



2024 ELIGIBLE NON-REGULAR EMPLOYEES HEALTH INSURANCE RATES

	Monthly Premium	City Contribution	Employee Monthly Contribution	Employee Per Pay Period Contribution
Cigna Minimum Value Plan (MVP) HMO				
Single	\$840.01	\$739.01	\$101.00	\$50.50
2 Party	\$1,764.02	\$739.01	\$1,025.01	\$512.51
Family	\$2,520.05	\$739.01	\$1,781.04	\$890.52