



# Regence BlueShield/Asuris Northwest Health 2025 rates

## AWC HealthFirst® 250

	2025 rate	2025 WellCity* rate
Employee	\$974.10	\$954.62
Employee & spouse	\$1,956.34	\$1,917.22
Employee, spouse + one child	\$2,440.20	\$2,391.40
Employee, spouse + two children (full family)	\$2,840.24	\$2,783.44
Employee + one child	\$1,457.96	\$1,428.82
Employee + two children	\$1,858.00	\$1,820.84
No additional charge for three or more dependents.		

## AWC HealthFirst® 500

	2025 rate	2025 WellCity* rate
Employee	\$915.40	\$897.10
Employee & spouse	\$1,839.48	\$1,802.70
Employee, spouse + one child	\$2,293.68	\$2,247.82
Employee, spouse + two children (full family)	\$2,671.16	\$2,617.74
Employee + one child	\$1,369.60	\$1,342.22
Employee + two children	\$1,747.08	\$1,712.14
No additional charge for three or more dependents.		

## High Deductible Health Plan (Health Savings Account qualified)

	2025 rate	2025 WellCity* rate
Employee	\$677.36	\$663.82
Employee & spouse	\$1,363.06	\$1,335.80
Employee, spouse + one child	\$1,706.88	\$1,672.76
Employee, spouse + two children (full family)	\$1,988.42	\$1,948.66
Employee + one child	\$1,021.20	\$1,000.78
Employee + two children	\$1,302.72	\$1,276.68
No additional charge for three or more dependents.		

## Accountable Health Network

	2025 rate	2025 WellCity* rate
Employee	\$930.04	\$911.44
Employee & spouse	\$1,867.92	\$1,830.58
Employee, spouse + one child	\$2,329.96	\$2,283.38
Employee, spouse + two children (full family)	\$2,711.90	\$2,657.68
Employee + one child	\$1,392.06	\$1,364.22
Employee + two children	\$1,774.02	\$1,738.54
No additional charge for three or more dependents.		

## Medicare Advantage Plan – LEOFF 1 retirees only

	2025 rate
LEOFF I retirees	\$856.10

## Plan A – LEOFF 1 active employees and retirees only

	2025 rate	2025 WellCity* rate
LEOFF I active	\$1,568.64	\$1,537.28
LEOFF I retired not on Medicare Parts A & B	\$2,033.58	N/A
LEOFF I retired on Medicare Parts A & B	\$1,585.64	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 2025 rates

## Kaiser 200

	2025 rate	2025 WellCity* rate
Employee	\$870.58	\$853.18
Employee & spouse	\$1,726.70	\$1,692.18
Employee, spouse + one child	\$2,163.54	\$2,120.28
Employee, spouse + two children (full family)	\$2,600.40	\$2,548.40
Employee + one child	\$1,307.44	\$1,281.30
Employee + two children	\$1,744.28	\$1,709.40
No additional charge for three or more dependents.		

## Kaiser 500

	2025 rate	2025 WellCity* rate
Employee	\$805.32	\$789.22
Employee & spouse	\$1,597.16	\$1,565.22
Employee, spouse + one child	\$2,001.28	\$1,961.26
Employee, spouse + two children (full family)	\$2,405.40	\$2,357.30
Employee + one child	\$1,209.44	\$1,185.26
Employee + two children	\$1,613.56	\$1,581.30
No additional charge for three or more dependents.		

## High Deductible Health Plan (Health Savings Account qualified)

	2025 rate	2025 WellCity* rate
Employee	\$724.38	\$709.90
Employee & spouse	\$1,434.20	\$1,405.52
Employee, spouse + one child	\$1,796.94	\$1,761.00
Employee, spouse + two children (full family)	\$2,159.70	\$2,116.52
Employee + one child	\$1,087.14	\$1,065.40
Employee + two children	\$1,449.88	\$1,420.88
No additional charge for three or more dependents.		

## Kaiser Access PPO

	2025 rate	2025 WellCity* rate
Employee	\$963.96	\$944.68
Employee & spouse	\$1,912.44	\$1,874.20
Employee, spouse + one child	\$2,396.24	\$2,348.32
Employee, spouse + two children (full family)	\$2,880.04	\$2,822.44
Employee + one child	\$1,447.76	\$1,418.80
Employee + two children	\$1,931.56	\$1,892.94
No additional charge for three or more dependents.		

## Non-copay plan – LEOFF 1 retirees only

	2025 rate
LEOFF I retiree not on Medicare	\$2,882.14
LEOFF I retiree on Medicare	\$712.58

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.



