



City of Marlborough
Human Resources Department

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ACTIVE EMPLOYEE HEALTH & DENTAL RATES

Effective July 1, 2025

HARVARD PILGRIM HEALTH CARE

◆ (25% increase in PPO, HMO Plans and 18% increase in HMO Saver Plans rates) ◆

Plan	Total Annual Plan Cost	Employee Monthly	Employee Bi-Weekly	City Monthly
PPO Individual (40/60)	\$18,600.60	\$620.02	\$286.16	\$930.03
PPO Family (40/60)	\$48,754.32	\$1,625.14	\$750.07	\$2,437.72
HMO Individual (30/70)	\$15,173.40	\$379.34	\$175.08	\$885.12
HMO Family (30/70)	\$39,647.76	\$991.19	\$457.47	\$2,312.79
HMO Saver Individual (30/70)	\$8,611.97	\$215.30	\$99.37	\$502.36
HMO Saver Family (30/70)	\$22,502.65	\$562.57	\$259.65	\$1,312.65

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 Saver Plan ◆ Deductible resets every January 1 st	
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

◆◆◆(6% increase in rates)◆◆◆

Plan	Total Annual Plan Cost	Employee Monthly	Employee Bi-Weekly	City Monthly
Individual (50/50)	\$599.76	\$24.99	\$11.53	\$24.99
Family (50/50)	\$1,712.16	\$71.34	\$32.93	\$71.34