

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

The 2015-2016 health insurance bi-weekly cost share amounts listed below will be effective July 1, 2015 through June 30, 2016.

**Hired Prior to 07/01/04:**

	<b>SINGLE</b>	<b>DOUBLE</b>	<b>FAMILY</b>
Cigna Choice Fund	\$26.06	\$46.91	\$73.24

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

	<b>SINGLE</b>	<b>DOUBLE</b>	<b>FAMILY</b>
Cigna Choice Fund	\$26.06	\$46.91	\$73.24
Dental	\$2.47	\$6.41	\$7.89

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