

**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.