



City of Marlborough
Human Resources Department

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RETIREE (NON-MEDICARE ELIGIBLE) HEALTH & DENTAL RATES

Please note: Retirees on the Medicare Compliment Plan (with Medicare A&B) have a January renewal date.
Information on those plans will be mailed in November 2025.

Effective July 1, 2025

HARVARD PILGRIM HEALTH CARE

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

Plan	Total Annual Plan Cost	Retiree Monthly	City Monthly
PPO Individual (40/60)	\$18,660.60	\$620.02	\$930.03
PPO Family (40/60)	\$48,754.32	\$1,625.14	\$2,437.72
HMO Individual (30/70)	\$15,173.40	\$379.34	\$885.12
HMO Family (30/70)	\$39,647.76	\$991.19	\$2,312.79
HMO Saver Individual (30/70)	\$8,611.97	\$215.30	\$502.36
HMO Saver Family (30/70)	\$22,502.65	\$562.57	\$1,312.65

Once retired and eligible for Medicare A&B, you must enroll in it immediately!

As soon as you receive your Medicare A&B card, you must contact our office immediately to make an appointment to enroll in our required Medicare Complement Plan.

Most Common Out -Of- Pocket Charges

	EPO/PPO Plans	HMO Saver Plan (Ded. resets every January 1)
Deductible	\$0	\$3,000 Individual / \$6,000 Family
Office Visit:	\$20 – PCP, \$35 – Specialist	Deductible, then 35%
ER Visit:	\$100	Deductible, then 35%
High Tech Imaging:	\$50	Deductible, then 35%
Chiropractic:	\$20	Deductible, then 35%
Outpatient:	\$250 (\$1,000/pp/max/yr.)	Deductible, then 35%
Inpatient:	\$350 (\$1,000/pp/ max/yr.)	Deductible, then 35%
Prescriptions:	\$10 / \$30 / \$50	Deductible, then \$15 / \$25 / \$40

DELTA DENTAL PPO PLUS PREMIER PLAN

◆◆◆(6% increase in rates)◆◆◆

Plan	Total Annual Plan Cost	Retiree Monthly	City Monthly
Individual (50/50)	\$688.44	\$28.69	\$28.69
Family (50/50)	\$1,852.44	\$77.19	\$77.19

PLEASE REVIEW THE RETIREE ELIGIBILITY POLICY ON THE BACK OF THIS PAGE

OVER →→

City of Marlborough, Massachusetts

Human Resources Department

RETIREE ELIGIBILITY POLICY FOR GROUP HEALTH/DENTAL BENEFITS

Upon retirement, eligible individuals may participate in the City's contributory group health/dental benefit plans, to the extent allowed by the insurance provider, provided that they otherwise qualify under Massachusetts General Laws (MGL) Chapter 32B, and further provided that each of the following criteria applies:

- (a) The individual must have directly retired from active service with the City of Marlborough or Marlborough Public Schools (with no lapse in dates), and be immediately receiving a retirement allowance in accordance with MGL Chapter 32 (except as specifically provided in MGL Chapter 32B, Section 9)
- (b) The individual must have been qualified and participating in the City's contributory group health/dental insurance program as an active employee of the City of Marlborough or Marlborough Public Schools, immediately preceding the date of retirement.
- (c) A retiree may not add a spouse and/or dependent to the plan if they were not enrolled with the employee at the time of retirement. Once retired, a retiree cannot add members to their coverage.
- (d) All participation in the City's contributory group health/dental insurance must be continuous. If a retiree cancels their enrollment or becomes ineligible for continued enrollment, they lose all eligibility to participate in the future--they cannot re-enroll at a future date regardless of the qualifying event or life changes.
- (e) **In accordance with MGL Chapter 32B, Section 18, individuals, their spouses and/or dependents must enroll in Medicare A&B as soon as they are eligible. Failure to enroll in Medicare A&B when first eligible will jeopardize future participation the City's insurance plans.**
- (f) If a retiree becomes divorced, the ex-spouse is no longer eligible to be covered under the City's group health/dental plans. Failure to notify the HR Department of this change will result in the employee being responsible for 100% of all costs (medical, dental and/or prescription) incurred by the City from the date of the dependent's ineligibility.
- (g) If a single retiree or a divorced retiree marries, their spouse is not eligible for coverage under the City's contributory group health/dental insurance program.
- (h) A retiree of the City of Marlborough and Marlborough Public Schools **MUST** notify both the City's Human Resources Department **and** their respective Retirement Board (Marlborough Retirement Board or the Massachusetts Teachers Retirement System) **in writing within thirty (30) days of any address or marital status change**.

Surviving Spouse Eligibility

The surviving spouse of a deceased active employee or deceased retiree is eligible to continue coverage at the same contribution rate as other retirees in the same health/dental plan. The surviving spouse's medical/dental eligibility ends when they remarry. If a surviving spouse fails to notify the HR Department of their remarriage, this surviving spouse will be responsible for 100% of all costs (medical, dental and/or prescription) incurred by the City from the date of their ineligibility.

If a surviving spouse cancels their enrollment or becomes ineligible for continued enrollment, they lose all eligibility to participate in the future – they cannot re-enroll at a future date regardless of the qualifying event or life changes.

Summary of Benefits & Coverage

Federal law mandates all employees be notified that their health insurance Summary of Benefits & Coverage (SBC) be made available. This information can be found on the City of Marlborough's website at www.marlborough-ma.gov in the Benefits Section of the Human Resource Department.