City Of Lowell
Group Insurance Commission- Health Plan Rates
FY2017

V03.09.2016

Plan #	Plan	Full Premium		Monthly - 25%		Weekly - 25%	
1	Fallon Community Health Direct (HMO)	Family	Individual	Family	Individual	Family	Individual
	52 - week Pay Mode	$ 1,247.40	$ 519.74	$ 311.85	$ 129.94	$ 71.97	$ 29.99
	42 - week Pay Mode	$ 1,247.40	$ 519.74	$ 311.85	$ 129.94	$ 89.10	$ 37.12
		Full Premium		Monthly - 25%		Weekly - 25%	
2	Fallon Comm. Health Plan Select Care (HMO)	Family	Individual	Family	Individual	Family	Individual
	52 - week Pay Mode	$ 1,657.54	$ 690.66	$ 414.39	$ 172.67	$ 95.63	$ 39.85
	42 - week Pay Mode	$ 1,657.54	$ 690.66	$ 414.39	$ 172.67	$ 118.40	$ 49.33
		Full Premium		Monthly - 25%		Weekly - 25%	
3	Harvard Pilgrim Independence Plan (POS)	Family	Individual	Family	Individual	Family	Individual
	52 - week Pay Mode	$ 1,992.07	$ 816.43	$ 498.02	$ 204.11	$ 114.93	$ 47.10
	42 - week Pay Mode	$ 1,992.07	$ 816.43	$ 498.02	$ 204.11	$ 142.29	$ 58.32
		Full Premium		Monthly - 25%		Weekly - 25%	
4	Harvard Pilgrim Primary Choice (HMO)	Family	Individual	Family	Individual	Family	Individual
	52 - week Pay Mode	$ 1,489.38	$ 610.40	$ 372.35	$ 152.60	$ 85.93	$ 35.22
	42 - week Pay Mode	$ 1,489.38	$ 610.40	$ 372.35	$ 152.60	$ 106.38	$ 43.60
		Full Premium		Monthly - 25%		Weekly - 25%	
5	Health New England (HMO)	Family	Individual	Family	Individual	Family	Individual
	52 - week Pay Mode	$ 1,326.04	$ 534.87	$ 331.51	$ 133.72	$ 76.50	$ 30.86
	42 - week Pay Mode	$ 1,326.04	$ 534.87	$ 331.51	$ 133.72	$ 94.72	$ 38.21
		Full Premium		Monthly - 25%		Weekly - 25%	
6	NHP Prime (Neighborhood Health Plan) (HMO)	Family	Individual	Family	Individual	Family	Individual
	52 - week Pay Mode	$ 1,357.32	$ 512.21	$ 339.33	$ 128.05	$ 78.31	$ 29.55
	42 - week Pay Mode	$ 1,357.32	$ 512.21	$ 339.33	$ 128.05	$ 96.95	$ 36.59
		Full Premium		Monthly - 25%		Weekly - 25%	
7	Tufts Health Plan Navigator (POS)	Family	Individual	Family	Individual	Family	Individual
	52 - week Pay Mode	$ 1,674.68	$ 686.34	$ 418.67	$ 171.59	$ 96.62	$ 39.60
	42 - week Pay Mode	$ 1,674.68	$ 686.34	$ 418.67	$ 171.59	$ 119.62	$ 49.02
		Full Premium		Monthly - 25%		Weekly - 25%	
8	Tufts Health Plan Spirit (HMO-Type)	Family	Individual	Family	Individual	Family	Individual
	52 - week Pay Mode	$ 1,240.52	$ 515.32	$ 310.13	$ 128.83	$ 71.57	$ 29.73
	42 - week Pay Mode	$ 1,240.52	$ 515.32	$ 310.13	$ 128.83	$ 88.61	$ 36.81
		Full Premium		Monthly - 25%		Weekly - 25%	
9	Unicare State Plan/ Basic With CIC (Comprehensive - Indemnity)	Family	Individual	Family	Individual	Family	Individual
	52 - week Pay Mode	$ 2,346.44	$ 1,002.41	$ 586.61	$ 250.60	$ 135.37	$ 57.83
	42 - week Pay Mode	$ 2,346.44	$ 1,002.41	$ 586.61	$ 250.60	$ 167.60	$ 71.60

