

Greater Lowell Technical High School  
MA Bay Health Care Trust  
July 1, 2023 - June 30, 2024  
Medical & Dental Insurance Rates  
**Retired Employees**  
Non-Medicare Plans

Plan	Type	Full Monthly Premium	Monthly Employer Cost	Monthly Retired Employee Cost	COBRA Monthly
Network Blue NE HMO	Family	\$ 2,666.80	\$ 2,133.44	\$ 533.36	\$ 2,715.04
	Self plus 1	\$ 2,044.88	\$ 1,635.90	\$ 408.98	\$ 2,080.68
	Individual	\$ 994.63	\$ 795.70	\$ 198.93	\$ 1,009.42
Blue Choice	Family	\$ 2,921.21	\$ 2,336.97	\$ 584.24	\$ 2,974.53
	Self plus 1	\$ 2,295.17	\$ 1,836.14	\$ 459.03	\$ 2,335.97
	Individual	\$ 1,090.62	\$ 872.50	\$ 218.12	\$ 1,107.33
Preferred Blue PPO Saver II \$4000/\$8000	Family	\$ 2,005.58	\$ 1,604.46	\$ 401.12	\$ 2,040.59
	Self plus 1	\$ 1,454.28	\$ 1,163.42	\$ 290.86	\$ 1,478.27
	Individual	\$ 611.00	\$ 488.80	\$ 122.20	\$ 618.12
Blue Care Elect Preferred PPO (Out of Network Retirees Only)	Family	\$ 5,885.58	\$ 4,708.46	\$ 1,177.12	\$ 5,998.19
	Self plus 1	\$ 4,982.28	\$ 3,985.82	\$ 996.46	\$ 5,076.83
	Individual	\$ 2,211.45	\$ 1,769.16	\$ 442.29	\$ 2,250.58

Senior Medicare Plans  
Retired Employees

**January 1, 2024 through December 31, 2024**

Plan	Type	Full Monthly Premium	Monthly Employer Cost	Monthly Retired Employee, Dependent, Survivor Cost
Medex II with Blue Medicare RX	Individual	\$ 389.90	\$ 311.92	\$ 77.98
Tufts Medicare Preferred HMO	Individual	\$ 397.00	\$ 317.60	\$ 79.40
Tufts Medicare Preferred Supplement with PDP	Individual	\$ 465.00	\$ 372.00	\$ 93.00

Individuals approved for federal low income Rx subsidy

Medex II w/PDP & LIMS	Individual	\$ 355.20	\$ 311.92	\$ 43.28
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**Dental Insurance-Delta Dental PPO Plus Premier**  
July 1, 2023 through June 30, 2024

Plan	Type	Full Monthly Premium	Monthly Employer Cost	Monthly Employee Cost
Delta Dental PPO Plus Premier	Individual	42.61	\$ 31.96	\$ 10.65
	Family	120.12	\$ 90.09	\$ 30.03