

**TOWN OF MANCHESTER, CT
HEALTH INSURANCE RATES
POLICE UNION EMPLOYEES**

The 2024-2025 health insurance bi-weekly cost share amounts listed below will be effective July 1, 2024 through June 30, 2025.

	SINGLE	DOUBLE	FAMILY
Cigna Choice Fund (HDHP)	\$90.59	\$163.23	\$254.40

Prescription co-pays: \$5/\$10/\$20 to unlimited maximum, Three Tier Formulary RX Rider

****See Article 20, Section 1A, Item 2 of the Police Union Contract for those employees not eligible to participate in the HDHP/HSA plan****