

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

The 2016-2017 health insurance bi-weekly cost share amounts listed below will be effective July 1, 2016 through June 30, 2017.

Hired Prior to 07/01/04:

	SINGLE	DOUBLE	FAMILY
OAP Plus	\$40.85	\$74.13	\$114.18
OAP Basic	\$32.73	\$60.56	\$90.02

Hired On or After 07/01/04:

	SINGLE	DOUBLE	FAMILY
OAP Plus	\$59.42	\$107.83	\$166.08
Dental	\$2.76	\$7.18	\$8.84
OAP Basic	\$38.68	\$71.57	\$106.38
Dental	\$2.25	\$5.84	\$7.18

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

The 2016-2017 health insurance bi-weekly cost share amounts listed below will be effective July 1, 2016 through June 30, 2017.

Hired Prior to 07/01/04:

	SINGLE	DOUBLE	FAMILY
Cigna Choice Fund	\$30.67	\$55.20	\$86.17

Hired On or After 07/01/04:

	SINGLE	DOUBLE	FAMILY
Cigna Choice Fund	\$30.67	\$55.20	\$86.17
Dental	\$2.76	\$7.18	\$8.84

Prescription co-pays: \$5/\$20/\$30 shall apply to prescriptions after the exhaustion of the HDHP deductibles.