

**Centenary University Health Benefit Program
COBRA Rate Information
Effective July 1, 2023 through June 30, 2024**

Plan	Category of Coverage	Monthly Total
United Healthcare Oxford Freedom	Single Employee	\$1,043.64
	Employee and Spouse	\$2,194.79
	Employee & Child(ren)	\$1,821.16
	Family	\$3,185.21
United Healthcare Oxford EPO Liberty	Single Employee	\$898.44
	Employee and Spouse	\$1,889.41
	Employee & Child(ren)	\$1,567.77
	Family	\$2,742.03
United Healthcare Oxford EPO Liberty POST	Single Employee	\$791.79
	Employee and Spouse	\$1,665.12
	Employee & Child(ren)	\$1,381.66
	Family	\$2,416.53
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	\$25.00
	Employee plus only 1	\$48.71
	Employee plus 2 or more children	\$82.08
	Family	\$82.08
VSP Vision Service	Single Employee	\$6.14
	Employee Plus Dependent(s)	\$13.21
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.