

Town of Westwood - GIC Health Plans
MONTHLY RATES effective July 1, 2021

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>	\$602.09	\$1,337.06
		UniCare State Indemnity Plan/Basic <i>without CIC</i>	\$571.79	\$1,268.07
Broad Network	PPO-Type	UniCare State Indemnity Plan/PLUS	\$250.24	\$597.35
	POS	Tufts Health Plan Navigator	\$267.73	\$654.70
	HMO	Fallon Health Select Care	\$276.16	\$672.19
	POS	Harvard Pilgrim Independence Plan	\$308.56	\$753.96
Regional Network	HMO	Health New England - <i>Western MA residency only</i>	\$201.71	\$481.24
		AllWays Health Partners Complete	\$245.74	\$641.82
Narrow Network	PPO-Type	UniCare State Indemnity Plan/Community Choice	\$190.03	\$472.27
	HMO-Type	Tufts Health Plan Spirit	\$204.39	\$493.41
	HMO	Fallon Health Direct Care	\$204.01	\$515.75
		Harvard Pilgrim Primary Choice Plan	\$223.34	\$570.23

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	\$166.35
Medicare Supplement	Indemnity	Tufts Health Plan Medicare Complement	\$196.30
		UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	\$204.42
		UniCare State Indemnity Plan/Medicare Extension (OME) without CIC	\$198.56
		Harvard Pilgrim Medicare Enhance	\$206.71
		Health New England MedPlus	\$207.09

The above rates are 50% of the full monthly health insurance premiums. The Town pays the remaining 50%.

Rate Questions?



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