



Regence BlueShield/Asuris Northwest Health 2024 rates

AWC HealthFirst® 250

	2024 rate	2024 WellCity* rate
Employee	\$907.82	\$889.68
Employee & spouse	\$1,823.22	\$1,786.76
Employee, spouse + one child	\$2,274.16	\$2,228.68
Employee, spouse + two children (full family)	\$2,646.98	\$2,594.06
Employee + one child	\$1,358.76	\$1,331.60
Employee + two children	\$1,731.58	\$1,696.96
No additional charge for three or more dependents.		

AWC HealthFirst® 500

	2024 rate	2024 WellCity* rate
Employee	\$853.12	\$836.06
Employee & spouse	\$1,714.32	\$1,680.04
Employee, spouse + one child	\$2,137.62	\$2,094.88
Employee, spouse + two children (full family)	\$2,489.42	\$2,439.64
Employee + one child	\$1,276.42	\$1,250.90
Employee + two children	\$1,628.22	\$1,595.66
No additional charge for three or more dependents.		

High Deductible Health Plan (Health Savings Account qualified)

	2024 rate	2024 WellCity* rate
Employee	\$631.28	\$618.66
Employee & spouse	\$1,270.32	\$1,244.92
Employee, spouse + one child	\$1,590.76	\$1,558.96
Employee, spouse + two children (full family)	\$1,853.12	\$1,816.06
Employee + one child	\$951.72	\$932.70
Employee + two children	\$1,214.10	\$1,189.82
No additional charge for three or more dependents.		

Accountable Health Network

	2024 rate	2024 WellCity* rate
Employee	\$866.76	\$849.44
Employee & spouse	\$1,740.84	\$1,706.04
Employee, spouse + one child	\$2,171.44	\$2,128.02
Employee, spouse + two children (full family)	\$2,527.40	\$2,476.86
Employee + one child	\$1,297.36	\$1,271.42
Employee + two children	\$1,653.32	\$1,620.26
No additional charge for three or more dependents.		

Medicare Advantage Plan – LEOFF 1 retirees only

	2024 rate
LEOFF I retirees	\$775.14

Plan A – LEOFF 1 active employees and retirees only

	2024 rate	2024 WellCity* rate
LEOFF I active	\$1,461.92	\$1,432.70
LEOFF I retired not on Medicare Parts A & B	\$1,895.22	N/A
LEOFF I retired on Medicare Parts A & B	\$1,477.76	N/A

Contact AWC Trust staff at
benefitinfo@awcnet.org for historical rates.

Looking for COBRA or retiree rates?
Find them at awctrust.org.

*Find out how to earn the WellCity Award and premium discount at awctrust.org or contact Trust staff at benefitinfo@awcnet.org or 1.800.562.8981.



Kaiser Permanente 2024 rates

Kaiser 200

	2024 rate	2024 WellCity* rate
Employee	\$804.80	\$788.70
Employee & spouse	\$1,596.22	\$1,564.30
Employee, spouse + one child	\$2,000.06	\$1,960.06
Employee, spouse + two children (full family)	\$2,403.90	\$2,355.82
Employee + one child	\$1,208.64	\$1,184.48
Employee + two children	\$1,612.48	\$1,580.24
No additional charge for three or more dependents.		

Kaiser 500

	2024 rate	2024 WellCity* rate
Employee	\$744.46	\$729.58
Employee & spouse	\$1,476.48	\$1,446.96
Employee, spouse + one child	\$1,850.06	\$1,813.06
Employee, spouse + two children (full family)	\$2,223.62	\$2,179.16
Employee + one child	\$1,118.04	\$1,095.68
Employee + two children	\$1,491.60	\$1,461.78
No additional charge for three or more dependents.		

High Deductible Health Plan (Health Savings Account qualified)

	2024 rate	2024 WellCity* rate
Employee	\$669.64	\$656.26
Employee & spouse	\$1,325.82	\$1,299.30
Employee, spouse + one child	\$1,661.16	\$1,627.94
Employee, spouse + two children (full family)	\$1,996.50	\$1,956.58
Employee + one child	\$1,004.98	\$984.88
Employee + two children	\$1,340.32	\$1,313.52
No additional charge for three or more dependents.		