# Delta Dental of Washington 2025 rates

## Dental plans

2025 rate	
<b>Plan A</b>	
Employee	\$53.82
Employee + 1 dependent	\$102.20
Employee + 2 or more dependents	\$161.42
<b>Plan B</b>	
Employee	\$47.44
Employee + 1 dependent	\$88.26
Employee + 2 or more dependents	\$145.48
<b>Plan C</b>	
Employee	\$38.78
Employee + 1 dependent	\$74.68
Employee + 2 or more dependents	\$122.10
<b>Plan D</b>	
Employee	\$49.96
Employee + 1 dependent	\$105.46
Employee + 2 or more dependents	\$156.14

## Dental plans

2025 rate	
<b>Plan E</b>	
Employee	\$49.66
Employee + 1 dependent	\$92.32
Employee + 2 or more dependents	\$151.82
<b>Plan F</b>	
Employee	\$55.88
Employee + 1 dependent	\$105.68
Employee + 2 or more dependents	\$165.42
<b>Plan G</b>	
Employee	\$54.72
Employee + 1 dependent	\$103.52
Employee + 2 or more dependents	\$171.12
<b>Plan J</b>	
Employee	\$57.78
Employee + 1 dependent	\$109.28
Employee + 2 or more dependents	\$171.06

## Orthodontia riders

Can be added to any dental plan.

2025 rate	
<b>Plan I</b>	
Employee	\$0.00
Employee + 1 dependent	\$.16
Employee + 2 or more dependents	\$9.88
<b>Plan II</b>	
Employee	\$0.00
Employee + 1 dependent	\$.42
Employee + 2 or more dependents	\$19.74
<b>Plan III</b>	
Employee	\$1.26
Employee + 1 dependent	\$3.12
Employee + 2 or more dependents	\$22.22
<b>Plan IV</b>	
Employee	\$0.00
Employee + 1 dependent	\$1.06
Employee + 2 or more dependents	\$35.44
<b>Plan V</b>	
Employee	\$2.50
Employee + 1 dependent	\$5.80
Employee + 2 or more dependents	\$39.80

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

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



# Willamette Dental 2025 rates

## \$10 copay plan

	2025 rate
Employee	\$68.78
Employee + 1 dependent	\$128.86
Employee + 2 or more dependents	\$205.22

## \$15 copay plan

	2025 rate
Employee	\$52.60
Employee + 1 dependent	\$101.42
Employee + 2 or more dependents	\$167.28

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

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



# VSP 2025 rates

## \$0 copay

	2025 rate	with second pair rider
Employee	\$10.96	\$12.02
Employee + 1	\$21.92	\$24.04
Employee + 2	\$32.88	\$36.06

## \$10 copay

	2025 rate	with second pair rider
Employee	\$9.54	\$10.58
Employee + 1	\$19.06	\$21.18
Employee + 2	\$28.58	\$31.76

## \$25 copay

	2025 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

	2025 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 2025 rates

## Long-term disability

2025 monthly rate of payroll	
<b>Option 1:</b>	
60% benefit 90-day elimination	.404%
<b>Option 2:</b>	
60% benefit 180-day elimination	.341%
<b>Option 3:</b>	
67% benefit 90-day elimination	.516%
<b>Option 4:</b>	
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:

2025 monthly rate of payroll	
<b>Option 1:</b>	
60% benefit 90-day elimination	.331%
<b>Option 2:</b>	
60% benefit 180-day elimination	.280%
<b>Option 3:</b>	
67% benefit 90-day elimination	.423%
<b>Option 4:</b>	
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 500 employees will be individually underwritten by Standard Insurance.



# Standard Insurance – Life 2025 rates

## Group life

	2025 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](http://awctrust.org).

No age reduction began in 2022.



# ComPsych 2025 rates

## Employee Assistance Program

2024 rate		2025 plan	2025 rate
Rate for employees with any Trust coverage			
1-3 sessions	No charge	All employees move to 1-6 sessions	No charge
1-5 sessions	0.16	All employees move to 1-6 sessions	No charge
1-8 sessions	0.26	1-8 sessions	.14
1-10 session	N/A	1-10 session	.38
Rate for employee with no Trust benefits			
1-3 session	1.49	All employees move to 1-6 sessions	1.57
1-5 session	1.65	All employees move to 1-6 sessions	1.57
1-8 session	1.75	1-8 sessions	1.71
1-10 session	N/A	1-10 session	1.95

If employers do not want to transition as noted above, an updated Master Participation Agreement will need to be completed to drop or change coverage.

**Note:** Premium rate is per employee per month. Benefit covers employee, dependents, and any individual living in the employee's household.



# HSA Bank 2025 rates

Service	2025 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 2025 rates

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

Service	2025 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