## City of Springfield, MA

Employee Benefits Department Health & Dental/Vision Premiums Coverage for FY25 (7/1/24 – 6/30/25)



## Non-Medicare Insurance Rates for Active Employees & Retirees (Rates begin June 2024 for July 1st Coverage)

Plan Name	Coverage	52 Weeks	26 Weeks	22 Weeks	Monthly
		ı		T	Ť
Cigna Dental/Vision Plan- Base DPO4	Individual	1.63	3.27	3.86	7.08
	Family	3.78	7.56	8.94	16.39
	· 11 1 1	2 7 6			44.07
Dental Buy-Up DPOB	Individual	2.76	5.52	6.52	11.95
*Supplemental paid by EE/RET	Family	6.92	13.85	16.36	30.00
Narrow Network Dental/Vision DHMO Q5100	Individual	1.51	3.03	3.58	6.56
Traine w Treework Bental Vision Billing Quito	Family	3.27	6.54	7.73	14.16
Health New England	Individual	44.90	89.80	106.13	194.56
-	Family	107.71	215.42	254.59	466.74
Wellpoint Community Choice	Individual	42.98	85.96	101.59	186.24
	Family	106.68	213.36	252.15	462.27
Harvard Pilgrim Quality	Individual	45.46	90.93	107.46	197.01
Time the triginity quantity	Family	115.72	231.44	273.52	501.45
Wellpoint Plus	Individual	55.31	110.61	130.72	239.66
	Family	131.77	263.54	311.46	571.01
Mass General Brigham Complete	Individual	56.40	112.81	133.32	244.42
Wass General Brigham Complete	Family	149.16	298.32	352.56	646.36
	Tallilly	149.10	290.32	332.30	040.30
Harvard Pilgrim Explorer	Individual	61.61	123.22	145.62	266.97
	Family	152.65	305.30	360.80	661.48
W. H T 1 GL	T 1' ' 1 4	06.62	152.22	204.72	277.2:
Wellpoint Total Choice	Individual	86.62	173.23	204.73	375.34
	Family	192.21	384.43	454.33	832.93
Harvard Pilgrim Access America	Individual	72.66	145.31	171.74	314.85
Tim u I ngimi i Ivvoso i inivitor	Family	162.07	324.15	383.08	702.32

## City of Springfield, MA

Employee Benefits Department Health & Dental/Vision Premiums Coverage for FY25 (7/1/24 – 6/30/25)



## **Medicare Insurance Rates for Retirees**

(Rates begin June 2024 for July 1st Coverage)

Plan Name	Coverage	Monthly	Health + Dental
Cigna Dental/Vision Plan – Base DPO4	Individual	7.08	
	Family	16.39	
Dental Buy-Up DPOB	Individual	11.95	
*Supplemental paid by EE/RET	Family	30.00	
Narrow Network Dental/Vision DHMO Q5100	Individual	6.56	
	Family	14.16	
Wellpoint Medicare Extension	Individual	111.17	118.25
	Family	222.34	238.73
Health New England Medicare Supplement Plus	Individual	109.70	116.78
	Family	219.40	235.79
Harvard Pilgrim Medicare Enhance	Individual	109.03	116.11
	Family	218.07	234.46
Tufts Health Plan Medicare Preferred	Individual	90.96	98.04
*Medicare Advantage Product	Family	181.92	198.31

<sup>➤</sup> Dental Buy-Up DPBO deductions are <u>in addition</u> to your Cigna Dental/Vision Base DPO4 Plan deductions. The City does not contribute to the Buy-up portion of the plan.