



Health Insurance Premium Cost-Share

The City pays 100% of employee premiums and 90% of spouse and dependent premiums*

All below listed benefits are provided through the Association of WA Cities (AWC) Employee Benefit Trust

| Plan Year: 2023 | | | | |
|---|-----------------|----------------|------------------|---------------------|
| ACW Healthfirst® 250 | Monthly Premium | City Per Month | Employee Monthly | Employee Pay Period |
| Employee | 854.62 | 854.62 | 0.00 | 0.00 |
| Employee & spouse | 1,716.38 | 1,630.20 | 86.18 | 43.09 |
| Employee, spouse + one child | 2,140.90 | 2,012.28 | 128.62 | 64.31 |
| Employee, spouse + two children (full family) | 2,491.88 | 2,328.16 | 163.72 | 81.86 |
| Employee + one child | 1,279.12 | 1,236.66 | 42.46 | 21.23 |
| Employee + two children | 1,630.10 | 1,552.56 | 77.54 | 38.77 |

| Kaiser 200 | Monthly Premium | City Per Month | Employee Monthly | Employee Pay Period |
|---|-----------------|----------------|------------------|---------------------|
| Employee | 746.88 | 746.88 | 0.00 | 0.00 |
| Employee & spouse | 1,481.34 | 1,407.90 | 73.44 | 36.72 |
| Employee, spouse + one child | 1,856.08 | 1,745.16 | 110.92 | 55.46 |
| Employee, spouse + two children (full family) | 2,230.86 | 2,082.46 | 148.40 | 74.20 |
| Employee + one child | 1,121.66 | 1,084.18 | 37.48 | 18.74 |
| Employee + two children | 1,496.40 | 1,421.44 | 74.96 | 37.48 |

| Delta Dental Plan F + Ortho III | Monthly Premium | City Per Month | Employee Monthly | Employee Pay Period |
|---------------------------------|-----------------|----------------|------------------|---------------------|
| Employee | 57.14 | 57.14 | 0.00 | 0.00 |
| Employee + 1 | 108.80 | 103.64 | 5.16 | 2.58 |
| Employee + 2 | 187.64 | 174.60 | 13.04 | 6.52 |

| VSP | Monthly Premium | City Per Month | Employee Monthly | Employee Pay Period |
|--------------|-----------------|----------------|------------------|---------------------|
| Employee | 9.54 | 9.54 | 0.00 | 0.00 |
| Employee + 1 | 19.06 | 18.10 | 0.96 | 0.48 |
| Employee + 2 | 28.58 | 26.68 | 1.90 | 0.95 |

| ComPsych Employee Assistance Program (EAP) | Monthly Premium | City Per Month | Employee Monthly | Employee Pay Period |
|--|-----------------|----------------|------------------|---------------------|
| 1-3 Session Model (with any Trust Benefit) | included | included | included | included |
| 1-3 Session Model (with no Trust Benefit) | 1.49 | 1.49 | 0.00 | 0.00 |

The City received the Well City Award in 2021 and the related premium reduction is included in the 2023 premium rates.

**This cost-share worksheet applies to eligible full-time and eligible part-time employees working at least 20 hours per week.*