

TOWN OF GLASTONBURY
Benefits Election Form
2018-2019 Plan Year

IUOE

<u>Medical Plan Options</u>	Annual Premiums	Date of Hire before 7/1/2004	Date of Hire After 7/1/2004. Connecticare HMO is Benchmark.	Date of Hire After 2/1/2013. Connecticare HMO is Benchmark Plan
		Bi-Weekly Employee Contribution	Bi-Weekly Employee Contribution	Bi-Weekly Employee Contribution
Connecticare HMO				
Single	10,443.60	64.27	64.27	80.34
Double	22,975.80	141.39	141.39	176.74
Family	28,197.60	173.52	173.52	216.90
Connecticare Flex POS				
Single	10,454.40	64.33	64.69	80.76
Double	22,999.80	141.54	142.31	177.66
Family	28,227.00	173.70	174.65	218.03
Connecticare HDHP				
Single	10,598.28	65.22	65.22	81.53
Double	23,091.24	142.10	142.10	177.62
Family	27,828.00	171.25	171.25	214.06
Anthem PPO*				
Single	11,483.76	70.67	104.28	Not Available
Double	25,264.20	155.47	229.41	Not Available
Family	31,006.08	190.81	281.54	Not Available

*This plan is only offered to the individuals enrolled as of 7/1/2009

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