City of Springfield, MA

Employee Benefits Department Health & Dental/Vision Premiums Coverage for FY24 (7/1/23 – 6/30/24)



Non-Medicare Insurance Rates for Active Employees & Retirees (Rates begin June 2023 for July 1st Coverage)

Plan Name	Coverage	52 Weeks	26 Weeks	22 Weeks	Monthly
Cigna Dental/Vision Plan - Base DPO4	Individual	1.63	3.27	3.86	7.08
	Family	3.78	7.56	8.94	16.39
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
	Family	3.27	6.54	7.73	14.16
Health New England	Individual	42.40	84.81	100.23	183.75
	Family	101.40	202.80	239.67	439.40
UniCare Community Choice	Individual	39.04	78.09	92.28	169.19
	Family	96.30	192.60	227.61	417.29
					100.55
Harvard Pilgrim Quality	Individual	41.62	83.23	98.36	180.33
	Family	105.53	211.07	249.44	457.31
UniCare Plus	Individual	£1.00	102.00	120.54	221.00
UniCare Plus		51.00			221.00
	Family	121.04	242.07	286.09	524.50
Mass General Brigham Complete	Individual	51.49	102.98	121.70	223.13
174455 General Brigham Complete	Family	135.72	271.43	320.78	588.11
		150.72	2717.0	020.70	0.00111
Harvard Pilgrim Explorer	Individual	56.33	112.66	133.15	244.11
	Family	139.20	278.41	329.03	603.22
UniCare Total Choice	Individual	77.79	155.59	183.88	337.11
	Family	172.11	344.21	406.80	745.80
Harvard Pilgrim Access America	Individual	68.10	136.20	160.96	295.10
	Family	151.68	303.35	358.51	657.26

- ➤ 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.
- ➤ Please see the **Health Insurance Plan Changes Spreadsheet** for plan information as service areas, carriers, and plans have changed.

City of Springfield, MA

Employee Benefits Department Health & Dental/Vision Premiums Coverage for FY24 (7/1/23 – 6/30/24)



Medicare Insurance Rates for Retirees (Rates begin June 2023 for July 1st Coverage)

Plan	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	
UniCare Medicare Extension	Individual	106.28	113.36
	Family	212.56	228.95
Health New England Medicare Supplement Plus	Individual	107.57	114.66
	Family	215.15	231.54
Harvard Pilgrim Medicare Enhance	Individual	105.46	112.54
	Family	210.92	227.31
Tufts Health Plan Medicare Preferred	Individual	88.19	95.26
*Medicare Advantage Product	Family	176.38	192.77

- ➤ 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.
- ➤ Please see the **Health Insurance Plan Changes Spreadsheet** for plan information as service areas, carriers, and plans have changed.