

**EMERSON COLLEGE**  
**MONTHLY COBRA PREMIUMS**  
**HEALTH, DENTAL and VISION PLAN COSTS**  
**January 1 – December 31, 2025**

**HEALTH:**

**HP HMO**

INDIVIDUAL	\$ 949.04
INDIVIDUAL + 1	\$ 1,898.08
FAMILY	\$ 3,029.15

**HP PPO**

INDIVIDUAL	\$ 1,120.15
INDIVIDUAL + 1	\$ 2,240.30
FAMILY	\$ 3,575.29

**HP HIGH DEDUCTIBLE PPO**

INDIVIDUAL	\$ 917.44
INDIVIDUAL + 1	\$ 1,834.87
FAMILY	\$ 2,928.28

**DELTA BASE PLAN**

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

**DELTA BUY UP PLAN**

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.**