



# COBRA 2026 rates

## Regence Blue Shield and Asuris Northwest Health

	HealthFirst® 250	HealthFirst® 500	HDHP/HSA	Accountable Health Network
Employee	1,080.04	1,014.94	751.03	1,031.18
Employee & spouse	2,169.11	2,039.51	1,511.29	2,071.07
Employee, spouse + one child	2,705.59	2,543.10	1,892.51	2,583.35
Employee, spouse + two children (full family)	3,149.13	2,961.63	2,204.67	3,006.84
Employee + one child	1,616.52	1,518.54	1,132.24	1,543.46
Employee + two children	2,060.05	1,937.06	1,444.40	1,966.95
No additional charge for three or more dependents.				

## Kaiser Permanente

	\$20 copay/\$200 deductible	\$20 copay/\$500 deductible	HDHP/HSA	Access PPO
Employee	991.26	916.96	824.79	1,097.58
Employee & spouse	1,966.05	1,818.60	1,633.02	2,177.54
Employee, spouse + one child	2,463.46	2,278.74	2,046.06	2,728.40
Employee, spouse + two children (full family)	2,960.88	2,738.88	2,459.12	3,279.26
Employee + one child	1,488.67	1,377.10	1,237.85	1,648.44
Employee + two children	1,986.08	1,837.24	1,650.89	2,199.30
No additional charge for three or more dependents.				

## Vision Service Plan

	No copay plan	\$10 copay	\$25 copay	\$10/\$15 copay
Employee	11.18	9.73	7.87	6.22
Employee + 1	22.36	19.44	15.75	12.44
Employee + 2 or more	33.54	29.15	23.62	18.67

	No copay plan w/2nd pair	\$10 copay w/2nd pair	\$25 copay w/2nd pair
Employee	12.26	10.79	8.96
Employee + 1	24.52	21.60	17.91
Employee + 2 or more	36.78	32.40	26.87

Questions? Contact AWC Trust staff at [benefitinfo@awcnet.org](mailto:benefitinfo@awcnet.org).



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## Delta Dental of Washington

Dental	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G	Plan J
Employee	57.24	50.47	41.25	53.14	52.82	59.45	58.20	61.47
Employee + 1	108.69	93.88	79.44	112.16	98.19	112.40	110.10	116.24
Employee + 2 or more	171.69	154.73	129.87	166.08	161.47	175.93	182.01	181.95

Orthodontia	Plan I	Plan II	Plan III	Plan IV	Plan V
Employee	0.00	0.00	1.35	0.00	2.67
Employee + 1	0.18	0.45	3.33	1.14	6.18
Employee + 2 or more	10.51	20.99	23.64	37.70	42.33

## Willamette Dental Service

	Plan 1 – 10 copay	Plan 2 – 15 copay
Employee	75.48	57.73
Employee + 1	141.41	111.30
Employee + 2 or more	225.22	183.58

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[benefitinfo@awcnet.org](mailto:benefitinfo@awcnet.org).

## ComPsych Employee Assistance Program

If you have any Trust benefits (listed above), the 1-6 session model of the Employee Assistance Program (EAP) is included without paying the additional premium listed below. If you have no other Trust benefits, and you were previously covered under the EAP, the below rates apply. If your previous employer purchased the 1-8 or 1-10 session buy-up option, the below buy-up plan rates apply.

1-6 session model	1.60
1-8 session model	1.74
1-10 session model	1.99
Buy up plans	
Buy-up option 1-8 session model	0.14
Buy-up option 1-10 session model	0.39