

2021 City of Springfield Insurance Rates

AFSCME | SEIU | NON-UNION

Monthly Medical, Wellness Center & Vision Insurance:			
PacificSource Health	Employee Cost (Pre-Tax)	Employer Cost (Non-Taxable)	Total Monthly Cost:
Employee	\$ 59.54	\$ 535.84	\$ 595.38
Employee +1	\$ 130.90	\$ 1,178.08	\$ 1,308.98
Employee +2 (or more)	\$ 178.42	\$ 1,605.74	\$ 1,784.16

Monthly Dental Insurance:			
MODA/Delta Dental	Employee Cost (Pre-Tax)	Employer Cost (Non-Taxable)	Total Monthly Cost:
Employee	\$ 6.50	\$ 58.50	\$ 65.00
Employee +1	\$ 10.40	\$ 93.66	\$ 104.06
Employee +2 (or more)	\$ 17.16	\$ 154.46	\$ 171.62
MODA/Delta Dental Plus	Employee Cost (Pre-Tax)	Employer Cost (Non-Taxable)	Total Monthly Cost:
Employee	\$ 7.80	\$ 70.34	\$ 78.14
Employee +1	\$ 12.50	\$ 112.58	\$ 125.08
Employee +2 (or more)	\$ 20.62	\$ 185.68	\$ 206.30
Willamette Dental	Employee Cost (Pre-Tax)	Employer Cost (Non-Taxable)	Total Monthly Cost:
Employee	\$ 5.92	\$ 53.24	\$ 59.16
Employee +1	\$ 9.72	\$ 87.58	\$ 97.30
Employee +2 (or more)	\$ 16.08	\$ 144.68	\$ 160.76

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 (Pre-Tax)	Employee Cost (After-Tax)	Employer Cost (Non-Taxable)	Employer Cost (taxable)	Total Monthly Cost:
Employee +1 DP	\$ 59.54	\$ 71.36	\$ 535.84	\$ 642.24	\$ 1,308.98
Employee & dependent +1DP	\$ 107.06	\$ 71.36	\$ 963.50	\$ 642.24	\$ 1,784.16
Employee + 2 DP	\$ 59.54	\$ 118.88	\$ 535.84	\$ 1,069.90	\$ 1,784.16

Monthly Dental Insurance:					
MODA/Delta Dental	Employee Cost (Pre-Tax)	Employee Cost (After-Tax)	Employer Cost (Non-Taxable)	Employer Cost (taxable)	Total Monthly Cost:
Employee +1 DP	\$ 6.50	\$ 3.90	\$ 58.50	\$ 35.16	\$ 104.06
Employee & dependent +1DP	\$ 13.27	\$ 3.90	\$ 119.29	\$ 35.16	\$ 171.62
Employee + 2 DP	\$ 6.50	\$ 10.66	\$ 58.50	\$ 95.96	\$ 171.62
MODA/Delta Dental Plus	Employee Cost (Pre-Tax)	Employee Cost (After-Tax)	Employer Cost (Non-Taxable)	Employer Cost (taxable)	Total Monthly Cost:
Employee +1 DP	\$ 7.80	\$ 4.69	\$ 70.34	\$ 42.25	\$ 125.08
Employee & dependent +1DP	\$ 15.93	\$ 4.69	\$ 143.43	\$ 42.25	\$ 206.30
Employee + 2 DP	\$ 7.80	\$ 12.82	\$ 70.34	\$ 115.34	\$ 206.30
Willamette Dental	Employee Cost (Pre-Tax)	Employee Cost (Pre-Tax)	Employee Cost (Pre-Tax)	Employee Cost (Pre-Tax)	Employee Cost (Pre-Tax)
Employee +1 DP	\$ 5.92	\$ 3.80	\$ 53.24	\$ 34.34	\$ 97.30
Employee & dependent +1DP	\$ 12.27	\$ 3.80	\$ 110.35	\$ 34.34	\$ 160.76
Employee + 2 DP	\$ 5.92	\$ 10.16	\$ 53.24	\$ 91.44	\$ 160.76