

EMERSON COLLEGE
HEALTH, DENTAL & VISION PLAN EMPLOYEE COSTS
Casual Worker
January 1 through December 31, 2024

	Semi-Monthly	Weekly
HEALTH:		
HP HMO *		
INDIVIDUAL	\$211.50	\$ 97.61
INDIVIDUAL + 1	\$422.99	\$195.23
FAMILY	\$675.05	\$311.56
HP PPO		
INDIVIDUAL	\$252.56	\$116.57
INDIVIDUAL + 1	\$505.12	\$233.13
FAMILY	\$806.12	\$372.06
HP HIGH DEDUCTIBLE PPO		
INDIVIDUAL	\$214.68	\$ 99.08
INDIVIDUAL + 1	\$429.36	\$198.16
FAMILY	\$685.21	\$316.25
DENTAL:		
DELTA BASE PLAN		
INDIVIDUAL	\$0	\$0
INDIVIDUAL + 1	\$ 22.48	\$ 10.37
FAMILY	\$ 49.30	\$ 22.75
DELTA BUY UP PLAN		
INDIVIDUAL	\$ 2.81	\$ 1.29
INDIVIDUAL + 1	\$ 31.73	\$ 14.64
FAMILY	\$ 59.20	\$ 27.32
VISION / EYEMED:		
INDIVIDUAL	\$ 4.09	\$ 1.89
INDIVIDUAL + 1	\$ 7.76	\$ 3.58
FAMILY	\$ 11.40	\$ 5.26

**The HMO plan is not available for employees living outside the HMO service area (New England)*