

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

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

Hired Prior to 07/01/00:

| | SINGLE | DOUBLE | FAMILY |
|--------------------|---------------|---------------|---------------|
| OAP Preferred \$20 | \$118.59 | \$232.40 | \$332.80 |
| OAP \$5/10 | \$42.34 | \$76.79 | \$118.41 |
| OAP Plus \$5 | \$42.34 | \$76.79 | \$118.41 |

Hired On or After 07/01/00:

| | SINGLE | DOUBLE | FAMILY |
|--------------|---------------|---------------|---------------|
| OAP \$5/10 | \$42.34 | \$76.79 | \$118.41 |
| OAP Plus \$5 | \$42.34 | \$76.79 | \$118.41 |
| OAP Basic | \$34.14 | \$63.17 | \$93.90 |

Hired On or After 07/01/04:

| | SINGLE | DOUBLE | FAMILY |
|--------------|---------------|---------------|---------------|
| OAP \$5/10 | \$76.21 | \$138.22 | \$213.13 |
| Dental | \$3.27 | \$8.49 | \$10.45 |
| OAP Plus \$5 | \$63.51 | \$115.18 | \$177.61 |
| Dental | \$2.72 | \$7.08 | \$8.71 |
| OAP Basic | \$40.97 | \$75.80 | \$112.68 |
| Dental | \$2.18 | \$5.66 | \$6.97 |

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Hired Prior to 07/01/04:

| | SINGLE | DOUBLE | FAMILY |
|-------------------|---------------|---------------|---------------|
| Cigna Choice Fund | \$31.79 | \$57.18 | \$89.36 |

Hired On or After 07/01/04:

| | SINGLE | DOUBLE | FAMILY |
|-------------------|---------------|---------------|---------------|
| Cigna Choice Fund | \$31.79 | \$57.18 | \$89.36 |
| Dental | \$1.82 | \$4.72 | \$5.81 |

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