

2027 Lewis County Health and Welfare Rate Sheet

AFSCME/Non-Represented Employees

Non-Rep/AFSCME		2027			
		Employee	Employee & Spouse	Employee & Children	Family
Regence Classic 500 Regence Preferred	Total Premium	\$ 1,075.08	\$ 1,978.54	\$ 1,752.65	\$ 2,656.49
	Employer Paid	\$ 973.91	\$ 1,438.29	\$ 1,410.41	\$ 1,747.52
	Employee Paid	\$ 101.17	\$ 540.25	\$ 342.24	\$ 908.97
Regence HSA 2000 Regence Preferred with Health Savings Account	Total Premium	\$ 996.25	\$ 1,819.19	\$ 1,628.08	\$ 2,392.52
	Employer Paid	\$ 968.91	\$ 1,430.29	\$ 1,404.41	\$ 1,734.52
	HSA ER Contribution	\$ 59.00	\$ 117.00	\$ 117.00	\$ 117.00
	Employee Paid	\$ 27.34	\$ 388.90	\$ 223.67	\$ 658.00
Regence Classic 1000 Regence Preferred	Total Premium	\$ 1,042.87	\$ 1,911.22	\$ 1,694.13	\$ 2,562.47
	Employer Paid	\$ 971.91	\$ 1,436.29	\$ 1,408.41	\$ 1,743.52
	Employee Paid	\$ 70.96	\$ 474.93	\$ 285.72	\$ 818.95

Lewis County contributes 100% of Delta Dental and VSP Vision premiums

		Employee	Employee & Spouse	Employee & Children	Family
Dental Delta Dental (option 2)	Total Premium	\$ 35.09	\$ 69.81	\$ 86.79	\$ 129.78
	Employer Paid	\$ 35.09	\$ 69.81	\$ 86.79	\$ 129.78
	Employee Paid	\$ -	\$ -	\$ -	\$ -

		Employee	Employee & Spouse	Employee & Children	Family
Vision www.VSP.com by Delta Dental	Total Premium	\$ 9.00	\$ 18.90	\$ 19.80	\$ 29.70
	Employer Paid	\$ 9.00	\$ 18.90	\$ 19.80	\$ 29.70
	Employee Paid	\$ -	\$ -	\$ -	\$ -

Mutual of Omaha Basic Life and AD&D (\$35,000 each) additional (TBD) employer paid contribution

Note: If an employee wavier any ancillary coverage (vision/dental), that employer paid benefit will not be redistributed to medical premiums.