

2026

AWC EMPLOYEE BENEFIT TRUST HEALTH INSURANCE

Benefit Rates

Mayor

2026 Regence Health First 250 (80/20 Split)	100% Premium (8.7% Increase)	Rate w/ 2% Wellness Discount	City Share (monthly)	Employee Share (monthly)
Employee	1058.86	1037.70	830.16	207.54
Emp + Spouse	2,126.58	2,084.06	830.16	1253.90
Emp, Spouse + 1 child	2,652.54	2,599.50	830.16	1769.34
Emp, Spouse + 2 Children (full family)	3,087.38	3,025.64	830.16	2195.48
Emp + 1 child	1,584.82	1,553.14	830.16	722.98
Emp + 2 children	2,019.66	1,979.28	830.16	1149.12

2026 Regence HDHP (Deductibles: 1700/3400)	100% Premium (8.7% Increase)	Rate w/ 2% Wellness Discount	City Share (monthly)	Employee Share (monthly)	
Employee	736.30	721.58	721.58	0.00	
Emp + Spouse	1,481.66	1,452.04	721.58	730.46	
Emp, Spouse + 1 child	1,855.40	1,818.30	721.58	1096.72	
Emp, Spouse + 2 Children (full family)	2,161.44	2,118.22	721.58	1396.64	
Emp + 1 child	1,110.04	1,087.84	721.58	366.26	
Emp + 2 children	1,416.08	1,387.76	721.58	666.18	
<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 Share (monthly)
Employee	971.82	952.38	857.14	95.24
Emp + Spouse	1,927.50	1,888.96	857.14	1031.82
Emp, Spouse + 1 child	2,415.16	2,366.86	857.14	1509.72
Emp, Spouse + 2 Children (full family)	2,902.82	2,844.76	857.14	1987.62
Emp + 1 child	1,459.48	1,430.30	857.14	573.16
Emp + 2 children	1,947.14	1,908.20	857.14	1051.06
<i>No additional Charge for 3+ children</i>				

90 / 10 Split on Coverage				
DENTAL / PLAN F	100% Premium (no increase)		City Share (monthly)	Employee Share (monthly)
Employee	58.28		58.28	0.00
Emp + 1	110.20		110.20	0.00
Emp + 2	172.48		172.48	0.00

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

Long Term Disability- 67% Benefit	.516% of Base Pay	(no Increase)
Life Insurance and AD&D- 26,000.00 Benefit	3.90	

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