

Town of Westwood - GIC Health Plans

MONTHLY RATES effective July 1, 2019

Employee and Non-Medicare Retiree/Survivor Health Plans				
PRODUCT CATEGORY	PRODUCT TYPE	HEALTH PRODUCT	Employee/Retiree Amount for INDIVIDUAL COVERAGE	Employee/Retiree Amount for FAMILY COVERAGE
National Network	Indemnity	UniCare State Indemnity Plan/Basic <i>with CIC (Comprehensive)</i>	\$543.05	\$1,203.30
		UniCare State Indemnity Plan/Basic <i>without CIC</i>	\$517.27	\$1,144.60
Broad Network	PPO-Type	UniCare State Indemnity Plan/PLUS	\$222.75	\$529.47
	POS	Tufts Health Plan Navigator	\$239.28	\$583.07
	HMO	Fallon Health Select Care	\$259.77	\$631.00
	POS	Harvard Pilgrim Independence Plan	\$284.69	\$694.88
Regional Network	HMO	Health New England - <i>Western MA residency only</i>	\$182.66	\$434.09
		AllWays Health Partners Complete	\$207.02	\$536.86
Narrow Network	PPO-Type	UniCare State Indemnity Plan/Community Choice	\$165.60	\$408.63
	HMO-Type	Tufts Health Plan Spirit	\$181.09	\$434.86
	HMO	Fallon Health Direct Care	\$192.22	\$484.55
		Harvard Pilgrim Primary Choice Plan	\$206.66	\$526.87

The above rates are 32% of the full monthly health insurance premiums. The Town pays the remaining 68%.
 The two UniCare State Indemnity Basic Plans (with and without CIC) are the exceptions and are split 50% with the Town.

Medicare Plans			
PRODUCT CATEGORY	PRODUCT TYPE	HEALTH PRODUCT	Retiree Pays Per Person
Medicare Advantage	HMO	Tufts Health Plan Medicare Preferred*	\$161.22
Medicare Supplement	Indemnity	Tufts Health Plan Medicare Complement	\$185.75
		UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	\$193.47
		UniCare State Indemnity Plan/Medicare Extension (OME) without CIC	\$188.16
		Harvard Pilgrim Medicare Enhance	\$195.56
		Health New England MedPlus	\$195.91

*Benefits and rates of Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2020.
 The above rates are 50% of the full monthly health insurance premiums. The Town pays the remaining 50%.

Rate Questions?



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