2026 WFCA Health Care Program

Monthly Premiums – All Plans



Washington Fire Commissioners Association

Washington Fire Commissioners Association

2026 MONTHLY RATES – SELF-FUNDED MEDICAL PLANS

- **LEOFF II and PERS Active Employees**
- **LEOFF II and PERS Retirees and Other Eligibles who are under age 65**
- **LEOFF I (Active or Retiree) Dependents that are under age 65**

PPO-100 Plan	
Employee Only	$ 833.04
Additional for Spouse	1,001.55
Additional for Spouse & 1 Child	1,576.95
Additional for Spouse & 2+ Children	2,028.05
Additional for 1 Child	575.40
Additional for 2+ Children	1,026.50

PPO-300 Plan	
Employee Only	$ 667.46
Additional for Spouse	802.48
Additional for Spouse & 1 Child	$1,263.50
Additional for Spouse & 2+ Children	$1,624.96
Additional for 1 Child	461.02
Additional for 2+ Children	822.48

PPO-750 Plan	
Employee Only	$ 630.38
Additional for Spouse	757.90
Additional for Spouse & 1 Child	1,193.32
Additional for Spouse & 2+ Children	1,534.69
Additional for 1 Child	435.42
Additional for 2+ Children	776.79

PPO-Plus Plan*	
Employee Only	$ 1,194.18
Additional for Spouse	1,435.76
Additional for Spouse & 1 Child	2,260.60
Additional for Spouse & 2+ Children	2,907.25
Additional for 1 Child	824.84
Additional for 2+ Children	1,471.49

HD Plan	
Employee Only	$ 593.30
Additional for Spouse	713.31
Additional for Spouse & 1 Child	1,123.10
Additional for Spouse & 2+ Children	1,444.41
Additional for 1 Child	409.79
Additional for 2+ Children	731.10

* PPO Plus Plan is limited to member fire service organizations that were enrolled in the PPO Plus Plan before January 1, 2021

Washington Fire Commissioners Association

2026 MONTHLY RATES – SELF-FUNDED MEDICAL PLANS

- **Active Commissioners**
- **Former Commissioners who are under age 65**

PPO-100 Plan	
Commissioner Only	$1,268.22
Additional for Spouse	1,199.71
Additional for Spouse & 1 Child	1,860.34
Additional for Spouse & 2+ Children	2,377.27
Additional for 1 Child	660.63
Additional for 2+ Children	1,177.56

PPO-300 Plan	
Commissioner Only	$ 1,016.15
Additional for Spouse	961.27
Additional for Spouse & 1 Child	1,490.58
Additional for Spouse & 2+ Children	1,904.75
Additional for 1 Child	529.31
Additional for 2+ Children	943.48

PPO-750 Plan	
Commissioner Only	$ 959.69
Additional for Spouse	907.87
Additional for Spouse & 1 Child	1,407.79
Additional for Spouse & 2+ Children	1,798.96
Additional for 1 Child	499.92
Additional for 2+ Children	891.09

PPO-Plus Plan*	
Commissioner Only	$ 1,817.56
Additional for Spouse	1,720.01
Additional for Spouse & 1 Child	2,666.94
Additional for Spouse & 2+ Children	3,407.84
Additional for 1 Child	946.93
Additional for 2+ Children	1,687.83

HD Plan	
Commissioner Only	$ 903.23
Additional for Spouse	854.45
Additional for Spouse & 1 Child	1,324.97
Additional for Spouse & 2+ Children	1,693.11
Additional for 1 Child	470.52
Additional for 2+ Children	838.66

* PPO Plus Plan is limited to member fire service organizations that were enrolled in the PPO Plus Plan before January 1, 2021

Washington Fire Commissioners Association

2026 MONTHLY RATES – SELF-FUNDED MEDICAL PLANS

- **LEOFF I ~ ACTIVE Employees**

Traditional Plan (Traditional for Employees and Dependents)	
Employee Only	$ 1,276.63
Additional for Spouse	1,144.58
Additional for Spouse & 1 Child	1,739.76
Additional for Spouse & 2+ Children	2,205.74
Additional for 1 Child	595.18
Additional for 2+ Children	1,061.16

