



**Centenary University**  
**Medical/Prescription Drug, Dental & Vision**  
**Premium Rate Information**  
**Effective July 1, 2023 through June 30, 2024**

Plan	Category of Coverage	Monthly Total	Monthly Employer	Monthly Employee
<b>United Healthcare Oxford Freedom</b>	Single Employee	\$1,023.18	\$407.03	\$616.15
	Employee and Spouse	\$2,151.75	\$659.08	\$1,492.67
	Employee & Child(ren)	\$1,785.45	\$619.72	\$1,165.73
	Family	\$3,122.75	\$1,084.37	\$2,038.38
	Dependent to Age 31	\$751.01	N/A	N/A
<b>United Healthcare Oxford EPO Liberty</b>	Single Employee	\$880.82	\$580.61	\$300.21
	Employee and Spouse	\$1,852.36	\$1,139.73	\$712.64
	Employee & Child(ren)	\$1,537.03	\$948.65	\$588.38
	Family	\$2,688.26	\$1,703.92	\$984.34
	Dependent to Age 31	\$646.52	N/A	N/A
<b>United Healthcare Oxford EPO Liberty POST</b>	Single Employee	\$776.26	\$552.04	\$224.22
	Employee and Spouse	\$1,632.47	\$1,110.17	\$522.30
	Employee & Child(ren)	\$1,354.57	\$907.24	\$447.33
	Family	\$2,369.15	\$1,642.04	\$727.11
	Dependent to Age 31	\$569.77	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	\$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
<b>VSP Base Plan</b>	Single Employee	\$6.02	N/A	\$6.02
	Employee + Dependent(s)	\$12.95	N/A	\$12.95
<b>VSP Premier Plan</b>	Single Employee	\$12.73	N/A	\$12.73
	Employee + Dependent(s)	\$27.38	N/A	\$27.38