

CITY OF LOWELL

FY2024 MEDICAL AND DENTAL RATES



Plan Name	Coverage	Monthly Premium (100%)	21 Weeks (25%)	26 Weeks (25%)	Monthly (25%)	COBRA
Harvard Pilgrim Access America (PPO)	Individual	\$1,180.40	\$168.63	\$136.20	\$295.10	\$1,204.01
	Family	\$2,629.04	\$375.58	\$303.35	\$657.26	\$2,681.62
Harvard Pilgrim Explorer (POS)	Individual	\$976.42	\$139.49	\$112.66	\$244.11	\$995.95
	Family	\$2,412.86	\$344.69	\$278.41	\$603.22	\$2,461.12
Harvard Pilgrim Quality (HMO)	Individual	\$721.33	\$103.05	\$83.23	\$180.33	\$735.76
	Family	\$1,829.24	\$261.32	\$211.07	\$457.31	\$1,865.82
Mass General Brigham Health Plan Complete (HMO)	Individual	\$892.50	\$127.50	\$102.98	\$223.13	\$910.35
	Family	\$2,352.42	\$336.06	\$271.43	\$588.11	\$2,399.47
Health New England (HMO)	Individual	\$735.00	\$105.00	\$84.81	\$183.75	\$749.70
	Family	\$1,757.61	\$251.09	\$202.80	\$439.40	\$1,792.76
Unicare Total Choice (Indemnity)	Individual	\$1,348.43	\$192.63	\$155.59	\$337.11	\$1,375.40
	Family	\$2,983.18	\$426.17	\$344.21	\$745.80	\$3,042.84
Unicare PLUS (PPO-Type)	Individual	\$883.99	\$126.28	\$102.00	\$221.00	\$901.67
	Family	\$2,097.98	\$299.71	\$242.07	\$524.50	\$2,139.94
Unicare Community Choice (PPO-Type)	Individual	\$676.74	\$96.68	\$78.09	\$169.19	\$690.27
	Family	\$1,669.16	\$238.45	\$192.60	\$417.29	\$1,702.54

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FY2024 MEDICAL AND DENTAL RATES



GIC Medicare Plans				
Plan Name	Coverage	Monthly Premium (100%)	Bi-Weekly (25%)	Monthly (25%)
Tufts Health Plan Medicare Preferred (HMO)	Individual	\$352.75	\$40.70	\$88.19
Harvard Pilgrim Medicare Enhance (Indemnity)	Individual	\$421.84	\$48.67	\$105.46
Health New England Medicare Supplement Plus (Indemnity)	Individual	\$430.29	\$49.65	\$107.57
Unicare Medicare Extension (Indemnity)	Individual	\$425.11	\$49.05	\$106.28

Delta Dental Plans						
Plan Name	Coverage	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	\$35.04	\$12.49	\$10.08	\$21.85	\$35.74
	Family	\$95.43	\$34.01	\$27.47	\$59.51	\$97.34