

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

The 2023-2024 health insurance bi-weekly cost share amounts listed below will be effective July 1, 2023 through June 30, 2024, unless otherwise noted.

Hired Prior to 07/01/00 through 6/30/04:

	SINGLE	DOUBLE	FAMILY
OAP Basic	\$74.53	\$137.33	\$205.64
CIGNA Choice Fund (HDHP)	\$52.51	\$94.62	\$147.48

Hired On or After 07/01/04:

	SINGLE	DOUBLE	FAMILY
OAP Basic	\$74.53	\$137.33	\$205.64
Dental	\$3.03	\$7.87	\$9.68
CIGNA Choice Fund (HDHP)	\$52.51	\$94.62	\$147.48
Dental	\$2.42	\$6.29	\$7.74

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