

CITY OF LOWELL

FY2025 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	\$1,259.39	\$179.91	\$145.31	\$314.85	\$1,284.58
	Family	\$2,809.26	\$401.32	\$324.15	\$702.32	\$2,865.45
Harvard Pilgrim Explorer (POS)	Individual	\$1,067.87	\$152.55	\$123.22	\$266.97	\$1,089.23
	Family	\$2,645.90	\$377.99	\$305.30	\$661.48	\$2,698.82
Harvard Pilgrim Quality (HMO)	Individual	\$788.04	\$112.58	\$90.93	\$197.01	\$803.80
	Family	\$2,005.81	\$286.54	\$231.44	\$501.45	\$2,045.93
Mass General Brigham Health Plan Complete (HMO)	Individual	\$977.66	\$139.67	\$112.81	\$244.42	\$997.21
	Family	\$2,585.42	\$369.35	\$298.32	\$646.36	\$2,637.13
Health New England (HMO)	Individual	\$778.25	\$111.18	\$89.80	\$194.56	\$793.82
	Family	\$1,866.96	\$266.71	\$215.42	\$466.74	\$1,904.30
Wellpoint Total Choice (Indemnity)	Individual	\$1,501.35	\$214.48	\$173.23	\$375.34	\$1,531.38
	Family	\$3,331.72	\$475.96	\$384.43	\$832.93	\$3,398.35
Wellpoint PLUS (PPO-Type)	Individual	\$958.62	\$136.95	\$110.61	\$239.66	\$977.79
	Family	\$2,284.05	\$326.29	\$263.54	\$571.01	\$2,329.73
Wellpoint Community Choice (PPO-Type)	Individual	\$744.97	\$106.42	\$85.96	\$186.24	\$759.87
	Family	\$1,849.09	\$264.16	\$213.36	\$462.27	\$1,886.07

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FY2025 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	\$363.84	\$41.98	\$90.96
Harvard Pilgrim Medicare Enhance (Indemnity)	Individual	\$436.13	\$50.32	\$109.03
Health New England Medicare Supplement Plus (Indemnity)	Individual	\$438.79	\$50.63	\$109.70
Wellpoint Medicare Extension (Indemnity)	Individual	\$444.68	\$51.31	\$111.17

Delta Dental Plans

Plan Name	Coverage	Monthly Premium (100%)	21 Weeks (25%)	26 Weeks (25%)	Monthly (25%)	COBRA
Low Option	Individual	\$21.62	\$3.09	\$2.49	\$5.41	\$22.05
	Family	\$58.81	\$8.40	\$6.79	\$14.70	\$59.99
High Option	Individual	\$35.32	\$12.59	\$10.17	\$22.03	\$36.03
	Family	\$96.18	\$34.27	\$27.68	\$59.98	\$98.10