

EMERSON COLLEGE
MONTHLY COBRA PREMIUMS
HEALTH, DENTAL and VISION PLAN COSTS
January 1 – December 31, 2024

HEALTH:

HP HMO

| | |
|----------------|-------------|
| INDIVIDUAL | \$ 862.90 |
| INDIVIDUAL + 1 | \$ 1,725.80 |
| FAMILY | \$ 2,754.20 |

HP PPO

| | |
|----------------|-------------|
| INDIVIDUAL | \$ 1,030.44 |
| INDIVIDUAL + 1 | \$ 2,060.89 |
| FAMILY | \$ 3,288.98 |

HP HIGH DEDUCTIBLE PPO

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|----------------|-------------|
| INDIVIDUAL | \$ 875.88 |
| INDIVIDUAL + 1 | \$ 1,751.77 |
| FAMILY | \$ 2,795.65 |

DENTAL:

DELTA BASE PLAN

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|----------------|-----------|
| INDIVIDUAL | \$ 45.41 |
| INDIVIDUAL + 1 | \$ 91.26 |
| FAMILY | \$ 145.98 |

DELTA BUY UP PLAN

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|----------------|-----------|
| INDIVIDUAL | \$ 51.13 |
| INDIVIDUAL + 1 | \$ 110.14 |
| FAMILY | \$ 166.17 |

VISION:

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

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