



Regence BlueShield/Asuris Northwest Health 2026 rates

AWC HealthFirst® 250

	2026 rate	2026 WellCity* rate
Employee	\$1,588.86	\$1,037.70
Employee & spouse	\$2,126.58	\$2,084.06
Employee, spouse + one child	\$2,652.54	\$2,599.50
Employee, spouse + two children (full family)	\$3,087.38	\$3,025.64
Employee + one child	\$1,584.82	\$1,553.14
Employee + two children	\$2,019.66	\$1,979.28
No additional charge for three or more dependents.		

AWC HealthFirst® 500

	2026 rate	2026 WellCity* rate
Employee	\$995.04	\$975.14
Employee & spouse	\$1,999.52	\$1,959.54
Employee, spouse + one child	\$2,493.24	\$2,443.38
Employee, spouse + two children (full family)	\$2,903.56	\$2,845.50
Employee + one child	\$1,488.76	\$1,459.00
Employee + two children	\$1,899.08	\$1,861.10
No additional charge for three or more dependents.		

High Deductible Health Plan (Health Savings Account qualified)

	2026 rate	2026 WellCity* rate
Employee	\$736.30	\$721.58
Employee & spouse	\$1,481.66	\$1,452.04
Employee, spouse + one child	\$1,855.40	\$1,818.30
Employee, spouse + two children (full family)	\$2,161.44	\$2,118.22
Employee + one child	\$1,110.04	\$1,087.84
Employee + two children	\$1,416.08	\$1,387.76
No additional charge for three or more dependents.		

Accountable Health Network

	2026 rate	2026 WellCity* rate
Employee	\$1,010.96	\$990.76
Employee & spouse	\$2,030.46	\$1,989.86
Employee, spouse + one child	\$2,532.70	\$2,482.06
Employee, spouse + two children (full family)	\$2,947.88	\$2,888.94
Employee + one child	\$1,513.20	\$1,482.94
Employee + two children	\$1,928.38	\$1,889.82
No additional charge for three or more dependents.		

Medicare Advantage Plan – LEOFF 1 retirees only

	2026 rate
LEOFF I retirees	\$1,057.10

Plan A – LEOFF 1 active employees and retirees only

	2026 rate	2026 WellCity* rate
LEOFF I active	\$1,705.12	\$1,671.02
LEOFF I retired not on Medicare Parts A & B	\$2,210.50	N/A
LEOFF I retired on Medicare Parts A & B	\$1,723.60	N/A

Contact AWC Trust staff at
benefitinfo@awcnet.org for historical rates.

Looking for COBRA or retiree rates?
Find them at awctrust.org.

*Find out how to earn the WellCity Award and premium discount at awctrust.org or contact Trust staff at benefitinfo@awcnet.org or 1.800.562.8981.



Kaiser Permanente 2026 rates

Kaiser 200

	2026 rate	2026 WellCity* rate
Employee	\$971.82	\$952.38
Employee & spouse	\$1,927.50	\$1,888.96
Employee, spouse + one child	\$2,415.16	\$2,366.86
Employee, spouse + two children (full family)	\$2,902.82	\$2,844.76
Employee + one child	\$1,459.48	\$1,430.30
Employee + two children	\$1,974.14	\$1,908.20
No additional charge for three or more dependents.		

Kaiser Access PPO

	2026 rate	2026 WellCity* rate
Employee	\$1,076.06	\$1,054.54
Employee & spouse	\$2,134.84	\$2,092.14
Employee, spouse + one child	\$2,674.90	\$2,621.40
Employee, spouse + two children (full family)	\$3,214.96	\$3,150.66
Employee + one child	\$1,616.12	\$1,583.80
Employee + two children	\$2,156.18	\$2,113.06
No additional charge for three or more dependents.		

Kaiser 500

	2026 rate	2026 WellCity* rate
Employee	\$898.98	\$881.00
Employee & spouse	\$1,782.94	\$1,747.28
Employee, spouse + one child	\$2,234.06	\$2,189.38
Employee, spouse + two children (full family)	\$2,685.18	\$2,631.48
Employee + one child	\$1,350.10	\$1,323.10
Employee + two children	\$1,801.22	\$1,765.20
No additional charge for three or more dependents.		

