

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

The 2024-2025 health insurance bi-weekly cost share amounts listed below will be effective July 1, 2024 through June 30, 2025, unless otherwise noted.

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

	<b>SINGLE</b>	<b>DOUBLE</b>	<b>FAMILY</b>
OAP Basic	\$85.71	\$157.93	\$236.49
CIGNA Choice Fund (HDHP)	\$60.39	\$108.82	\$169.60

**Hired On or After 07/01/04:**

	<b>SINGLE</b>	<b>DOUBLE</b>	<b>FAMILY</b>
OAP Basic	\$85.71	\$157.93	\$236.49
Dental	\$3.03	\$7.87	\$9.68
CIGNA Choice Fund (HDHP)	\$60.39	\$108.82	\$169.60
Dental	\$2.42	\$6.29	\$7.74

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