

TOWN OF GLASTONBURY  
Benefits Election Form  
2018-2019 Plan Year

**Non Affiliated - Part Time Pro-Rated**

<u>Medical Plan Options</u>	<u>Annual Premiums</u>	25 hours per week	30 hours per week
		Bi-Weekly Employee Contribution	Bi-Weekly Employee Contribution
<b>Connecticare HMO</b>			
Single	10,362.84	167.40	119.57
Double	22,798.32	368.28	263.06
Family	27,979.80	451.98	322.84
<b>Connecticare Flex POS</b>			
Single	10,454.40	168.88	120.63
Double	22,999.80	371.54	265.38
Family	28,227.00	455.97	325.70
<b>Connecticare HDHP</b>			
Single	10,286.76	166.17	118.69
Double	22,405.92	361.94	258.53
Family	26,986.80	435.94	311.39
<b>Anthem PPO</b>			
Single	11,401.92	184.18	131.56
Double	25,084.20	405.21	289.43
Family	30,785.04	497.30	355.21
<b>Anthem HDHP</b>			
Single	11,345.76	183.28	130.91
Double	24,735.72	399.58	285.41
Family	29,846.04	482.13	344.38

Dental Plan Options

<b>Full</b>			
Single	642.18	10.37	7.41
Double	1,669.01	26.96	19.26
Family	2,060.63	33.29	23.78
<b>Flex</b>			
Single	734.66	11.87	8.48
Double	1,907.88	30.82	22.01
Family	2,099.91	33.92	24.23