

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

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

HEALTH:

HP HMO *

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|----------------------|-------------|
| INDIVIDUAL (50%) | \$ 398.67 |
| INDIVIDUAL + 1 (50%) | \$ 797.34 |
| FAMILY (50%) | \$ 1,272.48 |

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|----------------------|-----------|
| INDIVIDUAL (70%) | \$ 239.20 |
| INDIVIDUAL + 1 (70%) | \$ 478.41 |
| FAMILY (70%) | \$ 763.49 |

HP PPO

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|----------------------|-------------|
| INDIVIDUAL (50%) | \$ 470.55 |
| INDIVIDUAL + 1 (50%) | \$ 941.10 |
| FAMILY (50%) | \$ 1,501.90 |

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|----------------------|-----------|
| INDIVIDUAL (70%) | \$ 282.33 |
| INDIVIDUAL + 1 (70%) | \$ 564.66 |
| FAMILY (70%) | \$ 901.14 |

HP HIGH DEDUCTIBLE PPO

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|----------------------|-------------|
| INDIVIDUAL (50%) | \$ 385.40 |
| INDIVIDUAL + 1 (50%) | \$ 770.79 |
| FAMILY (50%) | \$ 1,230.11 |

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|----------------------|-----------|
| INDIVIDUAL (70%) | \$ 231.24 |
| INDIVIDUAL + 1 (70%) | \$ 462.47 |
| FAMILY (70%) | \$ 738.07 |

DENTAL:

DELTA BASE PLAN

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

DELTA BUY UP PLAN

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|----------------|----------|
| 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; excluding CT).*