhc.com) and select **Find a Doctor**
- In the new window, select under **What type of provider are you looking for?** (Medical Directory, Behavioral Health, etc.)
- Select **Employer and Individual Plans** and then **Oxford Health Plans**
- Choose either **Freedom with Choice Plus** or **Liberty with Choice Plus**

### PARTICIPATING LAB

**LabCorp and Quest** are both in the UHC/Oxford network for laboratory services.

### UHC/OXFORD CONTACT PHONE NUMBERS

**UHC/Oxford Member Customer Services:** 1-800-444-6222

**Pharmacy (OptumRx) Member Services:** 1-800-444-6222

*The following summaries are not complete lists of available benefits.*

Plan Provisions	UHC Direct Freedom Plan		UHC EPO Liberty Plan	UHC EPO Liberty POST Plan
	Network: Freedom		Network: Liberty	Network: Liberty
	In-Network	Out-of-Network	In-Network Only	In-Network Only
<b>Annual Deductible</b> (Individual/Family)	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000
<b>Out-of-Pocket Maximum</b> (Includes Deductible)	\$2,500/\$5,000	\$5,000/\$10,000	\$4,000/\$8,000	\$6,350/\$12,700
<b>Coinsurance</b>	10%	30%	20%	30%
<b>Preventive Care</b>	100%	30%*	100%	100%
<b>Primary/Specialist Physician Office Visit</b>	\$25/\$40 copay	30%*	\$30/\$50 copay	\$30/\$50 copay
<b>Radiology</b>	10%*	30%*	20%*	Freestanding: 30%* Hospital: 50%*
<b>Laboratory</b>	No charge	30%*	No charge	Freestanding: No charge Hospital: 20%
<b>Hospital Care</b>	10%*	30%*	20%*	30%*
<b>Outpatient Surgery</b>	10%*	30%*	20%*	Freestanding: 30%* Hospital: 50%*
<b>Urgent Care</b>	\$40 copay	30%*	\$50 copay	\$50 copay
<b>Emergency Care</b>	\$100 copay per visit, waived if admitted		\$100 copay per visit, waived if admitted	\$100 copay per visit, then 30% Copay waived if admitted
<b>Retail Prescription Drugs</b> (30-day supply) •Tier 1 •Tier 2 •Tier 3	\$25 copay \$50 copay \$75 copay	Not covered	\$25 copay \$50 copay \$75 copay	\$25 copay \$50 copay \$75 copay
<b>Mail Order Prescription Drugs</b> (90-day supply) •Tier 1 •Tier 2 •Tier 3	\$50 copay \$100 copay \$150 copay	N/A	\$50 copay \$100 copay \$150 copay	\$50 copay \$100 copay \$150 copay

\*After deductible is met.

Note: This is a summary only of your coverage.

In-network services are based on negotiated charges; out-of-network services are based on reasonable and customary (R&C) charges.

**DELTA DENTAL OF NEW JERSEY**

Taking care of your teeth is as important as taking care of the rest of your body. That is why Centenary University offers comprehensive dental coverage through Delta Dental. Two plans are available for you to choose from: the PPO Plus Premier plan or the DeltaCare/Flagship plan. Both cover routine check-ups as well as additional services needed to maintain a healthy mouth.

Type of Service	PPO Plus Premier		DeltaCare
	In-Network	Out-of-Network	In-Network Only
<b>Calendar Year Deductible Individual/Family (Applies to Type B &amp; C Services Only)</b>	\$50 / \$150		None
<b>Calendar Year Maximum</b>	\$2,000 per individual In & Out-of-Network amounts cross-apply		Unlimited
<b>Type A - Preventative &amp; Diagnostic</b>			
Oral Exam	100%	100%	100%
Cleanings (Once every 6 months)	100%	100%	100%
Bitewing X-Rays	100%	100%	100%
<b>Type B - Basic Services</b>			
Fillings	80% after deductible	80% after deductible	100%
Periodontal Scaling	80% after deductible	80% after deductible	100%
Simple Extractions	80% after deductible	80% after deductible	100%
<b>Type C - Major Restorative Care</b>			
Crowns	50% after deductible	50% after deductible	Schedule of Benefits
Crown Repairs	50% after deductible	50% after deductible	Schedule of Benefits
Root Canal	50% after deductible	50% after deductible	Schedule of Benefits
Surgical Extraction	50% after deductible	50% after deductible	Schedule of Benefits
Bridges	50% after deductible	50% after deductible	Schedule of Benefits
<b>Type D - Orthodontia</b>			
Deductible	Not Applicable		Not Applicable
Orthodontia Treatment	50%		\$2,000
Lifetime Maximum	\$1,000		Not Applicable
Lifetime Maximum	Adults & Children		Adults & Children

