

**TOWN OF MANCHESTER, CT
HEALTH INSURANCE RATES
POLICE UNION EMPLOYEES**

The 2019-2020 health insurance bi-weekly cost share amounts listed below will be effective July 1, 2019 through June 30, 2020.

	SINGLE	DOUBLE	FAMILY
OAP Plus \$20	\$59.92	\$108.67	\$167.57
OAP Basic	\$48.32	\$89.40	\$132.89

Prescription co-pays: \$5/\$20/\$35 to unlimited maximum, Three Tier Formulary RX Rider

****See Article 20, Section 1A, Item 2 of the Police Union Contract for those employees not eligible to participate in the HDHP/HSA plan****

**TOWN OF MANCHESTER, CT
HEALTH INSURANCE RATES
POLICE UNION EMPLOYEES**

The 2019-2020 health insurance bi-weekly cost share amounts listed below will be effective July 1, 2019 through June 30, 2020.

	SINGLE	DOUBLE	FAMILY
Cigna Choice Fund	\$44.98	\$80.92	\$126.46

Prescription co-pays: \$5/\$10/\$20 to unlimited maximum, Three Tier Formulary RX Rider

****See Article 20, Section 1A, Item 2 of the Police Union Contract for those employees not eligible to participate in the HDHP/HSA plan****