

Town of Westwood - GIC Health Plans
MONTHLY RATES effective July 1, 2023

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	PPO	Harvard Pilgrim Access America - <i>For Non-Medicare Retirees/Survivors that live out of the New England region</i>	\$377.73	\$841.29
Broad Network	Indemnity	UniCare Total Choice	\$674.22	\$1,491.59
	PPO-Type	UniCare PLUS	\$282.88	\$671.35
	POS	Harvard Pilgrim Explorer	\$312.45	\$772.12
	HMO	Mass General Brigham Health Plan Complete	\$285.60	\$752.77
Limited Network	HMO	Harvard Pilgrim Quality	\$230.83	\$585.36
	PPO-Type	UniCare Community Choice	\$216.56	\$534.13
Regional Network	HMO	Health New England - Western MA residency only	\$235.20	\$562.44

The above rates are 32% of the full monthly health insurance premiums. The Town pays the remaining 68%.
 The UniCare Total Choice Indemnity is the exception and is 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	\$176.38
Medicare Supplement	Indemnity	Harvard Pilgrim Medicare Enhance	\$210.92
		Health New England MedPlus	\$215.15
		UniCare Medicare Extension	\$212.56

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

Rate Questions?



781.320.1072



benefits@townhall.westwood.ma.us