

EMERSON COLLEGE
HEALTH, DENTAL & VISION PLAN EMPLOYEE COSTS
Casual Worker
January 1 through December 31, 2026

	Semi-Monthly	Weekly
HEALTH:		
HP HMO *		
INDIVIDUAL	\$ 265.78	\$122.67
INDIVIDUAL + 1	\$ 531.56	\$245.34
FAMILY	\$ 848.32	\$391.53
HP PPO		
INDIVIDUAL	\$ 313.70	\$144.78
INDIVIDUAL + 1	\$ 627.40	\$289.57
FAMILY	\$1,001.27	\$462.12
HP HIGH DEDUCTIBLE PPO		
INDIVIDUAL	\$ 256.93	\$118.58
INDIVIDUAL + 1	\$ 513.86	\$237.17
FAMILY	\$ 820.07	\$378.49
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 plan is not available for employees living outside the HMO service area (New England excluding CT)*