Combo PPO-100 Plan (Traditional for Employees / PPO-100 for Dependents)	
Employee Only	$1,276.63
Additional for Spouse	1,001.55
Additional for Spouse & 1 Child	1,576.95
Additional for Spouse & 2+ Children	2,028.05
Additional for 1 Child	575.4
Additional for 2+ Children	1,026.50

Combo PPO-300 Plan (Traditional for Employees / PPO-300 for Dependents)	
Employee Only	$1,276.63
Additional for Spouse	802.48
Additional for Spouse & 1 Child	1,263.50
Additional for Spouse & 2+ Children	1,624.96
Additional for 1 Child	461.02
Additional for 2+ Children	822.48

Combo PPO-750 Traditional for Employees / PPO-750 for Dependents)	
Employee Only	$1,276.63
Additional for Spouse	757.90
Additional for Spouse & 1 Child	1,193.32
Additional for Spouse & 2+ Children	1,534.69
Additional for 1 Child	435.42
Additional for 2+ Children	776.79

Combo HD Plan (Traditional for Employees / HD for Dependents)	
Employee Only	$1,276.63
Additional for Spouse	713.31
Additional for Spouse & 1 Child	1,123.10
Additional for Spouse & 2+ Children	1,444.41
Additional for 1 Child	409.79
Additional for 2+ Children	731.10

Combo PPO-Plus Plan* (Traditional for Employees / PPO-Plus for Dependents)	
Employee Only	$1,276.63
Additional for Spouse	1,435.76
Additional for Spouse & 1 Child	2,260.60
Additional for Spouse & 2+ Children	2,907.25
Additional for 1 Child	824.84
Additional for 2+ Children	1,471.49

* PPO Plus Plan is limited to member fire service organizations that were enrolled in the PPO Plus Plan before January 1, 2021

Washington Fire Commissioners Association

2026 MONTHLY RATES – SELF-FUNDED MEDICAL PLANS

- **Volunteers**
- **Part-time-employees-on-a-self-pay-basis**

PPO-300 Plan	
Employee Only	$ 667.46
Additional for Spouse	802.48
Additional for Spouse & 1 Child	1,263.50
Additional for Spouse & 2+ Children	1,624.96
Additional for 1 Child	461.02
Additional for 2+ Children	822.48

PPO-750	
Employee Only	$ 630.38
Additional for Spouse	757.90
Additional for Spouse & 1 Child	1,193.32
Additional for Spouse & 2+ Children	1,534.69
Additional for 1 Child	435.42
Additional for 2+ Children	776.79

HD Plan	
Employee Only	$ 593.30
Additional for Spouse	713.31
Additional for Spouse & 1 Child	1,123.10
Additional for Spouse & 2+ Children	1,444.41
Additional for 1 Child	409.79
Additional for 2+ Children	731.10

Washington Fire Commissioners Association

2026 MONTHLY RATES – FULLY-INSURED MEDICAL RATES

- **LEOFF II and PERS Active Employees**

Kaiser WA (Group #2874)	
Employee Only	$1,314.17
Additional for Spouse	1,497.90
Additional for Spouse & 1 Child	2,287.17
Additional for Spouse & 2+ Children	3,352.01
Additional for 1 Child	789.27
Additional for 2+ Children	1,854.11
Person with Medicare Parts A & B (where Medicare is Primary)*	TBA

*Rates are for a Medicare Advantage Plan

Kaiser NW (Group #4565-001)	
Employee Only	$916.10
Additional for Spouse	1,108.08
Additional for Spouse & 1 Child	1,740.87
Additional for Spouse & 2+ Children	1,740.87
Additional for 1 Child	632.79
Additional for 2+ Children	632.79
Person with Medicare Parts A & B (where Medicare is Primary)*	$TBA
Person with Medicare Part B only (where Medicare is Primary)*	Surcharge added to rates

