



# 2026 Benefit Rate Sheet

## Full-Time Employees

BENEFIT PLAN OPTIONS	Monthly premium w/ 2% Wellness Discount	Employer monthly cost share (90%)	Employer monthly cost increase	Employee monthly cost share (10%)	Employee monthly cost increase
<b>AWC Healthfirst 250 Regence Blue Shield</b>	<b>8.7% increase (Well City rates)</b> \$250 individual deductible and \$750 family deductible, out-of-pocket limit is \$3,000 individual and \$6,000 family				
Employee	1,037.70	1,037.70	83.08	0.00	0.00
Employee & spouse	2,084.06	1,979.42	158.46	104.64	8.38
Employee, spouse, & 1 child	2,599.50	2,443.32	195.60	156.18	12.50
Employee, spouse & 2 children (Family)	3,025.64	2,826.85	226.29	198.79	15.91
Employee & 1 child	1,553.14	1,501.60	120.20	51.54	4.12
Employee & 2 children or more	1,979.28	1,885.12	150.90	94.16	7.54
<b>AWC Regence High Deductible Health Plan (HDHP) Health Savings Account (HSA) qualified</b>	<b>8.7% increase (Well City rates)</b> \$1,650 individual deductible and \$3,300 family deductible, out-of-pocket limit is \$5,000 individual and \$10,000 family				
Employee	721.58	721.58	57.76	0.00	0.00
Employee & spouse	1,452.04	1,378.99	110.39	73.05	5.85
Employee, spouse, & 1 child	1,818.30	1,708.63	136.76	109.67	8.78
Employee, spouse & 2 children (Family)	2,118.22	1,978.56	158.38	139.66	11.18
Employee & 1 child	1,087.84	1,051.21	84.13	36.63	2.93
Employee & 2 children or more	1,387.76	1,321.14	105.75	66.62	5.33
<b>Choose one (1) HSA account below to match if you elected the HDHP.</b>					
<b>NOTE:</b> The Employer's monthly contribution to the HSA is on a pay period basis or 2x a month, based on <u>Employee</u> or <u>Family</u> coverage.					
<ul style="list-style-type: none"> <li>➤ <b>HSA Employee (\$3,500 funded by the City)</b> 2025 contribution limit is \$4,300</li> </ul>	<i>City Contribution to Employee only plan per month</i> Employees may contribute up to \$800 and at age 55, employees may contribute an additional \$1,000 (contact HR to complete the employee contribution form)				<b>\$291.66</b> per month (49%)
<ul style="list-style-type: none"> <li>➤ <b>HSA Family (\$7,000 funded by the City)</b> 2025 contribution limit is \$8,550</li> </ul>	<i>City Contribution to Family plan per month</i> Employee may contribute up to \$1,550 and at age 55, employees may contribute an additional \$1,000 (contact HR to complete the employee contribution form)				<b>\$583.32</b> per month (33%)
<ul style="list-style-type: none"> <li>➤ <b>HSA Contribution Opt-Out</b></li> </ul>	<i>Opt-out of City Contributions</i> Employees may opt-out due to TriCare or Medicare				<b>\$0.00</b> per month
<b>Kaiser \$200 deductible \$20 Copay + 10%</b>	<b>11.6% increase (Well City rates)</b> \$200 individual deductible and \$400 family deductible, out-of-pocket limit is \$2,500 individual and \$5,000 family				
Employee	952.38	952.38	99.20	0.00	0.00
Employee & spouse	1,888.96	1,795.30	187.02	93.66	9.76
Employee, spouse, & 1 child	2,366.86	2,225.41	231.84	141.45	14.74
Employee, spouse & 2 children (Family)	2,844.76	2,655.52	276.64	189.24	19.72
Employee & 1 child	1,430.30	1,382.52	144.02	47.79	4.98
Employee & 2 children or more	1,908.20	1,812.62	188.84	95.58	9.96
<b>Delta Dental, Plan E – Ortho Plan II</b> (Ortho enrolled eligible dependent children only)	<b>4.3% Increase</b> annual plan maximum is \$2,000, ortho lifetime maximum is \$1,000				
Employee	51.80	51.80	2.14	0.00	0.00
Employee & 1 dependent	96.70	92.21	3.78	4.49	0.18
Employee & 2 or more dependents	178.88	166.18	6.81	12.70	0.51
<b>Vision Service Plan, \$25 copay</b> effective 1/1/25 with second pair rider	<b>"0%" Increase</b> 12-24 months: \$220 featured brand frames, \$200 frames, \$200 contacts/lens				
Employee	8.78	8.78	0.00	0.00	0.00
Employee & 1 dependent	17.56	17.56	0.00	0.00	0.00
Employee & 2 or more dependents	26.34	26.34	0.00	0.00	0.00



# 2026 Benefit Rate Sheet

## Full-Time Employees

<b>BENEFIT PLAN OPTIONS</b> <i>(continued)</i>	Monthly premium w/ 2% Wellness Discount	Employer monthly cost share (90%)	Employer monthly cost increase	Employee monthly cost share (10%)	Employee monthly cost increase
<b>Employee Assistance Program (EAP) with ComPsych</b>	<i>"0% increase (Well City rates) "zero" cost to employee (City-provided)</i>				
1-6 sessions for employee, dependents, and any individual living in the employee's household (without Trust benefits = \$1.57 per month paid for by the City)	1.57	0.00	0.00	0.00	0.00
<b>Group Life Insurance with The Standard</b> effective 1/1/25 increased from \$25,000 to \$50,000 BL	<i>"0% increase (Well City rates) "zero" cost to employee (City-provided)</i>				
Employee (rate is \$0.15 per \$1,000 benefit)	7.50	7.50	0.00	0.00	0.00
Dependent life plan 4 (per family per month)	2.00	2.00	0.00	0.00	0.00
<b>Long-Term Disability with The Standard</b> Option 1: 60% benefit and 90-day elimination	<i>"0% increase (Well City rates) "zero" cost to employee (City-provided)</i>				
Employee only (monthly rate of payroll)	0.404%	0.404%	0.00	0.00	0.00
<b>Planet Fitness Black Card Gym Membership</b>	<i>NEW BENEFIT 2026</i>				
Employee only	n/a	25.08	25.08	0.00	0.00

Rev 12/12/2025