		Full Premium		Monthly - 25%		Weekly - 25%	
10	Unicare State Plan/ Basic w/o CIC (Non-Comprehensive - Indemnity)	Family	Individual	Family	Individual	Family	Individual
	52 - week Pay Mode	$ 2,245.96	$ 959.09	$ 561.49	$ 239.77	$ 129.57	$ 55.33
	42 - week Pay Mode	$ 2,245.96	$ 959.09	$ 561.49	$ 239.77	$ 160.43	$ 68.51
		Full Premium		Monthly - 25%		Weekly - 25%	
11	Unicare Indemnity / Comm Choice (PPO - Type)	Family	Individual	Family	Individual	Family	Individual
	52 - week Pay Mode	$ 1,170.35	$ 487.63	$ 292.59	$ 121.91	$ 67.52	$ 28.13
	42 - week Pay Mode	$ 1,170.35	$ 487.63	$ 292.59	$ 121.91	$ 83.60	$ 34.83
		Full Premium		Monthly - 25%		Weekly - 25%	
12	Unicare State Indemnity Plan/ PLUS (PPO - Type)	Family	Individual	Family	Individual	Family	Individual
	52 - week Pay Mode	$ 1,566.13	$ 655.32	$ 391.53	$ 163.83	$ 90.35	$ 37.81
	42 - week Pay Mode	$ 1,566.13	$ 655.32	$ 391.53	$ 163.83	$ 111.87	$ 46.81

	Medicare Supplement Plans	Full Premium Individual	Monthly - 25% Individual	Weekly - 25% Individual
1	Fallon Senior Plan (HMO)*	$ 311.54	$ 77.89	$ 17.97
2	Harvard Pilgrim Enhance (Indemnity)	$ 439.17	$ 109.79	$ 25.34
3	Health New England MedPlus (HMO)	$ 410.96	$ 102.74	$ 23.71
4	Tufts Health Plan Medicare Complement	$ 398.39	$ 99.60	$ 22.98
5	Tufts Health Plan Medicare Preferred*	$ 276.46	$ 69.12	$ 15.95
6	Unicare State Indemnity (OME Ext.) WITH CIC	$ 374.63	$ 93.66	$ 21.61
7	Unicare State Indemnity (OME Ext.) WITHOUT CIC	$ 363.94	$ 90.99	$ 21.00

	COBRA RATES FY17 - MONTHLY	Family	Individual
1	Fallon Community Health Direct (HMO)	$ 1,272.35	$ 530.13
2	Fallon Comm. Health Plan Select Care (HMO)	$ 1,690.69	$ 704.47
3	Harvard Pilgrim Independence Plan (POS)	$ 2,031.91	$ 832.76
4	Harvard Pilgrim Primary Choice (HMO)	$ 1,519.17	$ 622.61
5	Health New England (HMO)	$ 1,352.56	$ 545.57
6	NHP Prime (Neighborhood Health Plan) (HMO)	$ 1,384.47	$ 522.45
7	Tufts Health Plan Navigator (POS)	$ 1,708.17	$ 700.07
8	Tufts Health Plan Spirit (HMO-Type)	$ 1,265.33	$ 525.63
9	Unicare State Plan/ Basic With CIC (Comprehensive - Indemnity)	$ 2,393.37	$ 1,022.46
10	Unicare State Plan/ Basic w/o CIC (Non-Comprehensive - Indemnity)	$ 2,290.88	$ 978.27
11	Unicare Indemnity / Comm Choice (PPO - Type)	$ 1,193.76	$ 497.38
12	Unicare State Indemnity Plan/ PLUS (PPO - Type)	$ 1,597.45	$ 668.43

* Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2017