*Rates are for a Medicare Advantage Plan

- **LEOFF I ~ ACTIVE Employees**

Kaiser WA (Group #2874)	
Employee Only	$1,477.23
Additional for Spouse	1,497.90
Additional for Spouse & 1 Child	2,287.17
Additional for Spouse & 2+ Children	3,352.01
Additional for 1 Child	789.27
Additional for 2+ Children	1,854.11
Person with Medicare Parts A & B (where Medicare is Primary)*	$ 0.00 TBA

*Rates are for a Medicare Advantage Plan

Kaiser NW (Group #4565-002)	
Employee Only	$938.57
Additional for Spouse	1,135.18
Additional for Spouse & 1 Child	1,783.29
Additional for Spouse & 2+ Children	1,783.29
Additional for 1 Child	648.11
Additional for 2+ Children	648.11
Person with Medicare Parts A & B (where Medicare is Primary)*	$ 0.00 TBA
Person with Medicare Part B only (where Medicare is Primary)*	Surcharge added to rates

*Rates are for a Medicare Advantage Plan

Washington Fire Commissioners Association

2026 RETIREE RATES – SELF-FUNDED MEDICAL PLANS

- **LEOFF II and PERS Retirees and Other Eligibles**
- **Former Commissioners**
- **Dependents of LEOFF I Retirees**

Retiree Medical Plan • **Retiree Under age 65 (without Medicare)***	
Retiree Only (under age 55)	$ 768.66
Retiree Only (age 55 through 59)	815.32
Retiree Only (age 60 through 64)	937.57

Retiree Medical Plan • **Retiree Age 65 or Over (with Medicare)****	
Retiree Only	$ 578.66

Retiree Medical Plan • **Spouse Under age 65 (without Medicare)***	
Additional for Spouse (under age 55)	$ 768.66
Additional for Spouse (age 55 through 59)	815.32
Additional for Spouse (age 60 through 64)	937.57

Retiree Medical Plan • **-Spouse Age 65 or Over (with Medicare)****	
Additional for Spouse	$ 578.66

Retiree Medical Plan • **Child/ren**	
Additional for 1 Child	$ 213.37
Additional for 2+ Children	533.43

Retiree Medical Plan • **Child/ren**	
Additional for 1 Child	$ 213.37
Additional for 2+ Children	533.43

*** Not eligible for Medicare**

**** Eligible for Medicare**

Washington Fire Commissioners Association

2026 RETIREE RATES – SELF-FUNDED MEDICAL PLANS

- **LEOFF I RETIREES**
  - For LEOFF I Retiree Combined with the Retiree Plan, refer to the Retiree Plan for Spouse and Child rates
  - For LEOFF I Retiree Combined with any other self-funded plan, and dependent is under age 65, refer to the Self-Funded Monthly Base Rates

Traditional Plan • **Retiree under age 65 ***	
LEOFF I Retiree Only	$ 2,448.34

Traditional Plan • **Retiree age 65 or over**	
LEOFF I Retiree Only	$ 1,361.75
LEOFF I Retiree Who Enrolls under Medicare Part D (Rx)	Contact TPSC for Rate

Traditional Plan • **Spouse under age 65 ***	
Additional for Spouse	$ 1,220.85
Additional for Spouse & 1 Child	1,855.73
Additional for Spouse & 2+ Children	2,352.77
Additional for 1 Child	634.88
Additional for 2+ Children	1,131.92

Traditional Plan • **Spouse age 65 or over**	
Additional for Spouse	$ 900.03
Additional for Spouse & 1 Child	1,614.25
Additional for Spouse & 2+ Children	2,173.46
Additional for 1 Child	714.22
Additional for 2+ Children	1,273.43

*** Not eligible for Medicare**

Washington Fire Commissioners Association

2026 RETIREE RATES – FULLY -INSURED MEDICAL PLANS

- **LEOFF II and PERS Retirees and Other Eligibles**

Kaiser WA (Group #4286)	
Employee Only	$1,493.42
Additional for Spouse	1,702.22
Additional for Spouse & 1 Child	2,599.02
Additional for Spouse & 2+ Children	3,809.04
Additional for 1 Child	896.8
Additional for 2+ Children	2,106.82
Person with Medicare Parts A & B (where Medicare is Primary)*	$ 0.00 TBA

