

**EMERSON COLLEGE**  
**HEALTH, DENTAL & VISION PLAN EMPLOYEE COSTS**  
**Boston Affiliated Faculty of Emerson College (AFEC)**  
**January 1 through December 31, 2025**

**Per-Paycheck Rate (based on 16 paychecks/year)**

**HEALTH:**

**HP HMO \***

INDIVIDUAL (50%)	\$ 348.91
INDIVIDUAL + 1 (50%)	\$ 697.83
FAMILY (50%)	\$ 1,113.66

INDIVIDUAL (70%)	\$ 209.35
INDIVIDUAL + 1 (70%)	\$ 418.70
FAMILY (70%)	\$ 668.20

**HP PPO**

INDIVIDUAL (50%)	\$ 411.82
INDIVIDUAL + 1 (50%)	\$ 823.64
FAMILY (50%)	\$ 1,314.48

INDIVIDUAL (70%)	\$ 247.10
INDIVIDUAL + 1 (70%)	\$ 494.19
FAMILY (70%)	\$ 788.67

**HP HIGH DEDUCTIBLE PPO**

INDIVIDUAL (50%)	\$ 337.30
INDIVIDUAL + 1 (50%)	\$ 674.59
FAMILY (50%)	\$ 1,076.58

INDIVIDUAL (70%)	\$ 202.38
INDIVIDUAL + 1 (70%)	\$ 404.75
FAMILY (70%)	\$ 645.95

**DENTAL:**

**DELTA BASE PLAN**

INDIVIDUAL	\$0
INDIVIDUAL + 1	\$ 33.72
FAMILY	\$ 73.95

**DELTA BUY UP PLAN**

INDIVIDUAL	\$ 4.21
INDIVIDUAL + 1	\$ 47.60
FAMILY	\$ 88.80

**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).*