

EMERSON COLLEGE
HEALTH, DENTAL & VISION PLAN EMPLOYEE COSTS
Casual Worker
January 1 through December 31, 2027

	Semi-Monthly	Weekly
HEALTH:		
HP HMO *		
INDIVIDUAL	\$ 281.20	\$129.78
INDIVIDUAL + 1	\$ 562.39	\$259.56
FAMILY	\$ 897.52	\$414.24
HP PPO		
INDIVIDUAL	\$ 331.90	\$153.18
INDIVIDUAL + 1	\$ 663.79	\$306.36
FAMILY	\$1,059.34	\$488.93
HP HIGH DEDUCTIBLE PPO		
INDIVIDUAL	\$ 271.83	\$125.46
INDIVIDUAL + 1	\$ 543.66	\$250.92
FAMILY	\$ 867.64	\$400.45
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 plan is not available for employees living outside the HMO service area (New England excluding CT)*