2025 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	ble)	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.