

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.