

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

The 2020-2021 health insurance bi-weekly cost share amounts listed below will be effective July 1, 2020 through June 30, 2021, unless otherwise noted.

Hired Prior to 07/01/00:

	SINGLE	DOUBLE	FAMILY
OAP Preferred \$20	\$116.68	\$229.96	\$327.54
OAP \$5/10	\$45.72	\$82.91	\$127.85
OAP Plus \$5	\$45.72	\$82.91	\$127.85

Hired On or After 07/01/00:

	SINGLE	DOUBLE	FAMILY
OAP \$5/10	\$45.72	\$82.91	\$127.85
OAP Plus \$5	\$45.72	\$82.91	\$127.85
OAP Basic	\$38.30	\$70.86	\$105.33

Hired On or After 07/01/04:

	SINGLE	DOUBLE	FAMILY
OAP \$5/10	\$82.29	\$149.24	\$230.13
Dental	\$3.63	\$9.44	\$11.62
OAP Plus \$5	\$68.57	\$124.37	\$191.78
Dental	\$3.03	\$7.87	\$9.68
OAP Basic	\$45.96	\$85.03	\$126.39
Dental	\$2.42	\$6.29	\$7.74
Cigna Choice Fund (HDHP)	\$35.32	\$63.54	\$99.30
Dental	\$2.02	\$5.24	\$6.45

Hired Prior to 07/01/04:

	SINGLE	DOUBLE	FAMILY
Cigna Choice Fund (HDHP)	\$35.32	\$63.54	\$99.30

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