

Town of Westwood - GIC Health Plans
MONTHLY RATES effective July 1, 2022

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 with CIC (Comprehensive)	\$619.55	\$1,376.33
		UniCare State Indemnity Plan/Basic without CIC	\$589.96	\$1,308.97
Broad Network	PPO-Type	UniCare State Indemnity Plan/PLUS	\$259.64	\$620.40
	POS	Tufts Health Plan Navigator	\$285.17	\$698.61
	POS	Harvard Pilgrim Independence Plan	\$331.53	\$811.08
Regional Network	HMO	Health New England - Western MA residency only	\$214.31	\$512.68
		AllWays Health Partners Complete	\$270.23	\$707.72
Narrow Network	PPO-Type	UniCare State Indemnity Plan/Community Choice	\$199.63	\$497.09
	HMO-Type	Tufts Health Plan Spirit	\$216.23	\$523.05
		Harvard Pilgrim Primary Choice Plan	\$238.95	\$611.07

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	\$172.71
Medicare Supplement	Indemnity	Tufts Health Plan Medicare Complement	\$203.01
		UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	\$206.69
		UniCare State Indemnity Plan/Medicare Extension (OME) without CIC	\$201.01
		Harvard Pilgrim Medicare Enhance	\$211.98
		Health New England MedPlus	\$215.15

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

Rate Questions?



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