



2026 Benefit Election Rate Sheet

Elected Officials or Part-Time Employees

BENEFIT PLAN OPTIONS	Monthly premium w/ 2% Wellness Discount	Elected Official or Employee Cost (100% for dependents)	Elected Official or Employee monthly cost increase
AWC Healthfirst 250 Regence Blue Shield	8.7% increase (Well City rates) \$250 individual deductible and \$750 family deductible, out-of-pocket limit is \$3,000 individual and \$6,000 family		
Employee	1,037.70	0.00	0.00
Employee & spouse	2,084.06	1,046.36	83.76
Employee, spouse, & 1 child	2,599.50	1,561.80	125.02
Employee, spouse & 2 children (Family)	3,025.64	1,987.94	159.12
Employee & 1 child	1,553.14	515.44	41.24
Employee & 2 children or more	1,979.28	941.58	75.36
Kaiser \$200 deductible \$20 Copay + 10%	11.6% increase (Well City rates) \$200 individual deductible and \$400 family deductible, out-of-pocket limit is \$2,500 individual and \$5,000 family		
Employee	952.38	0.00	0.00
Employee & spouse	1,888.96	936.58	97.58
Employee, spouse, & 1 child	2,366.86	1,414.48	147.38
Employee, spouse & 2 children (Family)	2,844.76	1,892.38	197.16
Employee & 1 child	1,430.30	477.92	49.80
Employee & 2 children or more	1,908.20	955.82	99.60
Delta Dental, Plan E – Ortho Plan II (Ortho enrolled eligible dependent children only)	4.3% increase (Well City rates) annual maximum is \$2,000, ortho lifetime maximum is \$1,000		
Employee	51.80	0.00	0.00
Employee & 1 dependent	96.70	44.90	1.82
Employee & 2 or more dependents	178.88	127.08	5.18
Vision Service Plan, \$25 copay with second pair rider	"0%" Increase 12-24 months: \$220 featured brand frames, \$200 frames, \$200 contacts/lens, 2 nd pair rider every 24 months		
Employee	8.78	0.00	0.00
Employee & 1 dependent	17.56	0.00	0.00
Employee & 2 or more dependents	26.34	0.00	0.00
Employee Assistance Program (EAP) with ComPsych	"0% increase (Well City rates) "zero" cost to employee (City-provided)		
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)	0.00	0.00	0.00
Group Life Insurance with The Standard \$50,000 basic life insurance plan for employee only	"0% increase (Well City rates) "zero" cost to employee (City-provided)		
Employee (rate is \$0.15 per \$1,000 benefit)	7.50	0.00	0.00
Dependent life plan 4 (per family per month)	2.00	0.00	0.00
Long-Term Disability with The Standard Option 1: 60% benefit and 90-day elimination	"0% increase (Well City rates) "zero" cost to employee (City-provided)		
Employee only (monthly rate of payroll)	0.404%	0.00	0.00
Planet Fitness Black Card Gym Membership	NEW BENEFIT 2026		
Employee only	25.08	0.00	0.00