

EMERSON COLLEGE
HEALTH, DENTAL & VISION PLAN EMPLOYEE COSTS
Staff (excluding Casual Staff)
January 1 through December 31, 2024

	Semi-Monthly	Weekly
HEALTH:		
HP HMO *		
INDIVIDUAL	\$ 105.75	\$ 48.81
INDIVIDUAL + 1	\$ 253.80	\$ 117.14
FAMILY	\$ 337.53	\$ 155.78
HP PPO		
INDIVIDUAL	\$ 126.28	\$ 58.28
INDIVIDUAL + 1	\$ 303.07	\$ 139.88
FAMILY	\$ 403.06	\$ 186.03
HP HIGH DEDUCTIBLE PPO		
INDIVIDUAL	\$ 107.34	\$ 49.54
INDIVIDUAL + 1	\$ 257.62	\$ 118.90
FAMILY	\$ 342.61	\$ 158.13
DENTAL:		
DELTA BASE PLAN		
INDIVIDUAL	\$0	\$0
INDIVIDUAL + 1	\$ 22.48	\$ 10.37
FAMILY	\$ 49.30	\$ 22.75
DELTA BUY UP PLAN		
INDIVIDUAL	\$ 2.81	\$ 1.29
INDIVIDUAL + 1	\$ 31.73	\$ 14.64
FAMILY	\$ 59.20	\$ 27.32
VISION / EYEMED		
INDIVIDUAL	\$ 4.09	\$ 1.89
INDIVIDUAL + 1	\$ 7.76	\$ 3.58
FAMILY	\$ 11.40	\$ 5.26

**The HMO plan is not available to employees living outside the HMO service area (New England)*