



## Health Insurance Premium Cost-Share

This cost-share worksheet applies to Council Members\*

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

|   | Plan Year: 2024 |                |                 |
|---|-----------------|----------------|-----------------|
| ACW Healthfirst® 250                          | Monthly Premium | City Per Month | Council Monthly |
| Employee                                      | 907.82          | 907.82         | 0.00            |
| Employee & spouse                             | 1,823.22        | 907.82         | 915.40          |
| Employee, spouse + one child                  | 2,274.16        | 907.82         | 1,366.34        |
| Employee, spouse + two children (full family) | 2,646.98        | 907.82         | 1,739.16        |
| Employee + one child                          | 1,358.76        | 907.82         | 450.94          |
| Employee + two children                       | 1,731.58        | 907.82         | 823.76          |

|   | Monthly Premium | City Per Month | Employee Monthly |
|---|-----------------|----------------|------------------|
| Kaiser 200                                    |                 |                |                  |
| Employee                                      | 804.80          | 804.80         | 0.00             |
| Employee & spouse                             | 1,596.22        | 804.80         | 791.42           |
| Employee, spouse + one child                  | 2,000.06        | 804.80         | 1,195.26         |
| Employee, spouse + two children (full family) | 2,403.90        | 804.80         | 1,599.10         |
| Employee + one child                          | 1,208.64        | 804.80         | 403.84           |
| Employee + two children                       | 1,612.48        | 804.80         | 807.68           |

|                                 | Monthly Premium | City Per Month | Employee Monthly |
|---------------------------------|-----------------|----------------|------------------|
| Delta Dental Plan F + Ortho III |                 |                |                  |
| Employee                        | 57.14           | 57.14          | 0.00             |
| Employee + 1                    | 108.80          | 57.14          | 51.66            |
| Employee + 2                    | 187.64          | 57.14          | 130.50           |

|              | Monthly Premium | City Per Month | Employee Monthly |
|--------------|-----------------|----------------|------------------|
| VSP          |                 |                |                  |
| Employee     | 9.54            | 9.54           | 0.00             |
| Employee + 1 | 19.06           | 9.54           | 9.52             |
| Employee + 2 | 28.58           | 9.54           | 19.04            |

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

*\*Council receives \$974.50 monthly (100% of highest cost medical + dental + vision for themselves only) to apply towards benefits, or can choose to receive it as additional cash compensation.*