

**Centenary University Health Benefit Program
COBRA Rate Information
Effective July 1, 2022 through June 30, 2023**

Plan	Category of Coverage	Monthly Total
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

- 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.