2024 City of Springfield Insurance Rates

AFSCME | SEIU | NON-UNION

Monthly Medical, Wellness Center & Vision Insurance:									
PacificSource Health	Employee Cost				Total Monthly				
	(Pre-	Гах)	(No	n-Taxable)	Cost:				
Employee	\$	59.54	\$	535.84	\$	595.38			
Employee +1	\$	130.90	\$	1,178.07	\$	1,308.97			
Employee +2 (or more)	\$	178.42	\$	1,605.74	\$	1,784.15			

Monthly Dental Insurance:									
MODA/Delta Dental	Emp	loyee Cost	Em	oloyer Cost	Total Monthly				
	(Pre-Tax)		(No	n-Taxable)	Cost:				
Employee	\$	6.50	\$	58.50	\$	65.00			
Employee +1	\$	10.41	\$	93.65	\$	104.06			
Employee +2 (or more)	\$	17.16	\$	154.46	\$	171.62			
MODA/Delta Dental Plus	Employee Cost		Emp	oloyer Cost	Total Monthly				
	(Pre-Tax)		(No	n-Taxable)	Cost:				
Employee	\$	7.81	\$	70.33	\$	78.14			
Employee +1	\$	12.51	\$	112.57	\$	125.08			
Employee +2 (or more)	\$	20.63	\$	185.66	\$	206.29			

Domestic Partner (DP) Coverage:

When adding a DP & DP's child, the IRS requires the value to add the DP and DP's child be taxed before other tax qualified dependents are added

Monthly Medical, Wellness Center & Vision Insurance:										
PacificSource Health	Employee Cost		Employee Cost		Employer Cost		Employer Cost		Total Monthly	
	(Pre-	(Pre-Tax) (After-Tax)		(Non-Taxable)		(taxable)		Cost:		
Employee +1 DP	\$	59.54	\$	71.36	\$	535.84	\$	642.23	\$	1,308.97
Employee & dependent +1DP	\$	107.06	\$	71.36	\$	963.50	\$	642.23	\$	1,784.15
Employee + 2 DP	\$	59.54	\$	118.88	\$	535.84	\$	1,069.89	\$	1,784.15

Monthly Dental Insurance:										
MODA/Delta Dental	Employee Cost		Employee Cost		Employer Cost		Employer Cost		Total Monthly	
	(Pre-Ta	x)	(After-Tax)		(Non-Taxable)		(taxable)		Cost:	
Employee +1 DP	\$	6.50	\$	3.91	\$	58.50	\$	35.15	\$	104.06
Employee & dependent +1DP	\$	13.26	\$	3.91	\$	119.30	\$	35.15	\$	171.62
Employee + 2 DP	\$	6.50	\$	10.66	\$	58.50	\$	95.96	\$	171.62
MODA/Delta Dental Plus	Employee Cost		Employee Cost		Employer Cost		Employer Cost		Total Monthly	
	(Pre-Ta	x)	(After	-Tax)	(Nor	ı-Taxable)	(taxa	ıble)	Cost:	
Employee +1 DP	\$	7.81	\$	4.69	\$	70.33	\$	42.25	\$	125.08
Employee & dependent +1DP	\$	15.94	\$	4.69	\$	143.42	\$	42.25	\$	206.29
Employee + 2 DP	\$	7.81	\$	12.82	\$	70.33	\$	115.34	\$	206.29