

2026

AWC EMPLOYEE BENEFIT TRUST HEALTH INSURANCE

Benefit Rates

Council

2026 Regence Health First 250 (80/20 Split)	100% Premium (8.7% Increase)	Rate w/ 2% Wellness Discount	City Share (monthly)
Employee	1058.86	1037.70	0.00
Emp + Spouse	2,126.58	2,084.06	0.00
Emp, Spouse + 1 child	2,652.54	2,599.50	0.00
Emp, Spouse + 2 Children (full family)	3,087.38	3,025.64	0.00
Emp + 1 child	1,584.82	1,553.14	0.00
Emp + 2 children	2,019.66	1,979.28	0.00

2026 Regence HDHP (Deductibles: 1700/3400)	100% Premium (8.7% Increase)	Rate w/ 2% Wellness Discount	City Share (monthly)
Employee	736.30	721.58	0.00
Emp + Spouse	1,481.66	1,452.04	0.00
Emp, Spouse + 1 child	1,855.40	1,818.30	0.00
Emp, Spouse + 2 Children (full family)	2,161.44	2,118.22	0.00
Emp + 1 child	1,110.04	1,087.84	0.00
Emp + 2 children	1,416.08	1,387.76	0.00
<i>No additional Charge for 3+ children</i>			

2026 Kaiser Permanente \$20 Copay / 200 Deductible (90/10 Split)	100% Premium (11.6% increase)	Rate w/ 2% Wellness Discount	City Share (monthly)
Employee	971.82	952.38	0.00
Emp + Spouse	1,927.50	1,888.96	0.00
Emp, Spouse + 1 child	2,415.16	2,366.86	0.00
Emp, Spouse + 2 Children (full family)	2,902.82	2,844.76	0.00
Emp + 1 child	1,459.48	1,430.30	0.00
Emp + 2 children	1,947.14	1,908.20	0.00
<i>No additional Charge for 3+ children</i>			

DENTAL / PLAN F	100% Premium (no increase)		City Paid (monthly)
Employee	58.28		58.28
Emp + 1	110.20		110.20
Emp + 2	172.48		172.48

VSP (City pays all) \$25 co-pay with second pair rider	100% Premium (no Increase)		City Paid (monthly)
Employee	8.78		8.78
Emp + 1	17.56		17.56
Emp + 2	26.34		26.34

EAP	1 - 8 Sessions
Full Family	\$.14 - Employer Paid

Employee Share (monthly)
1037.70
2084.06
2599.50
3025.64
1553.14
1979.28

Employee Share (monthly)
721.58
1452.04
1818.30
2118.22
1087.84
1387.76

Employee Share (monthly)
952.38
1888.96
2366.86
2844.76
1430.30
1908.20
