

EMERSON COLLEGE
HEALTH, DENTAL & VISION PLAN EMPLOYEE COSTS
Staff (excluding Casual Staff) and Full-Time Faculty
January 1 through December 31, 2026

	Semi-Monthly	Weekly
HEALTH:		
HP HMO *		
INDIVIDUAL	\$ 132.89	\$ 61.33
INDIVIDUAL + 1	\$ 318.94	\$ 147.20
FAMILY	\$ 424.16	\$ 195.77
HP PPO		
INDIVIDUAL	\$ 156.85	\$ 72.39
INDIVIDUAL + 1	\$ 376.44	\$ 173.74
FAMILY	\$ 500.64	\$ 231.06
HP HIGH DEDUCTIBLE PPO		
INDIVIDUAL	\$ 128.47	\$ 59.29
INDIVIDUAL + 1	\$ 308.32	\$ 142.30
FAMILY	\$ 410.04	\$ 189.25
DENTAL:		
DELTA BASE PLAN		
INDIVIDUAL	\$0	\$0
INDIVIDUAL + 1	\$ 23.40	\$ 10.80
FAMILY	\$ 51.32	\$ 23.69
DELTA BUY UP PLAN		
INDIVIDUAL	\$ 2.92	\$ 1.35
INDIVIDUAL + 1	\$ 33.03	\$ 15.24
FAMILY	\$ 61.62	\$ 28.44
VISION / EYEMED		
INDIVIDUAL	\$ 4.09	\$ 1.89
INDIVIDUAL + 1	\$ 7.76	\$ 3.58
FAMILY	\$ 11.40	\$ 5.26

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