

EMERSON COLLEGE
HEALTH, DENTAL & VISION PLAN EMPLOYEE COSTS
Boston Affiliated Faculty of Emerson College (AFEC)
January 1 through December 31, 2026+

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

HEALTH:

HP HMO *

INDIVIDUAL (50%)	\$ 398.67
INDIVIDUAL + 1 (50%)	\$ 797.34
FAMILY (50%)	\$ 1,272.48
INDIVIDUAL (70%)	\$ 239.20
INDIVIDUAL + 1 (70%)	\$ 478.41
FAMILY (70%)	\$ 763.49

HP PPO

INDIVIDUAL (50%)	\$ 470.55
INDIVIDUAL + 1 (50%)	\$ 941.10
FAMILY (50%)	\$ 1,501.90
INDIVIDUAL (70%)	\$ 282.33
INDIVIDUAL + 1 (70%)	\$ 564.66
FAMILY (70%)	\$ 901.14

HP HIGH DEDUCTIBLE PPO

INDIVIDUAL (50%)	\$ 385.40
INDIVIDUAL + 1 (50%)	\$ 770.79
FAMILY (50%)	\$ 1,230.11
INDIVIDUAL (70%)	\$ 231.24
INDIVIDUAL + 1 (70%)	\$ 462.47
FAMILY (70%)	\$ 738.07

DENTAL:

DELTA BASE PLAN

INDIVIDUAL	\$0
INDIVIDUAL + 1	\$ 35.10
FAMILY	\$ 76.98

DELTA BUY UP PLAN

INDIVIDUAL	\$ 4.38
INDIVIDUAL + 1	\$ 49.55
FAMILY	\$ 92.43

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).*