

**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)*