

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

The 2017-2018 health insurance bi-weekly cost share amounts listed below will be effective July 1, 2017 through June 30, 2018.

Hired Prior to 07/01/04:

| | SINGLE | DOUBLE | FAMILY |
|---------------|---------------|---------------|---------------|
| OAP Preferred | \$55.01 | \$101.52 | \$153.95 |
| OAP Plan | \$48.34 | \$87.67 | \$135.19 |
| OAP Plus | \$48.34 | \$87.67 | \$135.19 |
| OAP Basic | \$38.99 | \$72.12 | \$107.21 |

Hired On or After 07/01/04:

| | SINGLE | DOUBLE | FAMILY |
|-----------|---------------|---------------|---------------|
| OAP Plan | \$76.54 | \$138.82 | \$214.06 |
| Dental | \$3.12 | \$8.10 | \$9.97 |
| OAP Plus | \$64.46 | \$116.90 | \$180.26 |
| Dental | \$2.62 | \$6.82 | \$8.39 |
| OAP Basic | \$42.23 | \$78.13 | \$116.15 |
| Dental | \$2.13 | \$5.54 | \$6.82 |

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Hired Prior to 07/01/04:

| | SINGLE | DOUBLE | FAMILY |
|-------------------|---------------|---------------|---------------|
| Cigna Choice Fund | \$36.29 | \$65.29 | \$102.03 |

Hired On or After 07/01/04:

| | SINGLE | DOUBLE | FAMILY |
|-------------------|---------------|---------------|---------------|
| Cigna Choice Fund | \$36.29 | \$65.29 | \$102.03 |
| Dental | \$1.97 | \$5.11 | \$6.29 |

Prescription co-pays: \$5/\$20/\$35 shall apply to prescriptions after the exhaustion of the HDHP deductibles.