

# CITY OF LOWELL

FY2023 MEDICAL AND DENTAL RATES (EFFECTIVE 2/5/2023)



| Plan Name  | Coverage   | Monthly Premium (100%) | 21 Weeks (25%) | 26 Weeks (25%) | Monthly (25%) | COBRA      |
|--|------------|------------------------|----------------|----------------|---------------|------------|
| <b>Allways Health Partners Complete (HMO)</b>                            | Individual | \$844.47               | \$120.64       | \$97.44        | \$211.12      | \$861.36   |
|  | Family     | \$2,211.64             | \$315.95       | \$255.19       | \$552.91      | \$2,255.87 |
| <b>Harvard Pilgrim Independence Plan (POS)</b>                           | Individual | \$1,036.03             | \$148.00       | \$119.54       | \$259.01      | \$1,056.75 |
|  | Family     | \$2,534.63             | \$362.09       | \$292.46       | \$633.66      | \$2,585.32 |
| <b>Harvard Pilgrim Primary Choice Plan (HMO)</b>                         | Individual | \$746.72               | \$106.67       | \$86.16        | \$186.68      | \$761.65   |
|  | Family     | \$1,909.58             | \$272.80       | \$220.34       | \$477.40      | \$1,947.77 |
| <b>Health New England (HMO)</b>  | Individual | \$669.71               | \$95.67        | \$77.27        | \$167.43      | \$683.10   |
|  | Family     | \$1,602.13             | \$228.88       | \$184.86       | \$400.53      | \$1,634.17 |
| <b>Tufts Health Plan Navigator (POS)</b>                                 | Individual | \$891.16               | \$127.31       | \$102.83       | \$222.79      | \$908.98   |
|  | Family     | \$2,183.15             | \$311.88       | \$251.90       | \$545.79      | \$2,226.81 |
| <b>Tufts Health Plan Spirit (HMO-Type)</b>                               | Individual | \$675.73               | \$96.53        | \$77.97        | \$168.93      | \$689.24   |
|  | Family     | \$1,634.54             | \$233.51       | \$188.60       | \$408.64      | \$1,667.23 |
| <b>Unicare Indemnity / Comm Choice (PPO - Type)</b>                      | Individual | \$623.83               | \$89.12        | \$71.98        | \$155.96      | \$636.31   |
|  | Family     | \$1,553.41             | \$221.92       | \$179.24       | \$388.35      | \$1,584.48 |
| <b>Unicare State Indemnity Plan/ PLUS (PPO - Type)</b>                   | Individual | \$811.39               | \$115.91       | \$93.62        | \$202.85      | \$827.62   |
|  | Family     | \$1,938.75             | \$276.96       | \$223.70       | \$484.69      | \$1,977.53 |
| <b>Unicare State Plan/ Basic With CIC (Comprehensive - Indemnity)</b>    | Individual | \$1,239.09             | \$177.01       | \$142.97       | \$309.77      | \$1,263.87 |
|  | Family     | \$2,752.65             | \$393.24       | \$317.61       | \$688.16      | \$2,807.70 |
| <b>Unicare State Plan/ Basic w/o CIC (Non-Comprehensive - Indemnity)</b> | Individual | \$1,179.92             | \$168.56       | \$136.14       | \$294.98      | \$1,203.52 |
|  | Family     | \$2,617.94             | \$373.99       | \$302.07       | \$654.49      | \$2,670.30 |

# CITY OF LOWELL

## FY2023 MEDICAL AND DENTAL RATES



| GIC Medicare Plans   |            |                        |                 |               |
|--|------------|------------------------|-----------------|---------------|
| Plan Name  | Coverage   | Monthly Premium (100%) | Bi-Weekly (25%) | Monthly (25%) |
| Harvard Pilgrim Medicare Enhance (Indemnity)                           | Individual | \$423.97               | \$48.92         | \$105.99      |
| Health New England Medicare Supplement Plus (Indemnity)                | Individual | \$430.29               | \$49.65         | \$107.57      |
| Tufts Health Plan Medicare Complement (Indemnity)                      | Individual | \$406.02               | \$46.85         | \$101.51      |
| Tufts Health Plan Medicare Preferred (HMO)                             | Individual | \$345.42               | \$39.86         | \$86.36       |
| Unicare State Indemnity/Medicare Extension (OME) w/CIC (Indemnity)     | Individual | \$413.37               | \$47.70         | \$103.34      |
| Unicare State Indemnity/Medicare Extension (OME) w/out CIC (Indemnity) | Individual | \$402.01               | \$46.39         | \$100.50      |

| Delta Dental Plans |            |                     |                |                |               |          |
|--------------------|------------|---------------------|----------------|----------------|---------------|----------|
|                    |            | Full Premium (100%) | 21 Weeks (25%) | 26 Weeks (25%) | Monthly (25%) | COBRA    |
| Low Option         | Individual | \$21.32             | \$3.05         | \$2.46         | \$5.33        | \$21.75  |
|                    | Family     | \$57.98             | \$8.28         | \$6.69         | \$14.50       | \$59.14  |
| High Option        | Individual | \$36.22             | \$12.91        | \$10.42        | \$22.59       | \$36.94  |
|                    | Family     | \$98.64             | \$35.15        | \$28.39        | \$61.51       | \$100.61 |