

CITY OF MANCHESTER HEALTH AND DENTAL RATES EFFECTIVE 7/1/2016

HMO & POS & LUMENOS (National & Regional) HDHP's with HSA PLANS

Employees with Dates of hire **PRIOR TO** the dates listed besides their union:
 Maps & MPPA 2/7/12; MAFS 2/21/12; Non-Affiliates & IAFF & Library & Airport Teamsters 3/6/12;
 AFSCME Unions 5/1/12; Welfare 6/5/12

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
HMO 85% / 15%	Single	27.80	157.53	185.33
	Two	55.88	316.63	372.51
	Family	74.78	423.75	498.53
POS 85% / 15%	Single	40.15	227.49	267.64
	Two	80.69	457.26	537.95
	Family	107.99	611.95	719.94
HDHP With HSA 85% / 15% <i>(Both Regional & National Plans)</i>	Single	25.55	144.78	170.33
	Two	51.31	290.77	342.08
	Family	65.74	372.55	438.29
HDHP Without HSA 85% / 15% <i>(Both Regional & National Plans)</i>	Single	21.22	120.26	141.48
	Two	42.66	241.73	284.39
	Family	57.09	323.51	380.60

HMO & POS & LUMENOS (National & Regional) HDHP's with HSA PLANS

Water Works Union Employees with dates of hire **PRIOR TO** 7/31/2013
 PDSS Union Employees with dates of hire **PRIOR TO** 10/15/2013

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
HMO 82.5% / 17.5%	Single	32.43	152.89	185.33
	Two	65.19	307.32	372.51
	Family	87.24	411.29	498.53
POS 82.5% / 17.5%	Single	46.84	220.80	267.64
	Two	94.14	443.81	537.95
	Family	125.99	593.95	719.94
HDHP With HSA 85% / 15% <i>(Both Regional & National Plans)</i>	Single	25.55	144.78	170.33
	Two	51.31	290.77	342.08
	Family	65.74	372.55	438.29
HDHP Without HSA 85% / 15% <i>(Both Regional & National Plans)</i>	Single	21.22	120.26	141.48
	Two	42.66	241.73	284.39
	Family	57.09	323.51	380.60

80/20 HMO & 80/20 POS & LUMENOS (National & Regional) HDHP's with HSA PLANS

Aldermen & Department Heads & Employees with Date of hire **AFTER** the dates listed besides their union:
 Maps & MPPA 2/7/12; MAFS 2/21/12; Non-Affiliates & IAFF & Library & Airport Teamsters 3/6/12;
 AFSCME Unions 5/1/12; Welfare 6/5/12; Water Works Union 07/31/2013; PDSS Union 10/15/2013

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
HMO 80% / 20%	Single	36.43	145.70	182.13
	Two	73.22	292.87	366.09
	Family	97.99	391.94	489.93
POS 80% / 20%	Single	52.63	210.51	263.14
	Two	105.78	423.13	528.91
	Family	141.57	566.28	707.85
HDHP With HSA 80% / 20% <i>(Both Regional & National Plans)</i>	Single	34.07	136.26	170.33
	Two	68.42	273.67	342.08
	Family	87.66	350.63	438.29
HDHP Without HSA 80% / 20% <i>(Both Regional & National Plans)</i>	Single	28.30	113.19	141.48
	Two	56.88	227.51	284.39
	Family	76.12	304.48	380.60

DELTA DENTAL INSURANCE

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
All Employees 85% / 15%	Single	1.40	7.95	9.35
	Two	2.72	15.41	18.13
	Family	5.23	29.60	34.83
Aldermen & Department Heads 80% / 20%	Single	1.87	7.48	9.35
	Two	3.63	14.50	18.13
	Family	6.97	27.86	34.83