

**EMERSON COLLEGE**  
**HEALTH, DENTAL & VISION PLAN EMPLOYEE COSTS**  
**Full-Time Faculty**  
**January 1 through December 31, 2024**

**Semi-Monthly**

**HEALTH:**

**HP HMO \***

INDIVIDUAL	\$ 105.75
FAMILY	\$ 287.64

**HP PPO**

INDIVIDUAL	\$ 126.28
FAMILY	\$ 343.49

**HP HIGH DEDUCTIBLE PPO**

INDIVIDUAL	\$ 107.34
FAMILY	\$ 291.96

**DENTAL:**

**DELTA BASE PLAN**

INDIVIDUAL	\$0
FAMILY	\$ 38.87

**DELTA BUY UP PLAN**

INDIVIDUAL	\$ 2.81
FAMILY	\$ 49.52

**VISION / EYEMED:**

INDIVIDUAL	\$ 4.09
INDIVIDUAL + 1	\$ 7.76
FAMILY	\$ 11.40

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