

Greater Lowell Technical High School
MA Bay Health Care Trust
July 1, 2024 - June 30, 2025
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, 2025- December 31, 2025

Plan	Type	Full Monthly Premium	Monthly Employer Cost	Monthly Retired Employee, Dependent, Survivor Cost
Medex II with Blue Medicare RX	Individual	\$ 441.53	\$ 353.22	\$ 88.31
Tufts Medicare Preferred HMO	Individual	\$ 411.00	\$ 328.80	\$ 82.20
Harvard Pilgrim Medicare Enhanced w/PDP	Individual	\$ 465.00	\$ 372.00	\$ 93.00

Dental Insurance-Delta Dental PPO Plus Premier
July 1, 2024 through June 30, 2025

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