

Centenary University Health Benefit Program
COBRA Rate Information
Effective July 1, 2024 through June 30, 2025

Plan	Category of Coverage	Monthly Total
Horizon Direct Access EO With Blue Card	Single Employee	\$980.99
	Employee and Spouse	\$2,099.33
	Employee & Child(ren)	\$1,596.72
	Family	\$2,836.96
Horizon Advantage EPO DE With Blue Card	Single Employee	\$882.36
	Employee and Spouse	\$1,886.34
	Employee & Child(ren)	\$1,436.42
	Family	\$2,549.11
Horizon Advantage EPO FE With Blue Card	Single Employee	\$779.30
	Employee and Spouse	\$1,663.73
	Employee & Child(ren)	\$1,268.88
	Family	\$2,248.30
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.