

# 2021 City of Springfield Insurance Rates

## IAFF

<b>Monthly Medical, Wellness Center &amp; Vision Insurance:</b>			
<b>PacificSource Health</b>	Employee Cost (Pre-Tax)	Employer Cost (Non-Taxable)	Total Monthly Cost:
Employee	\$ 29.76	\$ 565.62	\$ 595.38
Employee +1	\$ 65.44	\$ 1,243.54	\$ 1,308.98
Employee +2 (or more)	\$ 89.20	\$ 1,694.96	\$ 1,784.16

<b>Monthly Dental Insurance:</b>			
<b>MODA/Delta Dental</b>	Employee Cost (Pre-Tax)	Employer Cost (Non-Taxable)	Total Monthly Cost:
Employee	\$ 3.24	\$ 61.76	\$ 65.00
Employee +1	\$ 5.20	\$ 98.86	\$ 104.06
Employee +2 (or more)	\$ 8.58	\$ 163.04	\$ 171.62
<b>MODA/Delta Dental Plus</b>	Employee Cost (Pre-Tax)	Employer Cost (Non-Taxable)	Total Monthly Cost:
Employee	\$ 3.90	\$ 74.24	\$ 78.14
Employee +1	\$ 6.24	\$ 118.84	\$ 125.08
Employee +2 (or more)	\$ 10.32	\$ 195.99	\$ 206.30
<b>Willamette Dental</b>	Employee Cost (Pre-Tax)	Employer Cost (Non-Taxable)	Total Monthly Cost:
Employee	\$ 2.96	\$ 56.20	\$ 59.16
Employee +1	\$ 4.86	\$ 92.44	\$ 97.30
Employee +2 (or more)	\$ 8.04	\$ 152.72	\$ 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

<b>Monthly Medical, Wellness Center &amp; Vision Insurance:</b>					
<b>PacificSource Health</b>	Employee Cost (Pre-Tax)	Employee Cost (After-Tax)	Employer Cost (Non-Taxable)	Employer Cost (taxable)	Total Monthly Cost:
Employee +1 DP	\$ 29.76	\$ 35.68	\$ 565.62	\$ 677.92	\$ 1,308.98
Employee & dependent +1DP	\$ 53.52	\$ 35.68	\$ 1,017.04	\$ 677.92	\$ 1,784.16
Employee + 2 DP	\$ 29.76	\$ 59.44	\$ 565.62	\$ 1,129.34	\$ 1,784.16

<b>Monthly Dental Insurance:</b>					
<b>MODA/Delta Dental</b>	Employee Cost (Pre-Tax)	Employee Cost (After-Tax)	Employer Cost (Non-Taxable)	Employer Cost (taxable)	Total Monthly Cost:
Employee +1 DP	\$ 3.24	\$ 1.96	\$ 61.76	\$ 37.10	\$ 104.06
Employee & dependent +1DP	\$ 6.62	\$ 1.96	\$ 125.94	\$ 37.10	\$ 171.62
Employee + 2 DP	\$ 3.24	\$ 5.34	\$ 61.76	\$ 101.28	\$ 171.62
<b>MODA/Delta Dental Plus</b>	Employee Cost (Pre-Tax)	Employee Cost (After-Tax)	Employer Cost (Non-Taxable)	Employer Cost (taxable)	Total Monthly Cost:
Employee +1 DP	\$ 3.90	\$ 2.35	\$ 74.24	\$ 44.59	\$ 125.08
Employee & dependent +1DP	\$ 7.97	\$ 2.35	\$ 151.39	\$ 44.59	\$ 206.30
Employee + 2 DP	\$ 3.90	\$ 6.42	\$ 74.24	\$ 121.74	\$ 206.30
<b>Willamette Dental</b>	Employee Cost (Pre-Tax)	Employee Cost (After-Tax)	Employer Cost (Non-Taxable)	Employer Cost (taxable)	Total Monthly Cost:
Employee +1 DP	\$ 2.96	\$ 1.90	\$ 56.20	\$ 36.23	\$ 97.29
Employee & dependent +1DP	\$ 6.14	\$ 1.90	\$ 116.49	\$ 36.23	\$ 160.76
Employee + 2 DP	\$ 2.96	\$ 5.08	\$ 56.20	\$ 96.52	\$ 160.76