

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

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

Hired Prior to 07/01/00:

	SINGLE	DOUBLE	FAMILY
OAP Preferred \$20	\$124.32	\$243.62	\$348.87
OAP \$5/10	\$43.38	\$80.50	\$124.13
OAP Plus \$5	\$43.38	\$80.50	\$124.13

Hired On or After 07/01/00:

	SINGLE	DOUBLE	FAMILY
OAP \$5/10	\$44.38	\$80.50	\$124.13
OAP Plus \$5	\$44.38	\$80.50	\$124.13
OAP Basic	\$35.79	\$66.22	\$98.43

Hired On or After 07/01/04:

	SINGLE	DOUBLE	FAMILY
OAP \$5/10	\$79.89	\$144.90	\$223.43
Dental	\$3.43	\$8.90	\$10.96
OAP Plus \$5	\$66.58	\$120.75	\$186.19
Dental	\$2.86	\$7.42	\$9.13
OAP Basic	\$42.95	\$79.47	\$118.12
Dental	\$2.28	\$5.94	\$7.31

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Hired Prior to 07/01/04:

	SINGLE	DOUBLE	FAMILY
Cigna Choice Fund	\$33.32	\$59.94	\$93.68

Hired On or After 07/01/04:

	SINGLE	DOUBLE	FAMILY
Cigna Choice Fund	\$33.32	\$59.94	\$93.68
Dental	\$1.90	\$4.95	\$6.09

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