

TOWN OF GLASTONBURY
Benefits Election Form
2018-2019 Plan Year

Non Affiliated

	Annual Premiums	Date of Hire before 7/1/2009. Benchmark Plan Connecticut HMO	Date of Hire After 7/1/2009. Benchmark Plan Connecticut HDHP	Date of Hire After 7/1/2014. Benchmark Plan Connecticare HDHP
		Bi-Weekly Employee Contribution	Bi-Weekly Employee Contribution	Bi-Weekly Employee Contribution
Medical Plan Options				
Connecticare HMO				
Single	10,362.84	63.77	66.23	82.06
Double	22,798.32	140.30	152.97	187.44
Family	27,979.80	172.18	204.26	245.78
Connecticare HDHP Flex POS				
Single	10,286.76	63.30	63.30	79.13
Double	22,405.92	137.88	137.88	172.35
Family	26,986.80	166.07	166.07	207.59
Anthem PPO*				
Single	11,401.92	103.73	Not Available	Not Available
Double	25,084.20	228.22	Not Available	Not Available
Family	30,785.04	280.07	Not Available	Not Available

* This plan only available to individuals enrolled as of 6/30/2015

Dental Plan Options

Full				
Single	642.18	3.95	3.95	4.94
Double	1,669.01	10.27	10.27	12.84
Family	2,060.63	12.68	12.68	15.85
Flex				
Single	734.66	4.52	4.52	5.65
Double	1,907.88	11.74	11.74	14.68
Family	2,099.91	12.92	12.92	16.15