

**EMERSON COLLEGE**  
**MONTHLY COBRA PREMIUMS**  
**HEALTH, DENTAL and VISION PLAN COSTS**  
**January 1 – December 31, 2026**

**HEALTH:**

**HP HMO**

INDIVIDUAL	\$ 1,084.38
INDIVIDUAL + 1	\$ 2,168.76
FAMILY	\$ 3,461.14

**HP PPO**

INDIVIDUAL	\$ 1,279.90
INDIVIDUAL + 1	\$ 2,559.79
FAMILY	\$ 4,085.17

**HP HIGH DEDUCTIBLE PPO**

INDIVIDUAL	\$ 1,048.27
INDIVIDUAL + 1	\$ 2,096.54
FAMILY	\$ 3,345.89

**DELTA BASE PLAN**

INDIVIDUAL	\$ 47.28
INDIVIDUAL + 1	\$ 95.00
FAMILY	\$ 151.97

**DELTA BUY UP PLAN**

INDIVIDUAL	\$ 53.23
INDIVIDUAL + 1	\$ 114.66
FAMILY	\$ 172.98

**VISION:**

INDIVIDUAL	\$ 8.33
INDIVIDUAL + 1	\$ 15.83
FAMILY	\$ 23.25

**COBRA rates represent 100% of the premium plus a 2% administrative charge.**