



City of Marlborough
Human Resources Department

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ACTIVE EMPLOYEE HEALTH & DENTAL RATES

Effective July 1, 2023

TUFTS HEALTH PLAN

◆◆ (No increase in EPO or PPO Plans from 2021 and 2022) ◆◆

Plan	Total Annual Plan Cost	Employee Monthly*	Employee Bi-Weekly	COBRA Plan Monthly*
PPO Ind.	\$14,171.89	\$472.40	\$218.03	\$1,204.61
PPO Fam.	\$37,146.14	\$1,238.20	\$571.48	\$3,157.42
EPO Ind.	\$11,560.68	\$289.02	\$133.39	\$982.66
EPO Fam.	\$30,207.63	\$755.19	\$348.55	\$2,567.65
◆ HMO Saver Ind.	\$7,298.28	\$182.46	\$84.21	\$620.35
◆ HMO Saver Fam.	\$19,070.04	\$476.75	\$220.04	\$1,620.95

Most Common Out -Of- Pocket Charges

EPO/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 deductible 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 High Deductible 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

◆◆◆ (No increase in rates from 2022) ◆◆◆

Plan	Total Annual Plan Cost	Employee Monthly*	Employee Bi-Weekly	COBRA Plan Monthly*
Individual	\$565.68	\$23.57	\$10.88	\$48.08
Family	\$1,615.23	\$67.30	\$31.70	\$137.29

* COBRA rate includes 2% Admin. Charge