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 MEDICAL Premiums				
	EMPLOYEE ONLY	**Plus ONE**	**FAMILY**	
POINT OF SERVICE (POS)	**$98.73**	**$164.31**	**$226.89**	WELLNESS
	$109.70	**$182.57**	**$252.10**	w/o WELLNESS
HIGH DEDUCTIBLE HEALTH PLAN (HDHP)	$ 0.00	**$116.95**	**$160.68**	WELLNESS
	$ 0.00	**$129.94**	**$178.53**	w/o WELLNESS
Military (Adult Child Age 26 – 30) – POS $302.73/HDHP $262.54				

Employee VISION Premium			
UNICARE/UNIVISION	**EMPLOYEE ONLY**	**EMPLOYEE PLUS ONE**	**FAMILY**
	$2.70	$4.71	$7.52
Military (Adult Child Age 26 – 30) $2.70			

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			

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(Monthly) COBRA Premiums			
	EMPLOYEE ONLY	**EMPLOYEE PLUS ONE**	**FAMILY**
POINT OF SERVICE (POS)	**$1,193.72**	**$2,441.95**	**$3,372.29**
HIGH DEDUCTIBLE HEALTH PLAN (HDHP)	**$806.58**	**$1,621.15**	**$2,229.68**

Vision and Dental rates remain the current rates when electing Cobra.

COBRA rates are subject to change based on the changes in the entire plan on a quarterly review. COBRA rates are based on the recommendation of an outside actuarial projection. COBRA rates reflect the entire cost of the health program and a 2% administrative fee. Participant coverage is individual and any participant has the right to cancel the beginning of any month. Coverage is up to the maximum described to you by the plan sponsor.