EMERSON COLLEGE

HEALTH, DENTAL & VISION PLAN EMPLOYEE COSTS

Boston Affiliated Faculty of Emerson College (AFEC)

January 1 through December 31, 2027

	Per-Paycheck Rate (based on 16 paychecks/year)
HEALTH:	
HP HMO *	
INDIVIDUAL (50%)	$ 421.80
INDIVIDUAL + 1 (50%)	$ 843.59
FAMILY (50%)	$ 1,346.28
INDIVIDUAL (70%)	$ 253.08
INDIVIDUAL + 1 (70%)	$ 506.15
FAMILY (70%)	$ 807.77
HP PPO	
INDIVIDUAL (50%)	$ 497.84
INDIVIDUAL + 1 (50%)	$ 995.69
FAMILY (50%)	$ 1,589.01
INDIVIDUAL (70%)	$ 298.71
INDIVIDUAL + 1 (70%)	$ 597.41
FAMILY (70%)	$ 953.41
HP HIGH DEDUCTIBLE PPO	
INDIVIDUAL (50%)	$ 407.75
INDIVIDUAL + 1 (50%)	$ 815.49
FAMILY (50%)	$ 1,301.46
INDIVIDUAL (70%)	$ 244.65
INDIVIDUAL + 1 (70%)	$ 489.30
FAMILY (70%)	$ 780.87
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; excluding CT)._