Kaiser Access PPO

	2024 rate	2024 WellCity* rate
Employee	\$891.12	\$873.30
Employee & spouse	\$1,767.92	\$1,732.56
Employee, spouse + one child	\$2,215.16	\$2,170.86
Employee, spouse + two children (full family)	\$2,662.40	\$2,609.16
Employee + one child	\$1,338.36	\$1,311.60
Employee + two children	\$1,785.60	\$1,749.90
No additional charge for three or more dependents.		

Non-copay plan – LEOFF 1 retirees only

	2024 rate
LEOFF I retiree not on Medicare	\$2,664.36
LEOFF I retiree on Medicare	\$498.62

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Delta Dental of Washington 2024 rates

Dental plans

	2024 rate
Plan A	
Employee	\$53.82
Employee + 1 dependent	\$102.20
Employee + 2 or more dependents	\$161.42
Plan B	
Employee	\$47.44
Employee + 1 dependent	\$88.26
Employee + 2 or more dependents	\$145.48
Plan C	
Employee	\$38.78
Employee + 1 dependent	\$74.68
Employee + 2 or more dependents	\$122.10
Plan D	
Employee	\$49.96
Employee + 1 dependent	\$105.46
Employee + 2 or more dependents	\$156.14

Dental plans

	2024 rate
Plan E	
Employee	\$49.66
Employee + 1 dependent	\$92.32
Employee + 2 or more dependents	\$151.82
Plan F	
Employee	\$55.88
Employee + 1 dependent	\$105.68
Employee + 2 or more dependents	\$165.42
Plan G	
Employee	\$54.72
Employee + 1 dependent	\$103.52
Employee + 2 or more dependents	\$171.12
Plan J	
Employee	\$57.78
Employee + 1 dependent	\$109.28
Employee + 2 or more dependents	\$171.06

Orthodontia riders

Can be added to any dental plan.

	2024 rate
Plan I	
Employee	\$0.00
Employee + 1 dependent	\$.16
Employee + 2 or more dependents	\$9.88
Plan II	
Employee	\$0.00
Employee + 1 dependent	\$.42
Employee + 2 or more dependents	\$19.74
Plan III	
Employee	\$1.26
Employee + 1 dependent	\$3.12
Employee + 2 or more dependents	\$22.22
Plan IV	
Employee	\$0.00
Employee + 1 dependent	\$1.06
Employee + 2 or more dependents	\$35.44
Plan V	
Employee	\$2.50
Employee + 1 dependent	\$5.80
Employee + 2 or more dependents	\$39.80

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benefitinfo@awcnet.org for historical rates.

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Willamette Dental 2024 rates

\$10 copay plan

	2024 rate
Employee	\$64.32
Employee + 1 dependent	\$120.50
Employee + 2 or more dependents	\$191.92

\$15 copay plan

	2024 rate
Employee	\$49.18
Employee + 1 dependent	\$94.84
Employee + 2 or more dependents	\$156.44

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benefitinfo@awcnet.org for historical rates.

Looking for COBRA or retiree rates?
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VSP 2024 rates

\$0 copay

	2024 rate	with second pair rider
Employee	\$10.96	\$12.02
Employee + 1	\$21.92	\$24.04
Employee + 2	\$32.88	\$36.06

\$10 copay

	2024 rate	with second pair rider
Employee	\$9.54	\$10.58
Employee + 1	\$19.06	\$21.18
Employee + 2	\$28.58	\$31.76

\$25 copay

	2024 rate	with second pair rider
Employee	\$7.72	\$8.78
Employee + 1	\$15.44	\$17.56
Employee + 2	\$23.16	\$26.34

\$10/\$15 copay

	2024 rate	with second pair rider
Employee	\$6.10	N/A
Employee + 1	\$12.20	N/A
Employee + 2	\$18.30	N/A



Standard Insurance – Long-term disability 2024 rates

Long-term disability

2024 monthly rate of payroll	
Option 1:	
60% benefit 90-day elimination	.404%
Option 2:	
60% benefit 180-day elimination	.341%
Option 3:	
67% benefit 90-day elimination	.516%
Option 4:	
67% benefit 180-day elimination	.433%

Low risk group rates

Use the following rates to determine the monthly premium for low-risk (excludes safety members, such as police, fire, transit, and electrical workers) groups:

2024 monthly rate of payroll	
Option 1:	
60% benefit 90-day elimination	.331%
Option 2:	
60% benefit 180-day elimination	.280%
Option 3:	
67% benefit 90-day elimination	.423%
Option 4:	
67% benefit 180-day elimination	.355%

Note: If employee is out of the office on sick/vacation/donated leave due to a disability, the employer will continue to pay LTD and life premiums.