## Dental Insurance

### Centenary University's Dental Plan covers three main types of expenses:

- Preventive and diagnostic care like routine exams and cleanings, fluoride treatments and X-rays
- Basic treatment such as simple fillings and extractions, sealants, root canals, oral surgery and gum disease treatment
- Major treatment such as crowns and dentures

### DELTA DENTAL WEBSITE PROVIDER ACCESS

To search online for a participating provider, members can go to [www.deltadentalnj.com](http://www.deltadentalnj.com) and follow the steps below:

- Click **Find a Dentist** on the right hand side of the screen
- Choose either **Delta Dental Premier** or **Flagship** as the Network
- Enter your **City & State** or **Zip Code**
- Enter any other search criteria to narrow your results (**Dentist Name, Specialty, etc.**)
- Click **Search for a Dentist**

### DELTA DENTAL CONTACT PHONE NUMBERS

Delta Dental Member Services: 1-800-452-9310

Centenary University offers a vision benefit administered by Vision Service Plan (VSP). Under this plan, you may use the eye care professional of your choice. However, when you use a participating Vision Service Plan provider, you receive higher levels of coverage under the In-Network benefit structure. To locate a participating provider contact Vision Service Plan at 1-800-877-7195 or visit the Vision Service Plan website at [www.vsp.com](http://www.vsp.com).

Services	Vision - Base Plan		Vision - Premier Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Eye Exam</b>	\$10 copay	\$50 allowance - the plan will reimburse up to \$50	\$10 copay	\$50 allowance - the plan will reimburse up to \$50
<b>Materials</b>				
Single Vision Lenses	\$25 copay	\$50 allowance	\$25 copay	\$50 allowance
Bifocal Lenses	\$25 copay	\$75 allowance	\$25 copay	\$75 allowance
Trifocal Lenses	\$25 copay	\$100 allowance	\$25 copay	\$100 allowance
Progressive Lenses	Standard - \$50 copay Premium - \$80 to \$90 copay Custom - \$120 to \$160 copay	\$75 allowance	Standard - \$50 copay Premium - \$80 to \$90 copay Custom - \$120 to \$160 copay	\$75 allowance
<b>Contact Lenses</b> <i>In lieu of eye glasses</i>	\$130 allowance \$60 copay fitting & evaluation	\$105 allowance	\$150 allowance \$60 copay fitting & evaluation	\$105 allowance
<b>Frames</b>	\$130 allowance	\$70 allowance	\$150 allowance	\$70 allowance
<b>Benefit Frequency</b>				
<b>Base Plan</b>				
This plan will cover one set of lenses every 24 months. This plan will cover one set of frames every 24 months.				
This plan will cover one set of contact lenses in lieu of eyeglasses once every 24 months.				
<b>Premier Plan</b>				
This plan will cover one set of lenses every 12 months. This plan will cover one set of frames every 12 months.				
This plan will cover one set of contact lenses in lieu of eyeglasses once every 12 months.				

