

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

<b>Employee and Non-Medicare Retiree/Survivor Health Plans</b>				
<b>PRODUCT CATEGORY</b>	<b>PRODUCT TYPE</b>	<b>HEALTH PRODUCT</b>	<b>Employee/Retiree Amount for INDIVIDUAL COVERAGE</b>	<b>Employee/Retiree Amount for FAMILY COVERAGE</b>
National Network	Indemnity	<b>UniCare State Indemnity Plan/Basic with CIC (Comprehensive)</b>	\$619.55	\$1,376.33
		<b>UniCare State Indemnity Plan/Basic without CIC</b>	\$589.96	\$1,308.97
Broad Network	PPO-Type	<b>UniCare State Indemnity Plan/PLUS</b>	\$259.64	\$620.40
	POS	<b>Tufts Health Plan Navigator</b>	\$285.17	\$698.61
	POS	<b>Harvard Pilgrim Independence Plan</b>	\$331.53	\$811.08
Regional Network	HMO	<b>Health New England - Western MA residency only</b>	\$214.31	\$512.68
		<b>AllWays Health Partners Complete</b>	\$270.23	\$707.72
Narrow Network	PPO-Type	<b>UniCare State Indemnity Plan/Community Choice</b>	\$199.63	\$497.09
	EPO (HMO-Type)	<b>Tufts Health Plan Spirit</b>	\$216.23	\$523.05
	HMO	<b>Harvard Pilgrim Primary Choice Plan</b>	\$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.

<b>Medicare Plans</b>			
<b>PRODUCT CATEGORY</b>	<b>PRODUCT TYPE</b>	<b>HEALTH PRODUCT</b>	<b>Retiree Pays Per Person</b>
Medicare Advantage	HMO	<b>Tufts Health Plan Medicare Preferred</b>	\$172.71
Medicare Supplement	Indemnity	<b>Tufts Health Plan Medicare Complement</b>	\$203.01
		<b>UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)</b>	\$206.69
		<b>UniCare State Indemnity Plan/Medicare Extension (OME) without CIC</b>	\$201.01
		<b>Harvard Pilgrim Medicare Enhance</b>	\$211.98
		<b>Health New England MedPlus</b>	\$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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