Entities with more than 100 employees will be individually underwritten by Standard Insurance.



Standard Insurance – Life 2024 rates

Group life

	2024 rate
Group basic life and AD&D	\$.15
Dependent life plan 1	\$.34
Dependent life plan 2	\$.64
Dependent life plan 3	\$1.00
Dependent life plan 4	\$2.00

Premium rate for basic life and AD&D is per \$1,000 benefit per month.

Premium rate for dependent life is per family per month.

Note: If employee is out of the office on sick/vacation/donated leave due to a disability, the employer will continue to pay LTD and life premiums.

Additional life

Amount of insurance	Ages:								
	30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$10,000	\$0.60	\$0.80	\$0.90	\$1.50	\$2.30	\$4.00	\$6.70	\$9.20	\$15.40
\$20,000	\$1.20	\$1.60	\$1.80	\$3.00	\$4.60	\$8.00	\$13.40	\$18.40	\$30.80
\$30,000	\$1.80	\$2.40	\$2.70	\$4.50	\$6.90	\$12.00	\$20.10	\$27.60	\$46.20
\$40,000	\$2.40	\$3.20	\$3.60	\$6.00	\$9.20	\$16.00	\$26.80	\$36.80	\$61.60
\$50,000	\$3.00	\$4.00	\$4.50	\$7.50	\$11.50	\$20.00	\$33.50	\$46.00	\$77.00
\$60,000	\$3.60	\$4.80	\$5.40	\$9.00	\$13.80	\$24.00	\$40.20	\$55.20	\$92.40
\$70,000	\$4.20	\$5.60	\$6.30	\$10.50	\$16.10	\$28.00	\$46.90	\$64.40	\$107.80
\$80,000	\$4.80	\$6.40	\$7.20	\$12.00	\$18.40	\$32.00	\$53.60	\$73.60	\$123.20
\$90,000	\$5.40	\$7.20	\$8.10	\$13.50	\$20.70	\$36.00	\$60.30	\$82.80	\$138.60
\$100,000	\$6.00	\$8.00	\$9.00	\$15.00	\$23.00	\$40.00	\$67.00	\$92.00	\$154.00

Maximum additional life amount for employee is \$500,000 or five times your annual earnings, whichever is less, and maximum additional life amount for spouses is \$500,000. Rates for insurance amounts above those listed in this guide are posted at awctrust.org.

No age reduction began in 2022.



ComPsych 2024 rates

Employee Assistance Program

The 1-3 session plan is automatically included at no cost with all AWC Trust benefits.

2024 rate	
Buy up plans	
Buy up to 1-5	\$0.16
Buy up to 1-8	\$0.26
Rate for employee with no other AWC Trust coverage	
1-3 session	\$1.49
1-5 session	\$1.65
1-8 session	\$1.75

Note: Premium rate is per employee per month.



HSA Bank 2024 rates

Service	2024 rate
HSA monthly admin fee	\$2.25 – Waived if daily HSA balance is \$3,000 or more

Note: Admin fee is per employee per month.



Navia Benefit Solutions 2024 rates

Providing tax-favored account administration for Flexible Spending Accounts (FSA), Health Savings Accounts (HSA), and Health Reimbursement Arrangements (HRA).

Service	2024 rate
FSA monthly admin fee	\$4.30
FSA minimum monthly admin fee	\$100
HRA monthly admin fee	\$4.14
HRA minimum monthly admin fee	\$100
HSA monthly admin fee	\$2.06
HSA minimum monthly admin fee	\$100
COBRA fee for HRA/FSA	Paid by AWC Trust

Note: Admin fee is per employee per month.

*Fee will vary based on employer parameters and complexity of plan