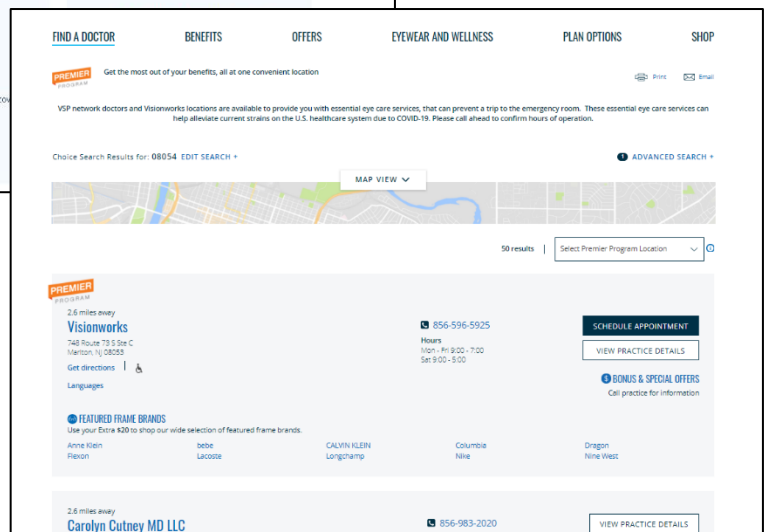
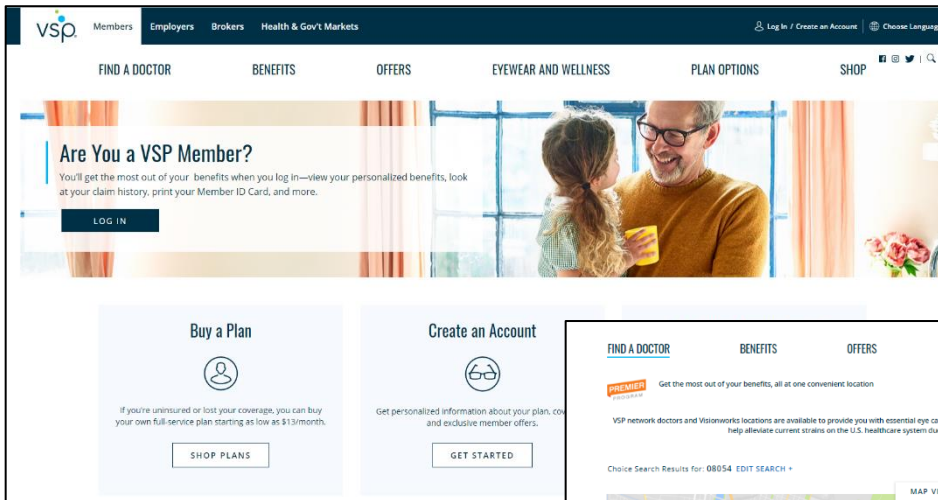
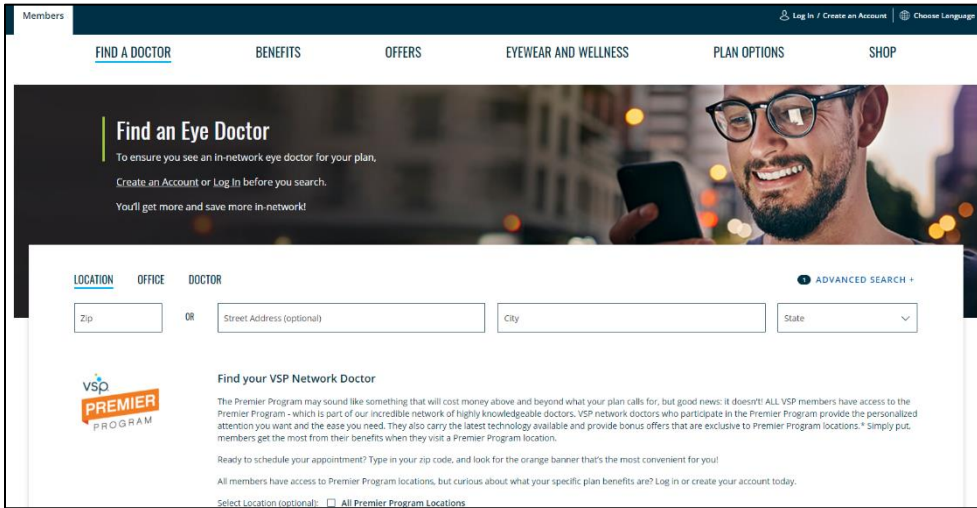


# Finding A VSP Vision Provider

You will have access to an online directory to find vision professionals that participate in your plan. Information can be found in both English and Spanish. Follow these steps:

- Go to **www.vsp.com**
- Under “**Find a VSP Doctor**” on the right hand side of the screen, enter your **zip code** and then click **Search**.
- You can refine the search results on the left hand side of the screen.

It is your responsibility to make sure you are using in-network providers in order to enjoy the benefits of the plan’s in-network benefit schedule. Claim reimbursements for services obtained out of network are subject to reasonable and customary allowances and you may be responsible for amounts in excess of these limits.



<b>Centenary University Health Benefit Program</b> <b>COBRA Rate Information</b> <b>Effective July 1, 2022 through June 30, 2023</b>		
<b>Plan</b>	<b>Category of Coverage</b>	<b>Monthly Total</b>
United HealthCare Oxford Freedom	Single Employee	\$969.21
	Employee and Spouse	\$2,038.26
	Employee & Child(ren)	\$1,691.28
	Family	\$2,958.04
United HealthCare Oxford EPO Liberty	Single Employee	\$834.73
	Employee and Spouse	\$1,755.43
	Employee & Child(ren)	\$1,456.60
	Family	\$2,547.59
United HealthCare Oxford EPO Liberty Post	Single Employee	\$751.67
	Employee and Spouse	\$1,580.76
	Employee & Child(ren)	\$1,311.66
	Family	\$2,294.09
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	\$27.85
	Employee plus only 1	\$53.14
	Employee plus 2 or more children	\$87.34
	Family	\$87.34
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

