

EMERSON COLLEGE
MONTHLY COBRA PREMIUMS
HEALTH, DENTAL and VISION PLAN COSTS
January 1 – December 31, 2027

HEALTH:

HP HMO

INDIVIDUAL	\$ 1,147.28
INDIVIDUAL + 1	\$ 2,294.55
FAMILY	\$ 3,661.88

HP PPO

INDIVIDUAL	\$ 1,354.13
INDIVIDUAL + 1	\$ 2,708.26
FAMILY	\$ 4,322.11

HP HIGH DEDUCTIBLE PPO

INDIVIDUAL	\$ 1,109.07
INDIVIDUAL + 1	\$ 2,218.14
FAMILY	\$ 3,539.95

DELTA BASE PLAN

INDIVIDUAL	\$ 47.28
INDIVIDUAL + 1	\$ 95.00
FAMILY	\$ 151.97

DELTA BUY UP PLAN

INDIVIDUAL	\$ 53.23
INDIVIDUAL + 1	\$ 114.66
FAMILY	\$ 172.98

VISION:

INDIVIDUAL	\$ 8.33
INDIVIDUAL + 1	\$ 15.83
FAMILY	\$ 23.25

COBRA rates represent 100% of the premium plus a 2% administrative charge.