

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

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

Hired Prior to 07/01/00:

	SINGLE	DOUBLE	FAMILY
OAP Preferred \$20	\$112.83	\$221.12	\$316.65
OAP \$5/10	\$40.28	\$73.06	\$112.66
OAP Plus \$5	\$40.28	\$73.06	\$112.66

Hired On or After 07/01/00:

	SINGLE	DOUBLE	FAMILY
OAP \$5/10	\$40.28	\$73.06	\$112.66
OAP Plus \$5	\$40.28	\$73.06	\$112.66
OAP Basic	\$32.49	\$60.10	\$89.34

Hired On or After 07/01/04:

	SINGLE	DOUBLE	FAMILY
OAP \$5/10	\$72.51	\$131.51	\$202.79
Dental	\$2.95	\$7.67	\$9.44
OAP Plus \$5	\$60.43	\$109.59	\$168.99
Dental	\$2.46	\$6.39	\$7.87
OAP Basic	\$38.99	\$72.12	\$107.21
Dental	\$1.97	\$5.11	\$6.29

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Hired Prior to 07/01/04:

	SINGLE	DOUBLE	FAMILY
Cigna Choice Fund	\$30.24	\$54.41	\$85.02

Hired On or After 07/01/04:

	SINGLE	DOUBLE	FAMILY
Cigna Choice Fund	\$30.24	\$54.41	\$85.02
Dental	\$1.64	\$4.26	\$5.25

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