

**EMERSON COLLEGE**  
**HEALTH, DENTAL & VISION PLAN EMPLOYEE COSTS**  
**Affiliated Faculty of Emerson College - LA (AFEC)**  
**January 1 through December 31, 2026**

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

**HEALTH:**

**HP PPO**

INDIVIDUAL – 50%	\$ 470.55
INDIVIDUAL – 65%	\$ 329.39
INDIVIDUAL + 1	\$ 941.10
FAMILY	\$ 1,501.90

**HP HIGH DEDUCTIBLE PPO**

INDIVIDUAL – 50%	\$ 385.40
INDIVIDUAL – 65%	\$ 269.78
INDIVIDUAL + 1	\$ 770.79
FAMILY	\$ 1,230.11

**DENTAL:**

**DELTA BASE PLAN**

INDIVIDUAL	\$0
INDIVIDUAL + 1	\$ 35.10
FAMILY	\$ 76.98

**DELTA BUY UP PLAN**

INDIVIDUAL	\$ 4.38
INDIVIDUAL + 1	\$ 49.55
FAMILY	\$ 92.43

**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).*