



City of Marlborough
Human Resources Department

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ACTIVE EMPLOYEE HEALTH & DENTAL RATES

Effective July 1, 2024

HARVARD PILGRIM HEALTH CARE (formerly Tufts Health Plan)
◆ (5% increase in EPO & PPO Plans, no increase in HMO High Ded. Plan rates from 2023) ◆

Plan	Total Annual Plan Cost	Employee Monthly*	Employee Bi-Weekly	COBRA Plan Monthly*
PPO Ind.	\$14,880.49	\$496.02	\$228.93	\$1,264.84
PPO Fam.	\$39,003.44	\$1,300.12	\$600.05	\$3,315.30
HMO Ind.	\$12,138.72	\$303.47	\$140.06	\$1,031.79
HMO Fam.	\$31,718.16	\$792.95	\$365.98	\$2,696.04
HMO High Ded. Ind.	\$7,298.28	\$182.46	\$84.21	\$620.35
HMO High Ded. Fam.	\$19,070.04	\$476.75	\$220.04	\$1,620.95

Most Common Out -Of- Pocket Charges

HMO/PPO Plans	
Deductible:	\$0
Office Visit:	\$20 – Primary Care Doctor \$35 – Specialist
Out of Pocket Max:	\$6,350 Individual \$12,700 Family
Coinsurance:	EPO - \$0, PPO – 20% after ded. if out of network provider is used
Emergency Room Visit:	\$100
High Tech Imaging:	\$50
Chiropractic:	\$20
Outpatient:	\$250 \$1,000/pp/outpatient max/yr.
Inpatient:	\$350 \$1,000/pp/inpatient max/yr.
Prescriptions:	\$10 / \$30 / \$50

◆ HMO High Deductible Plan ◆ <i>Deductible resets every January 1st</i>	
Deductible:	\$3,000 Individual \$6,000 Family
Office Visit:	Deductible, then 35%
Out of Pocket Max:	\$6,350 Individual \$12,700 Family
Coinsurance:	35%
Emergency Room Visit:	Deductible, then 35%
High Tech Imaging:	Deductible, then 35%
Chiropractic:	Deductible, then 35%
Outpatient:	Deductible, then 35%
Inpatient:	Deductible, then 35%
Prescriptions:	Deductible, then \$15 / \$25 / \$40

DELTA DENTAL PPO PLUS PREMIER PLAN
◆◆◆(No increase in rates from 2023)◆◆◆

Plan	Total Annual Plan Cost	Employee Monthly*	Employee Bi-Weekly	COBRA Plan Monthly*
Individual	\$565.80	\$23.58	\$10.88	\$48.09
Family	\$1,615.23	\$67.30	\$31.06	\$137.29

* COBRA rate includes 2% Admin. Charge