



**2016 City of Springfield Retiree Monthly Insurance Cost Share  
Effective January 1, 2016 – December 31, 2016**

**Insurance Rates with \$115.05 City paid stipend applied:**

(for retired employee and dependents until retired employee is Medicare eligible)

**Medical Only (less stipend) Total Due:**

Coverage Type:	HIP
Single	\$ 480.33
Two party	\$1,193.93
Family	\$1,669.11

**Medical (less stipend) plus Dental Total Due:**

Coverage Type:	HIP
Single	\$ 545.33
Two party	\$1,297.99
Family	\$1,840.73

**Insurance Rates without stipend:**

(for dependents on plan after retired employee is Medicare eligible, or dental only option)

**Medical only Total Due:**

Coverage Type:	HIP
Single	\$ 595.38
Two party	\$1,308.98
Family	\$1,784.16

**Dental Only Total Due:**

Coverage Type:	HIP
Single	\$ 65.00
Two party	\$ 104.06
Family	\$ 171.62

**Medical plus Dental Total Due:**

Coverage Type:	HIP
Single	\$ 660.38
Two party	\$1,413.04
Family	\$1,955.78