

# CITY OF LOWELL

## FY2022 MEDICAL AND DENTAL RATES



### GIC Non-Medicare Plans

Plan Name	Coverage	Monthly Premium (100%)	42 Weeks (25%)	52 Weeks (25%)	Monthly (25%)	COBRA
<b>Allways Health Partners Complete (HMO)</b>	Individual	\$767.96	\$54.85	\$44.31	\$191.99	\$783.32
	Family	\$2,005.69	\$143.26	\$115.71	\$501.42	\$2,045.80
<b>Fallon Health Direct Care (HMO)</b>	Individual	\$637.52	\$45.54	\$36.78	\$159.38	\$650.27
	Family	\$1,611.71	\$115.12	\$92.98	\$402.93	\$1,643.94
<b>Fallon Health Plan Select Care (HMO)</b>	Individual	\$862.99	\$61.64	\$49.79	\$215.75	\$880.25
	Family	\$2,100.58	\$150.04	\$121.19	\$525.15	\$2,142.59
<b>Harvard Pilgrim Independence Plan (POS)</b>	Individual	\$964.26	\$68.88	\$55.63	\$241.07	\$983.55
	Family	\$2,356.13	\$168.30	\$135.93	\$589.03	\$2,403.25
<b>Harvard Pilgrim Primary Choice Plan (HMO)</b>	Individual	\$697.95	\$49.85	\$40.27	\$174.49	\$711.91
	Family	\$1,781.96	\$127.28	\$102.81	\$445.49	\$1,817.60
<b>Health New England (HMO)</b>	Individual	\$630.33	\$45.02	\$36.37	\$157.58	\$642.94
	Family	\$1,504.45	\$107.46	\$86.80	\$376.11	\$1,534.54
<b>Tufts Health Plan Navigator (POS)</b>	Individual	\$836.65	\$59.76	\$48.27	\$209.16	\$853.38
	Family	\$2,045.93	\$146.14	\$118.03	\$511.48	\$2,086.85
<b>Tufts Health Plan Spirit (HMO-Type)</b>	Individual	\$638.72	\$45.62	\$36.85	\$159.68	\$651.49
	Family	\$1,541.91	\$110.14	\$88.96	\$385.48	\$1,572.75
<b>Unicare Indemnity / Comm Choice (PPO - Type)</b>	Individual	\$593.83	\$42.42	\$34.26	\$148.46	\$605.71
	Family	\$1,475.84	\$105.42	\$85.14	\$368.96	\$1,505.36
<b>Unicare State Indemnity Plan/ PLUS (PPO - Type)</b>	Individual	\$781.99	\$55.86	\$45.11	\$195.50	\$797.63
	Family	\$1,866.72	\$133.34	\$107.70	\$466.68	\$1,904.05
<b>Unicare State Plan/ Basic With CIC (Comprehensive - Indemnity)</b>	Individual	\$1,204.17	\$86.01	\$69.47	\$301.04	\$1,228.25
	Family	\$2,674.11	\$191.01	\$154.28	\$668.53	\$2,727.59
<b>Unicare State Plan/ Basic w/o CIC (Non-Comprehensive - Indemnity)</b>	Individual	\$1,143.57	\$81.68	\$65.98	\$285.89	\$1,166.44
	Family	\$2,536.14	\$181.15	\$146.32	\$634.04	\$2,586.86

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GIC Medicare Plans				
Plan Name	Coverage	Monthly Premium	Weekly (25%)	Monthly (25%)
Harvard Pilgrim Medicare Enhance (Indemnity)	Individual	\$413.42	\$23.85	\$103.36
Health New England Medicare Supplement Plus (Indemnity)	Individual	\$414.18	\$23.90	\$103.55
Tufts Health Plan Medicare Complement (Indemnity)	Individual	\$392.59	\$22.65	\$98.15
Tufts Health Plan Medicare Preferred (HMO)	Individual	\$332.70	\$19.19	\$83.18
Unicare State Indemnity/Medicare Extension (OME) w/CIC (Indemnity)	Individual	\$408.84	\$23.59	\$102.21
Unicare State Indemnity/Medicare Extension (OME) w/out CIC (Indemnity)	Individual	\$397.12	\$22.91	\$99.28

Delta Dental Plans						
		Full Premium (100%)	42 Weeks (25%)	52 Weeks (25%)	Monthly (25%)	COBRA
Low Option	Individual	\$21.98	\$1.57	\$1.27	\$5.50	\$22.42
	Family	\$59.76	\$4.27	\$3.45	\$14.94	\$60.96
High Option	Individual	\$35.85	\$6.39	\$5.16	\$22.36	\$36.57
	Family	\$97.64	\$17.40	\$14.05	\$60.89	\$99.59