

**TOWN OF MANCHESTER, CT
HEALTH INSURANCE RATES
UNAFFILIATED & CONFIDENTIAL EMPLOYEES**

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

Hired Prior to 07/01/00:

	SINGLE	DOUBLE	FAMILY
OAP Preferred \$20	\$101.07	\$198.04	\$283.63
OAP \$5/10	\$37.13	\$67.39	\$103.80
OAP Plus \$5	\$37.13	\$67.39	\$103.80

Hired On or After 07/01/00:

	SINGLE	DOUBLE	FAMILY
OAP \$5/10	\$37.13	\$67.39	\$103.80
OAP Plus \$5	\$37.13	\$67.39	\$103.80
OAP Basic	\$29.76	\$55.05	\$81.83

Hired On or After 07/01/04:

	SINGLE	DOUBLE	FAMILY
OAP \$5/10	\$66.84	\$121.30	\$186.84
Dental	\$3.11	\$8.08	\$9.95
OAP Plus \$5	\$55.70	\$101.09	\$155.70
Dental	\$2.59	\$6.73	\$8.29
OAP Basic	\$35.71	\$66.06	\$98.20
Dental	\$2.07	\$5.39	\$6.63

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Hired Prior to 07/01/04:

	SINGLE	DOUBLE	FAMILY
Cigna Choice Fund	\$27.88	\$50.18	\$78.34

Hired On or After 07/01/04:

	SINGLE	DOUBLE	FAMILY
Cigna Choice Fund	\$27.88	\$50.18	\$78.34
Dental	\$2.59	\$6.73	\$8.29

Prescription co-pays: \$5/\$10/\$20 to unlimited maximum, Three Tier Formulary RX Rider