



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: 2024			
	Monthly Premium	City Per Month	Employee Monthly	Employee Pay Period
ACW Healthfirst® 250				
Employee	907.82	907.82	0.00	0.00
Employee & spouse	1,823.22	1,731.68	91.54	45.77
Employee, spouse + one child	2,274.16	2,137.52	136.64	68.32
Employee, spouse + two children (full family)	2,646.98	2,473.06	173.92	86.96
Employee + one child	1,358.76	1,313.66	45.10	22.55
Employee + two children	1,731.58	1,649.20	82.38	41.19
Kaiser 200				
Employee	804.80	804.80	0.00	0.00
Employee & spouse	1,596.22	1,517.08	79.14	39.57
Employee, spouse + one child	2,000.06	1,880.54	119.52	59.76
Employee, spouse + two children (full family)	2,403.90	2,243.98	159.92	79.96
Employee + one child	1,208.64	1,168.26	40.38	20.19
Employee + two children	1,612.48	1,531.72	80.76	40.38
Delta Dental Plan F + Ortho III				
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				
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)				
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

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