

EMERSON COLLEGE
HEALTH, DENTAL & VISION PLAN EMPLOYEE COSTS
Casual Worker
January 1 through December 31, 2025

	Semi-Monthly	Weekly
HEALTH:		
HP HMO *		
INDIVIDUAL	\$232.61	\$107.36
INDIVIDUAL + 1	\$465.22	\$214.71
FAMILY	\$742.44	\$342.66
HP PPO		
INDIVIDUAL	\$274.55	\$126.71
INDIVIDUAL + 1	\$549.09	\$253.43
FAMILY	\$876.30	\$404.44
HP HIGH DEDUCTIBLE PPO		
INDIVIDUAL	\$224.86	\$103.78
INDIVIDUAL + 1	\$449.72	\$207.56
FAMILY	\$717.72	\$331.25
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 excluding CT)*