*Rates are for a Medicare Advantage Plan

Kaiser NW (Group #4565-006)	
Employee Only	$1,371.40
Additional for Spouse	1,660.50
Additional for Spouse & 1 Child	2,607.77
Additional for Spouse & 2+ Children	2,607.77
Additional for 1 Child	947.27
Additional for 2+ Children	947.27
Person with Medicare Parts A & B (where Medicare is Primary)*	$TBA
Person with Medicare Part B only (where Medicare is Primary)*	Surcharge added to rates

*Rates are for a Medicare Advantage Plan

Washington Fire Commissioners Association

2026 RETIREE RATES – FULLY-INSURED MEDICAL PLANS

- **LEOFF I Retirees**

Kaiser WA (Group #4286)	
Employee Only	$1,493.42
Additional for Spouse	1,702.22
Additional for Spouse & 1 Child	2,599.02
Additional for Spouse & 2+ Children	3,809.04
Additional for 1 Child	896.80
Additional for 2+ Children	2,106.82
Person with Medicare Parts A & B (where Medicare is Primary)*	$ 0.00

*Rates are for a Medicare Advantage Plan

Kaiser NW (Group #4565-002) – LEOFF I Retired	
Employee Only	$ 938.57
Additional for Spouse	1,135.18
Additional for Spouse & 1 Child	1,783.29
Additional for Spouse & 2+ Children	1,783.29
Additional for 1 Child	648.11
Additional for 2+ Children	648.11
Person with Medicare Parts A & B (where Medicare is Primary)*	$ 0.00
Person with Medicare Part B only (where Medicare is Primary)*	Surcharge added to rates

*Rates are for a Medicare Advantage Plan

Washington Fire Commissioners Association

2026 MONTHLY RATES – SELF-INSURED DENTAL PLANS

- **All Active Employees and other eligibles***

PPO Incentive Plan • **With Orthodontia** (coverage for children & adults)	
Employee Only	$54.57
Additional for 1 Dependent	40.04
Additional for 2(+) Dependents	119.60

PPO Incentive Plan • **Without Orthodontia**	
Employee Only	$53.69
Additional for 1 Dependent	38.07
Additional for 2(+) Dependents	93.29

PPO Basic Plan • **With Orthodontia** (coverage for children & adults)	
Employee Only	$49.06
Additional for 1 Dependent	36.06
Additional for 2(+) Dependents	110.05

PPO Basic Plan • **Without Orthodontia**	
Employee Only	$48.17
Additional for 1 Dependent	34.09
Additional for 2(+) Dependents	83.75

*Includes LEOFF I Retirees if the organization has elected to cover all LEOFF I retirees under the same dental plan that covers their active employees.

Washington Fire Commissioners Association

2026 RETIREE RATES – SELF-INSURED DENTAL PLAN

- **Retiree Dental Plan**

Retiree Dental Plan	
Retiree Only	$46.40
Additional for Spouse	46.41
Additional for Spouse & 1 Child	92.29
Additional for Spouse & 2+ Children	92.29
Additional for 1 Child	45.88
Additional for 2+ Children	47.54

Washington Fire Commissioners Association

2026 MONTHLY RATES – LIFE AND AD&D

Core Life and AD&D *	
Core Plan:* $2,000	Cost Per Employee No Additional Cost
* Provided ONLY with the WFCA Traditional, PPO-100, PPO-300, PPO-750, PPO-Plus, and HD plans for active employees.	

Basic Life and AD&D Options	
Basic Plan:	Cost Per Employee
$5,000	$1.88
$10,000	3.75
$25,000	9.38
$50,000	18.75
$75,000	28.13
$100,000	37.50

Supplemental Life Plan (Additional Life insurance)	**Non-Smoker Per $1,000 of coverage**	**Smoker Per $1,000 of coverage**
Under Age of 30	$0.12	$0.20
30-34	$0.13	$0.21
35-39	$0.16	$0.27
40-44	$0.26	$0.43
45-49	$0.36	$0.76
50-54	$0.59	$1.23
55-59	$1.00	$2.19
60-64	$1.56	$2.67
65 and Older	$2.44	$4.28
Dependent Child/Children	$0.35/family unit	$0.35/family unit