2024 City of Springfield Insurance Rates

IAFF | SPA

| Monthly Medical, Wellness Center & Vision Insurance: | | | | | | | | | |
|--|--------|----------|-----|-------------|---------------|----------|--|--|--|
| PacificSource Health | Emplo | yee Cost | Emp | oloyer Cost | Total Monthly | | | | |
| | (Pre-T | ax) | (No | n-Taxable) | Cost: | | | | |
| Employee | \$ | 29.77 | \$ | 565.61 | \$ | 595.38 | | | |
| Employee +1 | \$ | 65.45 | \$ | 1,243.52 | \$ | 1,308.97 | | | |
| Employee +2 (or more) | \$ | 89.21 | \$ | 1,694.94 | \$ | 1,784.15 | | | |

| Monthly Dental Insurance: | | | | | | | | | |
|---------------------------|---------------|--------|-------|-----------|---------------|--------|--|--|--|
| MODA/Delta Dental | Employe | e Cost | Empl | oyer Cost | Total Monthly | | | | |
| | (Pre-Tax) | | (Non- | -Taxable) | Cost: | | | | |
| Employee | \$ | 3.25 | \$ | 61.75 | \$ | 65.00 | | | |
| Employee +1 | \$ | 5.20 | \$ | 98.86 | \$ | 104.06 | | | |
| Employee +2 (or more) | \$ | 8.58 | \$ | 163.04 | \$ | 171.62 | | | |
| | | | | | | | | | |
| MODA/Delta Dental Plus | Employee Cost | | Empl | oyer Cost | Total Monthly | | | | |
| | (Pre-Tax) | | (Non- | -Taxable) | Cost: | | | | |
| Employee | \$ | 3.91 | \$ | 74.23 | \$ | 78.14 | | | |
| Employee +1 | \$ | 6.25 | \$ | 118.83 | \$ | 125.08 | | | |
| Employee +2 (or more) | \$ | 10.31 | \$ | 195.98 | \$ | 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- | Гах) | (After-Tax) | | (Non-Taxable) | | (taxable) | | Cost: | |
| Employee +1 DP | \$ | 29.77 | \$ | 35.68 | \$ | 565.61 | \$ | 677.91 | \$ | 1,308.97 |
| Employee & dependent +1DP | \$ | 53.53 | \$ | 35.68 | \$ | 1,017.03 | \$ | 677.91 | \$ | 1,784.15 |
| Employee + 2 DP | \$ | 29.77 | \$ | 59.44 | \$ | 565.61 | \$ | 1,129.33 | \$ | 1,784.15 |

| Monthly Dental Insurance: | | | | | | | | | | |
|---------------------------|---------------|------|---------------|------|---------------|-----------|---------------|--------|---------------|--------|
| MODA/Delta Dental | Employee Cost | | Employee Cost | | Employer Cost | | Employer Cost | | Total Monthly | |
| | (Pre-Tax) | | (After-Tax) | | (Non-Taxable) | | (taxable) | | Cost: | |
| Employee +1 DP | \$ | 3.25 | \$ | 1.95 | \$ | 61.75 | \$ | 37.11 | \$ | 104.06 |
| Employee & dependent +1DP | \$ | 6.63 | \$ | 1.95 | \$ | 125.93 | \$ | 37.11 | \$ | 171.62 |
| Employee + 2 DP | \$ | 3.25 | \$ | 5.33 | \$ | 61.75 | \$ | 101.29 | \$ | 171.62 |
| | | | | | | | | | | |
| MODA/Delta Dental Plus | Employee Cost | | Employee Cost | | Employer Cost | | Employer Cost | | Total Monthly | |
| | (Pre-Tax) | | (After-Ta | ax) | (Non | -Taxable) | (taxa | ıble) | Cost: | |
| Employee +1 DP | \$ | 3.91 | \$ | 2.35 | \$ | 74.23 | \$ | 44.59 | \$ | 125.08 |
| Employee & dependent +1DP | \$ | 7.97 | \$ | 2.35 | \$ | 151.38 | \$ | 44.59 | \$ | 206.29 |
| Employee + 2 DP | \$ | 3.91 | \$ | 6.41 | \$ | 74.23 | \$ | 121.74 | \$ | 206.29 |

Note: benefit deductions are taken twice each month- payroll software will round deductions not equally divisible by two.