

CITY OF LOWELL

FY2021 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	\$ 687.87	\$ 49.13	\$ 39.68	\$ 171.97	\$ 701.63
	Family	\$ 1,789.45	\$ 127.82	\$ 103.24	\$ 447.36	\$ 1,825.24
Fallon Health Direct Care (HMO)	Individual	\$ 618.59	\$ 44.18	\$ 35.69	\$ 154.65	\$ 630.96
	Family	\$ 1,561.48	\$ 111.53	\$ 90.09	\$ 390.37	\$ 1,592.71
Fallon Health Plan Select Care (HMO)	Individual	\$ 836.19	\$ 59.73	\$ 48.24	\$ 209.05	\$ 852.91
	Family	\$ 2,033.04	\$ 145.22	\$ 117.29	\$ 508.26	\$ 2,073.70
Harvard Pilgrim Independence Plan (POS)	Individual	\$ 917.18	\$ 65.51	\$ 52.91	\$ 229.29	\$ 935.52
	Family	\$ 2,239.19	\$ 159.94	\$ 129.18	\$ 559.80	\$ 2,283.97
Harvard Pilgrim Primary Choice Plan (HMO)	Individual	\$ 665.43	\$ 47.53	\$ 38.39	\$ 166.36	\$ 678.74
	Family	\$ 1,697.02	\$ 121.22	\$ 97.90	\$ 424.25	\$ 1,730.96
Health New England (HMO)	Individual	\$ 594.29	\$ 42.45	\$ 34.29	\$ 148.57	\$ 606.18
	Family	\$ 1,414.80	\$ 101.06	\$ 81.62	\$ 353.70	\$ 1,443.10
Tufts Health Plan Navigator (POS)	Individual	\$ 799.04	\$ 57.07	\$ 46.10	\$ 199.76	\$ 815.02
	Family	\$ 1,951.46	\$ 139.39	\$ 112.58	\$ 487.86	\$ 1,990.49
Tufts Health Plan Spirit (HMO-Type)	Individual	\$ 606.68	\$ 43.33	\$ 35.00	\$ 151.67	\$ 618.81
	Family	\$ 1,461.55	\$ 104.40	\$ 84.32	\$ 365.39	\$ 1,490.78
Unicare Indemnity / Comm Choice (PPO - Type)	Individual	\$ 552.57	\$ 39.47	\$ 31.88	\$ 138.14	\$ 563.62
	Family	\$ 1,368.05	\$ 97.72	\$ 78.93	\$ 342.01	\$ 1,395.41
Unicare State Indemnity Plan/ PLUS (PPO - Type)	Individual	\$ 723.74	\$ 51.70	\$ 41.75	\$ 180.94	\$ 738.22
	Family	\$ 1,722.50	\$ 123.04	\$ 99.37	\$ 430.62	\$ 1,756.95
Unicare State Plan/ Basic With CIC (Comprehensive - Indemnity)	Individual	\$ 1,163.76	\$ 83.13	\$ 67.14	\$ 290.94	\$ 1,187.03
	Family	\$ 2,582.71	\$ 184.48	\$ 149.00	\$ 645.68	\$ 2,634.36
Unicare State Plan/ Basic w/out CIC (Non-Comprehensive - Indemnity)	Individual	\$ 1,107.42	\$ 79.10	\$ 63.89	\$ 276.86	\$ 1,129.57
	Family	\$ 2,454.41	\$ 175.32	\$ 141.60	\$ 613.60	\$ 2,503.50

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FY2021 MEDICAL AND DENTAL RATES



GIC Medicare Plans				
Plan Name	Coverage	Monthly Premium (100%)	Weekly (25%)	Monthly (25%)
Harvard Pilgrim Medicare Enhance (Indemnity)	Individual	\$ 404.04	\$ 23.31	\$ 101.01
Health New England Medicare Supplement Plus (Indemnity)	Individual	\$ 404.80	\$ 23.35	\$ 101.20
Tufts Health Plan Medicare Complement (Indemnity)	Individual	\$ 383.88	\$ 22.15	\$ 95.97
Tufts Health Plan Medicare Preferred (HMO)*	Individual	\$ 325.13	\$ 18.76	\$ 81.28
Unicare State Indemnity/Medicare Extension (OME) w/CIC (Indemnity)	Individual	\$ 399.86	\$ 23.07	\$ 99.97
Unicare State Indemnity/Medicare Extension (OME) w/out CIC (Indemnity)	Individual	\$ 388.80	\$ 22.43	\$ 97.20

*This is a Medicare Advantage plan. Benefits and rates for Tufts Health Plan Medicare Preferred are subject to Federal approval and may change January 1, 2021.

Delta Dental Plans						
		Full Premium (100%)	42 Weeks (25%)	52 Weeks (25%)	Monthly (25%)	COBRA
Low Option	Individual	\$ 22.19	\$ 1.59	\$ 1.28	\$ 5.55	\$ 22.63
	Family	\$ 60.36	\$ 4.31	\$ 3.48	\$ 15.09	\$ 61.57
High Option	Individual	\$ 35.94	\$ 6.40	\$ 5.17	\$ 22.41	\$ 36.66
	Family	\$ 97.88	\$ 17.44	\$ 14.09	\$ 61.04	\$ 99.84