

**COBRA Monthly Cost Share
2015 City of Springfield
Effective January 1, 2015 – December 31, 2015**



Medical plus Dental Total Due:

Coverage Type:	HIP	PPO
Single	\$ 655.90	\$ 788.64
Two party	\$ 1,402.40	\$ 1,694.28
Family	\$ 1,941.88	\$ 2,339.74

Medical *Only* Total Due:

Coverage Type:	HIP	PPO
Single	\$ 589.60	\$ 722.34
Two party	\$ 1,296.26	\$ 1,588.14
Family	\$ 1,766.82	\$ 2,164.68

Dental *Only* Total Due:

Coverage Type:	HIP	PPO
Single	\$ 66.30	\$ 66.30
Two party	\$ 106.14	\$ 106.14
Family	\$ 175.06	\$ 175.06

PAYMENT PROCESS:

The monthly COBRA cost share is paid through a direct debit process from a checking or savings account on the 25th of each month preceding insurance coverage. If the 25th of the month falls on a weekend or a holiday, the direct debit will occur on the next working day – for example, the February 2015 cost share will be debited on January 26, 2015 since the 25th is a Sunday.

Questions?

Contact Laura Turner at 541-726-4661 or Human Resources at 541-726-3705.

