

2025

AWC EMPLOYEE BENEFIT TRUST HEALTH INSURANCE

AFSCME

| 2025 Regence Health First 250 (80/20 Split) | 100% Premium (7.3% Increase) | Rate w/ 2% Wellness Discount | City Share (monthly) | Employee Share (monthly) |
|---|---------------------------------|---------------------------------|-------------------------|--------------------------------|
| Employee | 974.10 | 954.62 | 763.70 | 190.92 |
| Emp + Spouse | 1,956.34 | 1,917.22 | 1533.78 | 383.44 |
| Emp, Spouse + 1 child | 2,440.20 | 2,391.40 | 1913.12 | 478.28 |
| Emp, Spouse + 2 Children (full family) | 2,840.24 | 2,783.44 | 2226.75 | 556.69 |
| Emp + 1 child | 1,457.96 | 1,428.82 | 1143.06 | 285.76 |
| Emp + 2 children | 1,858.00 | 1,820.84 | 1456.67 | 364.17 |

| 2025 Regence HDHP (Deductibles: 1500/3000) | 100% Premium (4.5% Increase) | Rate w/ 2% Wellness Discount | City Share (monthly) | Employee Share (monthly) | City HSA Contribution (monthly) |
|---|---------------------------------|---------------------------------|-------------------------|--------------------------------|---------------------------------------|
| Employee | 677.36 | 663.82 | 618.66 | - | 75.00 |
| Emp + Spouse | 1,363.06 | 1,335.80 | 1,335.80 | - | 93.58 |
| Emp, Spouse + 1 child | 1,706.88 | 1,672.76 | 1,672.76 | - | 117.75 |
| Emp, Spouse + 2 Children (full family) | 1,988.42 | 1,948.66 | 1,948.66 | - | 172.45 |
| Emp + 1 child | 1021.20 | 1000.78 | 1000.78 | - | 76.20 |
| Emp + 2 children | 1,302.72 | 1,276.68 | 1,276.68 | - | 130.89 |
| <i>No additional Charge for 3+ children</i> | | | | | |

| 2025 Kaiser Permanente \$20 Copay / 200 Deductible (90/10 Split) | 100% Premium (8.2% increase) | Rate w/ 2% Wellness Discount | City Share (monthly) | Employee Share (monthly) |
|---|---------------------------------|---------------------------------|-------------------------|--------------------------------|
| Employee | 870.58 | 853.18 | 767.86 | 85.32 |
| Emp + Spouse | 1,726.70 | 1,692.18 | 1,522.96 | 169.22 |
| Emp, Spouse + 1 child | 2,163.54 | 2,120.28 | 1,908.25 | 212.03 |
| Emp, Spouse + 2 Children (full family) | 2,600.40 | 2,548.40 | 2,293.56 | 254.84 |
| Emp + 1 child | 1,307.44 | 1,281.30 | 1,153.17 | 128.13 |
| Emp + 2 children | 1,744.28 | 1,709.40 | 1,538.46 | 170.94 |
| <i>No additional Charge for 3+ children</i> | | | | |

| 90 / 10 Split on Coverage | 100% Premium (no increase) | City Share (monthly) | Employee Share |
|---------------------------|-------------------------------|-------------------------|-------------------|
| DENTAL / PLAN F | | | |
| Employee | 55.88 | 50.29 | 5.59 |
| Emp + 1 | 105.68 | 95.11 | 10.57 |
| Emp + 2 | 165.42 | 148.88 | 16.54 |

| 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 | |

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