City of Springfield, MA

Employee Benefits Department Health & Dental/Vision Premiums Coverage for FY26 (7/1/25 – 6/30/26)



Non-Medicare Insurance Rates for Active Employees & Retirees (Rates begin June 2025 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
Cigna Dentali visioni i ian- Base Di O+	Family	3.78	7.56	8.94	16.39
	1 dillily	3.70	7.50	0.71	10.57
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
Harvard Pilgrim Access America	Individual	83.00	166.00	196.18	359.66
	Family	185.12	370.25	437.56	802.20
II 1811 : E 1	T 1' ' 1 1	60.54	127.07	1.62.00	206.00
Harvard Pilgrim Explorer	Individual	68.54	137.07	162.00	296.99
	Family	169.68	339.36	401.06	735.27
Harvard Pilgrim Quality	Individual	51.09	102.19	120.77	221.41
Trai vara i figirii Quanty	Family	129.95	259.91	307.16	563.13
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Health New England	Individual	49.58	99.16	117.19	214.84
Ţ.	Family	118.91	237.83	281.07	515.29
Mass General Brigham Complete	Individual	62.97	125.94	148.84	272.87
	Family	166.42	332.84	393.35	721.15
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Wellpoint Community Choice	Individual	48.31	96.62	114.19	209.35
	Family	120.07	240.15	283.81	520.32
Wellpoint Plus	Individual	63.00	126.00	148.91	273.01
тепропития	Family	150.35	300.70	355.37	651.51
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Wellpoint Total Choice	Individual	101.23	202.45	239.26	438.65
	Family	224.99	449.98	531.80	974.96

City of Springfield, MA

Employee Benefits Department Health & Dental/Vision Premiums Coverage for FY26 (7/1/25 – 6/30/26)



Medicare Insurance Rates for Retirees

(Rates begin June 2025 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	
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Narrow Network Dental/Vision DHMO Q5100	Individual	6.56	
	Family	14.16	
Wellpoint Medicare Extension	Individual	119.08	126.16
	Family	238.17	254.56
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Health New England Medicare Supplement Plus	Individual	117.68	124.76
	Family	235.36	251.75
Harvard Pilgrim Medicare Enhance	Individual	117.06	124.14
	Family	234.11	250.50
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Tufts Health Plan Medicare Preferred	Individual	97.80	104.88
*Medicare Advantage Product	Family	195.60	211.99

[➤] 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.