

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

The 2018-2019 health insurance bi-weekly cost share amounts listed below will be effective July 1, 2018 through June 30, 2019.

Hired Prior to 07/01/04:

	SINGLE	DOUBLE	FAMILY
OAP Preferred	\$57.81	\$106.70	\$161.80
OAP Plan	\$50.81	\$92.15	\$142.09
OAP Plus	\$50.81	\$92.15	\$142.09
OAP Basic	\$40.97	\$75.80	\$112.68

Hired On or After 07/01/04:

	SINGLE	DOUBLE	FAMILY
OAP Plan	\$80.44	\$145.90	\$224.98
Dental	\$3.45	\$8.97	\$11.03
OAP Plus	\$67.74	\$122.86	\$189.45
Dental	\$2.90	\$7.55	\$9.29
OAP Basic	\$44.39	\$82.12	\$122.07
Dental	\$2.36	\$6.13	\$7.55

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Hired Prior to 07/01/04:

	SINGLE	DOUBLE	FAMILY
Cigna Choice Fund	\$38.14	\$68.62	\$107.23

Hired On or After 07/01/04:

	SINGLE	DOUBLE	FAMILY
Cigna Choice Fund	\$38.14	\$68.62	\$107.23
Dental	\$2.18	\$5.66	\$6.97

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