



TOWN OF NORWOOD HEALTH AND DENTAL PREMIUM RATE SHEET
July 1, 2024

EMPLOYEE AND NON-MEDICARE RETIREE/SURVIVOR PLANS

PRODUCT - NETWORK	HEALTH PRODUCT	EMPLOYEE %	MONTHLY INDIVIDUAL	BI-WEEKLY INDIVIDUAL	MONTHLY FAMILY	BI-WEEKLY FAMILY
PPO	Harvard Pilgrim Access America (Non-Medicare Retirees/Survivors that live out of New England)	20%	\$251.88	\$125.94	\$561.85	\$280.93
INDEMINTY	Wellpoint Total Choice	40%	\$600.54	\$300.27	\$1,332.69	\$666.34
PPO-TYPE	Wellpoint PLUS	20%	\$191.72	\$95.86	\$456.81	\$228.41
POS	Harvard Pilgrim Explorer	20%	\$213.57	\$106.79	\$529.18	\$264.59
HMO	Mass General Brigham	18%	\$175.98	\$87.99	\$465.38	\$232.69
HMO	Health New England (Western Mass Residents Only)	18%	\$140.09	\$70.04	\$336.05	\$168.03
PP0-TYPE	Wellpoint Community Choice	20%	\$148.99	\$74.50	\$369.82	\$184.91
HMO	Harvard Pilgrim Quality	18%	\$141.85	\$70.92	\$361.05	\$180.52

RETIREE/SURVIVOR MEDICARE PLANS

PRODUCT	HEALTH PRODUCT	MONTHLY COVERAGE	RETIREE/SURVIVOR %	
MEDICARE ADVANTAGE	Tufts Health Plan Medicare Preferred	\$39.99	35%	MONTHLY RATES INCLUDE A 50% SUBSIDY OF \$87.35 FOR THE STANDARD MEDICARE PART B PREMIUM OF \$174.70 (EFFECTIVE 1/1/2024)
MEDICARE SUPPLEMENT	Wellpoint Medicare Extension	\$68.29	35%	
	Harvard Pilgrim Medicare Enhance	\$65.30	35%	
	Health New England Medicare Plus	\$66.23	35%	

ACTIVE DENTAL

PRODUCT	PROVIDER	EMPLOYEE %	MONTHLY INDIVIDUAL	BI-WEEKLY INDIVIDUAL	MONTHLY FAMILY	BI-WEEKLY FAMILY
PPO PLUS PREMIER - LOW PLAN	Delta Dental	45%	\$23.42	\$11.71	\$58.64	\$29.32
PPO PLUS PREMIER ENHANCED - HIGH PLAN	Delta Dental	45%	\$26.46	\$13.23	\$66.26	\$33.13

RETIREE DENTAL

PRODUCT	PROVIDER	RETIREE %	Individual	INDIVIDUAL +1	FAMILY	
PPO PLUS PREMIER - LOW PLAN	Delta Dental	45%	\$26.93	\$52.25	\$76.91	
PPO PLUS PREMIER ENHANCED - HIGH PLAN	Delta Dental	45%	\$30.43	\$59.04	\$86.88	