Non-copay plan – LEOFF 1 retirees only

	2026 rate
LEOFF I retiree not on Medicare	\$3,217.32
LEOFF I retiree on Medicare	\$587.38

High Deductible Health Plan (Health Savings Account qualified)

	2026 rate	2026 WellCity* rate
Employee	\$808.62	\$792.46
Employee & spouse	\$1,601.00	\$1,568.98
Employee, spouse + one child	\$2,005.94	\$1,965.82
Employee, spouse + two children (full family)	\$2,410.90	\$2,362.68
Employee + one child	\$1,213.58	\$1,189.32
Employee + two children	\$1,618.52	\$1,586.16
No additional charge for three or more dependents.		

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Delta Dental of Washington 2026 rates

Dental plans

	2026 rate
Plan A	
Employee	\$56.12
Employee + 1 dependent	\$106.56
Employee + 2 or more dependents	\$168
Plan B	
Employee	\$49.48
Employee + 1 dependent	\$92.04
Employee + 2 or more dependents	\$151.70
Plan C	
Employee	\$40.44
Employee + 1 dependent	\$77.88
Employee + 2 or more dependents	\$127.32
Plan D	
Employee	\$52.10
Employee + 1 dependent	\$109.96
Employee + 2 or more dependents	\$162.82

Dental plans

	2026 rate
Plan E	
Employee	\$51.78
Employee + 1 dependent	\$96.26
Employee + 2 or more dependents	\$158.30
Plan F	
Employee	\$58.28
Employee + 1 dependent	\$110.20
Employee + 2 or more dependents	\$172.48
Plan G	
Employee	\$57.06
Employee + 1 dependent	\$107.94
Employee + 2 or more dependents	\$178.44
Plan J	
Employee	\$60.26
Employee + 1 dependent	\$113.96
Employee + 2 or more dependents	\$178.38

Orthodontia riders

Can be added to any dental plan.

	2026 rate
Plan I	
Employee	\$0.00
Employee + 1 dependent	\$.18
Employee + 2 or more dependents	\$10.30
Plan II	
Employee	\$0.00
Employee + 1 dependent	\$.44
Employee + 2 or more dependents	\$20.58
Plan III	
Employee	\$1.32
Employee + 1 dependent	\$3.26
Employee + 2 or more dependents	\$23.18
Plan IV	
Employee	\$0.00
Employee + 1 dependent	\$1.12
Employee + 2 or more dependents	\$36.96
Plan V	
Employee	\$2.62
Employee + 1 dependent	\$6.06
Employee + 2 or more dependents	\$41.50

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benefitinfo@awcnet.org for historical rates.

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Willamette Dental 2026 rates

\$10 copay plan

	2026 rate
Employee	\$74.00
Employee + 1 dependent	\$138.64
Employee + 2 or more dependents	\$220.80

\$15 copay plan

	2026 rate
Employee	\$56.60
Employee + 1 dependent	\$109.12
Employee + 2 or more dependents	\$179.98

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benefitinfo@awcnet.org for historical rates.

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VSP 2026 rates

\$0 copay

	2026 rate	with second pair rider
Employee	\$10.96	\$12.02
Employee + 1	\$21.92	\$24.04
Employee + 2	\$32.88	\$36.06

\$10 copay

	2026 rate	with second pair rider
Employee	\$9.54	\$10.58
Employee + 1	\$19.06	\$21.18
Employee + 2	\$28.58	\$31.76

\$25 copay

	2026 rate	with second pair rider
Employee	\$7.72	\$8.78
Employee + 1	\$15.44	\$17.56
Employee + 2	\$23.16	\$26.34

\$10/\$15 copay

	2026 rate	with second pair rider
Employee	\$6.10	N/A
Employee + 1	\$12.20	N/A
Employee + 2	\$18.30	N/A



Standard Insurance – Long-term disability 2026 rates

Long-term disability

2026 monthly rate of payroll	
Option 1:	
60% benefit 90-day elimination	.404%
Option 2:	
60% benefit 180-day elimination	.341%
Option 3:	
67% benefit 90-day elimination	.516%
Option 4:	
67% benefit 180-day elimination	.433%

Low risk group rates

Use the following rates to determine the monthly premium for low-risk (excludes safety members, such as police, fire, transit, and electrical workers) groups:

2026 monthly rate of payroll	
Option 1:	
60% benefit 90-day elimination	.331%
Option 2:	
60% benefit 180-day elimination	.280%
Option 3:	
67% benefit 90-day elimination	.423%
Option 4:	
67% benefit 180-day elimination	.355%

Note: If employee is out of the office on sick/vacation/donated leave due to a disability, the employer will continue to pay LTD and life premiums.

