

CITY OF LOWELL

FY2020 MEDICAL AND DENTAL RATES



GIC Non-Medicare Plans

Plan Name	Coverage	Monthly Premium (100%)	42 Weeks (25%)	52 Weeks (25%)	Monthly (25%)	COBRA
Allways Health Partners Complete (HMO)	Individual	\$ 646.93	\$ 46.21	\$ 37.32	\$ 161.73	\$ 659.87
	Family	\$ 1,677.69	\$ 119.84	\$ 96.79	\$ 419.42	\$ 1,711.24
Fallon Health Direct Care (HMO)	Individual	\$ 600.68	\$ 42.91	\$ 34.65	\$ 150.17	\$ 612.69
	Family	1,514.23	\$ 108.16	\$ 87.36	\$ 378.56	\$ 1,544.51
Fallon Health Select Care (HMO)	Individual	\$ 811.79	\$ 57.99	\$ 46.83	\$ 202.95	\$ 828.03
	Family	\$ 1,971.89	\$ 140.85	\$ 113.76	\$ 492.97	\$ 2,011.33
Harvard Pilgrim Independence Plan (POS)	Individual	\$ 889.65	\$ 63.55	\$ 51.33	\$ 222.41	\$ 907.44
	Family	\$ 2,171.49	\$ 155.11	\$ 125.28	\$ 542.87	\$ 2,214.92
Harvard Pilgrim Primary Choice Plan (HMO)	Individual	\$ 645.80	\$ 46.13	\$ 37.26	\$ 161.45	\$ 658.72
	Family	\$ 1,646.48	\$ 117.61	\$ 94.99	\$ 411.62	\$ 1,679.41
Health New England (HMO)	Individual	\$ 570.81	\$ 40.77	\$ 32.93	\$ 142.70	\$ 582.23
	Family	\$ 1,356.54	\$ 96.90	\$ 78.26	\$ 339.14	\$ 1,383.67
Tufts Health Plan Navigator (POS)	Individual	\$ 747.76	\$ 53.41	\$ 43.14	\$ 186.94	\$ 762.72
	Family	\$ 1,822.08	\$ 130.15	\$ 105.12	\$ 455.52	\$ 1,858.52
Tufts Health Plan Spirit (HMO-Type)	Individual	\$ 565.91	\$ 40.42	\$ 32.65	\$ 141.48	\$ 577.23
	Family	\$ 1,358.94	\$ 97.07	\$ 78.40	\$ 339.74	\$ 1,386.12
Unicare Indemnity / Community Choice (PPO-Type)	Individual	\$ 517.51	\$ 36.97	\$ 29.86	\$ 129.38	\$ 527.86
	Family	\$ 1,276.96	\$ 91.21	\$ 73.67	\$ 319.24	\$ 1,302.50
Unicare State Indemnity Plan/ PLUS (PPO-Type)	Individual	\$ 696.10	\$ 49.72	\$ 40.16	\$ 174.03	\$ 710.02
	Family	\$ 1,654.60	\$ 118.19	\$ 95.46	\$ 413.65	\$ 1,687.69
Unicare State Plan/ Basic W/CIC (Comprehensive - Indemnity)	Individual	\$ 1,086.10	\$ 77.58	\$ 62.66	\$ 271.53	\$ 1,107.82
	Family	\$ 2,406.59	\$ 171.90	\$ 138.84	\$ 601.65	\$ 2,454.72
Unicare State Plan/ Basic w/out CIC (Non-Comprehensive - Indemnity)	Individual	\$ 1,034.54	\$ 73.90	\$ 59.69	\$ 258.64	\$ 1,055.23
	Family	\$ 2,289.19	\$ 163.51	\$ 132.07	\$ 572.30	\$ 2,334.97

CITY OF LOWELL

FY2020 MEDICAL AND DENTAL RATES



GIC Medicare Plans

Plan Name	Coverage	Monthly Premium (100%)	Weekly (25%)	Monthly (25%)
Harvard Pilgrim Medicare Enhance (Indemnity)	Individual	\$ 391.12	\$ 22.56	\$ 97.78
Health New England Medicare Supplement Plus (Indemnity)	Individual	\$ 391.81	\$ 22.60	\$ 97.95
Tufts Health Plan Medicare Complement (Indemnity)	Individual	\$ 371.50	\$ 21.43	\$ 92.88
Tufts Health Plan Medicare Preferred (HMO)*	Individual	\$ 322.43	\$ 18.60	\$ 80.61
Unicare State Indemnity/Medicare Extension (OME) w/CIC (Indemnity)	Individual	\$ 386.93	\$ 22.32	\$ 96.73
Unicare State Indemnity/Medicare Extension (OME) w/out CIC (Indemnity)	Individual	\$ 376.31	\$ 21.71	\$ 94.08

*Benefits and rates for Tufts Health Plan Medicare Preferred are subject to Federal approval and may change January 1, 2020

Delta Dental Plans

Plan Name	Coverage	Full Premium (100%)	42 Weeks (25%)	52 Weeks (25%)	Monthly (25%)	COBRA
Low Option	Individual	\$ 23.34	\$ 1.67	\$ 1.35	\$ 5.84	\$ 23.81
	Family	\$ 63.48	\$ 4.53	\$ 3.66	\$ 15.87	\$ 64.75
High Option	Individual	\$ 39.03	\$ 6.95	\$ 5.62	\$ 24.34	\$ 39.81
	Family	\$ 106.29	\$ 18.94	\$ 15.30	\$ 66.28	\$ 108.42