

**Town of Somers
Medical, Dental, and Vision Fee Schedule
FY 2023/24**

Connecticut Partnership Plan	Total Monthly Premium	Town's Share	Employee's Share	Employee Per Pay
Employee	\$ 1,040.67	\$ 926.20	\$ 114.47	\$ 57.24
Employee & 1	\$ 2,225.88	\$ 1,981.03	\$ 244.85	\$ 122.42
Family	\$ 2,719.73	\$ 2,420.56	\$ 299.17	\$ 149.59

Cigna Dental Plan	Total Monthly Premium	Town's Share	Employee's Share	Employee Per Pay
Employee	\$ 39.47	\$ 35.13	\$ 4.34	\$ 2.17
Employee & 1	\$ 86.82	\$ 77.27	\$ 9.55	\$ 4.78
Family	\$ 134.17	\$ 119.41	\$ 14.76	\$ 7.38

Cigna Vision Plan	Total Monthly Premium	Town's Share	Employee's Share	Employee Per Pay
Employee	\$ 7.80	\$ 6.94	\$ 0.86	\$ 0.43
Employee & 1	\$ 14.45	\$ 12.86	\$ 1.59	\$ 0.79
Family	\$ 23.56	\$ 20.97	\$ 2.59	\$ 1.30

Please Note - Deductions will be taken on 24 pay dates, not 26.

Waiver Information: If an employee has Medical and/or Dental Insurance through another plan, you must provide proof of that insurance. The Town will pay a waiver of \$400 for Dental and/or \$1,600 for Medical per year. Waiver payments are made quarterly.

Rates Effective July 1, 2023