

**EMERSON COLLEGE**  
**HEALTH, DENTAL & VISION PLAN EMPLOYEE COSTS**  
**Boston Affiliated Faculty of Emerson College (AFEC)**  
**October 1 through December 31, 2024**

**Per-Paycheck Rate (based on 16 paychecks/year)**

**HEALTH:**

**HP HMO \***

INDIVIDUAL (50%)	\$ 317.25
INDIVIDUAL + 1 (50%)	\$ 634.49
FAMILY (50%)	\$ 1,012.58

INDIVIDUAL (70%)	\$ 190.35
INDIVIDUAL + 1 (70%)	\$ 380.69
FAMILY (70%)	\$ 607.55

**HP PPO**

INDIVIDUAL (50%)	\$ 378.84
INDIVIDUAL + 1 (50%)	\$ 757.68
FAMILY (50%)	\$ 1,209.18

INDIVIDUAL (70%)	\$ 227.31
INDIVIDUAL + 1 (70%)	\$ 454.61
FAMILY (70%)	\$ 725.51

**HP HIGH DEDUCTIBLE PPO**

INDIVIDUAL (50%)	\$ 322.02
INDIVIDUAL + 1 (50%)	\$ 644.04
FAMILY (50%)	\$ 1,027.81

INDIVIDUAL (70%)	\$ 193.21
INDIVIDUAL + 1 (70%)	\$ 386.42
FAMILY (70%)	\$ 616.69

**DENTAL:**

**DELTA BASE PLAN**

INDIVIDUAL	\$0
INDIVIDUAL + 1	\$ 33.72
FAMILY	\$ 73.95

**DELTA BUY UP PLAN**

INDIVIDUAL	\$ 4.21
INDIVIDUAL + 1	\$ 47.60
FAMILY	\$ 88.80

**VISION / EYEMED**

INDIVIDUAL	\$ 6.13
INDIVIDUAL + 1	\$ 11.64
FAMILY	\$ 17.10

*\*The HMO plan is not available for employees living outside the HMO service area (New England; excluding CT).*