

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

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

**Hired Prior to 07/01/04:**

	<b>SINGLE</b>	<b>DOUBLE</b>	<b>FAMILY</b>
OAP Preferred	\$60.60	\$111.85	\$169.62
OAP Plan	\$53.26	\$96.60	\$148.95
OAP Plus	\$53.26	\$96.60	\$148.95
OAP Basic	\$42.95	\$79.47	\$118.12

**Hired On or After 07/01/04:**

	<b>SINGLE</b>	<b>DOUBLE</b>	<b>FAMILY</b>
OAP Plan	\$84.33	\$152.94	\$235.84
Dental	\$3.62	\$9.40	\$11.57
OAP Plus	\$71.01	\$128.80	\$198.60
Dental	\$3.05	\$7.91	\$9.74
OAP Basic	\$46.53	\$86.09	\$127.96
Dental	\$2.47	\$6.43	\$7.91

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Cigna Choice Fund	\$39.99	\$71.93	\$112.41

**Hired On or After 07/01/04:**

	<b>SINGLE</b>	<b>DOUBLE</b>	<b>FAMILY</b>
Cigna Choice Fund	\$39.99	\$71.93	\$112.41
Dental	\$2.28	\$5.94	\$7.31

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