

**Centenary College Health Benefit Program
COBRA Rate Information
Effective July 1, 2009 through June 30, 2010**

Employee Group	Type of Coverage	Category of Coverage	Monthly Total		
All Employees	Direct Access Design 5 (Replaces PPO)	Single Employee	\$814.16		
		Employee and Spouse	\$1,320.36		
		Employee & Child(ren)	\$1,239.97		
		Family	\$1,784.10		
		Dependent to Age 31	\$495.01		
New Jersey Employees	Point of Service (Replaces HMO)	Single Employee	\$436.78		
		Employee and Spouse	\$893.80		
		Employee & Child(ren)	\$743.61		
		Family	\$1,213.29		
		Dependent to Age 31	\$265.57		
Pennsylvania Employees	Direct Access Design 3 (Replaces PPO for PA)	Single Employee	\$747.98		
		Employee and Spouse	\$1,214.29		
		Employee & Child(ren)	\$1,137.02		
		Family	\$1,640.76		
		Dependent to Age 31	\$454.78		
All Employees	Dental Option Plan (Traditional)	Single Employee	\$31.38		
		Employee and Spouse	\$62.76		
		Employee & Child(ren)	\$67.88		
		Family	\$92.63		
		Single Employee	\$20.28		
All Employees	Dental Choice Plan (Managed)	Employee and Spouse	\$40.57		
		Employee & Child(ren)	\$43.88		
		Family	\$59.87		
		All Employees	VSP Vision Service	Single Employee	\$4.92
				Employee Plus Dependent(s)	\$10.58

- o "Employee" means an employee who meets the eligibility criteria.
- o Prescription Drugs: No annual deductible. Copays are: \$15 for generic, \$35 for brand name formulary drug, \$50 for non-formulary brand name drug. For Mail Order: No deductible and double the copay amounts for 90 day supply.
- o Spouse includes Civil Partner as defined by NJ State Law and Same Sex Domestic Partner as defined by Centenary College Policy.

Excel: Benefits Folder: Horizon Renewal .7.1.2009 through 6.30.2010 Folder:
COBRA FINAL Medical Rates as of 6.2 Effective .7.1.2009