

EMERSON COLLEGE
HEALTH, DENTAL & VISION PLAN EMPLOYEE COSTS
Staff (excluding Casual Staff) and Full-Time Faculty
January 1 through December 31, 2027

	Semi-Monthly	Weekly
HEALTH:		
HP HMO *		
INDIVIDUAL	\$140.60	\$ 64.89
INDIVIDUAL + 1	\$ 337.44	\$ 155.74
FAMILY	\$ 448.76	\$ 207.12
HP PPO		
INDIVIDUAL	\$ 165.95	\$ 76.59
INDIVIDUAL + 1	\$ 398.28	\$ 183.82
FAMILY	\$ 529.67	\$ 244.46
HP HIGH DEDUCTIBLE PPO		
INDIVIDUAL	\$ 135.92	\$ 62.73
INDIVIDUAL + 1	\$ 326.20	\$ 150.55
FAMILY	\$ 433.82	\$ 200.22
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)*