March 1, 2026
City of Springfield EMPLOYEE Premiums
Per Pay Premiums based on 24 pays

The Health premiums and/or Plan provisions are subject to change based on the Plan's quarterly review

Employee **DENTAL** Premiums			
	EMPLOYEE ONLY	**EMPLOYEE PLUS ONE**	**FAMILY**
High Plan	**$19.50**	**$38.99**	**$76.01**
Low Plan	**$16.21**	**$32.41**	**$63.19**
Military *(Adult Child Age 26 – 30)* *Enhanced $27.45/Basic $15.00*			