

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

The 2020-2021 health insurance bi-weekly cost share amounts listed below will be effective July 1, 2020 through June 30, 2021.

	SINGLE	DOUBLE	FAMILY
OAP Plus \$20	\$64.00	\$116.08	\$178.99
OAP Basic	\$53.62	\$99.20	\$147.46

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****

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The 2020-2021 health insurance bi-weekly cost share amounts listed below will be effective July 1, 2020 through June 30, 2021.

	SINGLE	DOUBLE	FAMILY
Cigna Choice Fund (HDHP)	\$49.45	\$88.96	\$139.02

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****