Entities with more than 500 employees will be individually underwritten by Standard Insurance.



Standard Insurance – Life 2026 rates

Group life

	2026 rate
Group basic life and AD&D	\$.15
Dependent life plan 1	\$.34
Dependent life plan 2	\$.64
Dependent life plan 3	\$1.00
Dependent life plan 4	\$2.00

Premium rate for basic life and AD&D is per \$1,000 benefit per month.

Premium rate for dependent life is per family per month.

Note: If employee is out of the office on sick/vacation/donated leave due to a disability, the employer will continue to pay LTD and life premiums.

Additional life

Amount of insurance	Ages:								
	30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$10,000	\$0.60	\$0.80	\$0.90	\$1.50	\$2.30	\$4.00	\$6.70	\$9.20	\$15.40
\$20,000	\$1.20	\$1.60	\$1.80	\$3.00	\$4.60	\$8.00	\$13.40	\$18.40	\$30.80
\$30,000	\$1.80	\$2.40	\$2.70	\$4.50	\$6.90	\$12.00	\$20.10	\$27.60	\$46.20
\$40,000	\$2.40	\$3.20	\$3.60	\$6.00	\$9.20	\$16.00	\$26.80	\$36.80	\$61.60
\$50,000	\$3.00	\$4.00	\$4.50	\$7.50	\$11.50	\$20.00	\$33.50	\$46.00	\$77.00
\$60,000	\$3.60	\$4.80	\$5.40	\$9.00	\$13.80	\$24.00	\$40.20	\$55.20	\$92.40
\$70,000	\$4.20	\$5.60	\$6.30	\$10.50	\$16.10	\$28.00	\$46.90	\$64.40	\$107.80
\$80,000	\$4.80	\$6.40	\$7.20	\$12.00	\$18.40	\$32.00	\$53.60	\$73.60	\$123.20
\$90,000	\$5.40	\$7.20	\$8.10	\$13.50	\$20.70	\$36.00	\$60.30	\$82.80	\$138.60
\$100,000	\$6.00	\$8.00	\$9.00	\$15.00	\$23.00	\$40.00	\$67.00	\$92.00	\$154.00

Maximum additional life amount for employee is \$500,000 or five times your annual earnings, whichever is less, and maximum additional life amount for spouses is \$500,000. Rates for insurance amounts above those listed in this guide are posted at awctrust.org.

No age reduction



ComPsych 2026 rates

Employee Assistance Program

2026 rate	
Rate for employees with any Trust coverage	
1-6 sessions	No charge
1-8 sessions	.14
1-10 session	.38
Rate for employee with no Trust benefits	
1-5 session	1.57
1-8 session	1.71
1-10 session	1.95

If employers do not want to transition as noted above, an updated Master Participation Agreement will need to be completed to drop or change coverage.

Note: Premium rate is per employee per month. Benefit covers employee, dependents, and any individual living in the employee's household.



HSA Bank 2026 rates

Service	2026 rate
HSA monthly admin fee	\$2.25 – Waived if daily HSA balance is \$3,000 or more

Note: Admin fee is per employee per month.



Navia Benefit Solutions 2026 rates

Providing tax-favored account administration for Flexible Spending Accounts (FSA), Health Savings Accounts (HSA), and Health Reimbursement Arrangements (HRA).

Service	2026 rate
FSA monthly admin fee	\$4.30
FSA minimum monthly admin fee	\$100
HRA monthly admin fee	\$4.14
HRA minimum monthly admin fee	\$100
HSA monthly admin fee	\$2.06
HSA minimum monthly admin fee	\$100
COBRA fee for HRA/FSA	Paid by AWC Trust

Note: Admin fee is per employee per month.

Fee will vary based on employer parameters and complexity of plan