

2027 WFCA Health Care Program

Monthly Premiums – All Plans



Washington Fire Commissioners Association

Washington Fire Commissioners Association

2027 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	\$987.15
Additional for Spouse	\$1,186.84
Additional for Spouse & 1 Child	\$1,868.69
Additional for Spouse & 2+ Children	\$2,403.24
Additional for 1 Child	\$681.85
Additional for 2+ Children	\$1,216.40

PPO-300 Plan	
Employee Only	\$790.94
Additional for Spouse	\$950.94
Additional for Spouse & 1 Child	\$1,497.24
Additional for Spouse & 2+ Children	\$1,925.57
Additional for 1 Child	\$546.31
Additional for 2+ Children	\$974.64

PPO-750 Plan	
Employee Only	\$747.00
Additional for Spouse	\$898.11
Additional for Spouse & 1 Child	\$1,414.08
Additional for Spouse & 2+ Children	\$1,818.61
Additional for 1 Child	\$515.97
Additional for 2+ Children	\$920.50

PPO-Plus Plan*	
Employee Only	\$1,415.10
Additional for Spouse	\$1,701.38
Additional for Spouse & 1 Child	\$2,678.82
Additional for Spouse & 2+ Children	\$3,445.09
Additional for 1 Child	\$977.44
Additional for 2+ Children	\$1,743.72

HD Plan	
Employee Only	\$703.06
Additional for Spouse	\$845.27
Additional for Spouse & 1 Child	\$1,330.87
Additional for Spouse & 2+ Children	\$1,711.63
Additional for 1 Child	\$485.60
Additional for 2+ Children	\$866.35

* 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

2027 MONTHLY RATES – SELF-FUNDED MEDICAL PLANS

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

PPO-100 Plan	
Commissioner Only	\$1,502.84
Additional for Spouse	\$1,421.66
Additional for Spouse & 1 Child	\$2,204.50
Additional for Spouse & 2+ Children	\$2,817.06
Additional for 1 Child	\$782.85
Additional for 2+ Children	\$1,395.41

PPO-300 Plan	
Commissioner Only	\$1,204.14
Additional for Spouse	\$1,139.10
Additional for Spouse & 1 Child	\$1,766.34
Additional for Spouse & 2+ Children	\$2,257.12
Additional for 1 Child	\$627.23
Additional for 2+ Children	\$1,118.02

PPO-750 Plan	
Commissioner Only	\$1,137.23
Additional for Spouse	\$1,075.83
Additional for Spouse & 1 Child	\$1,668.23
Additional for Spouse & 2+ Children	\$2,131.77
Additional for 1 Child	\$592.41
Additional for 2+ Children	\$1,055.94

PPO-Plus Plan*	
Commissioner Only	\$2,153.81
Additional for Spouse	\$2,038.21
Additional for Spouse & 1 Child	\$3,160.32
Additional for Spouse & 2+ Children	\$4,038.29
Additional for 1 Child	\$1,122.11
Additional for 2+ Children	\$2,000.08

HD Plan	
Commissioner Only	\$1,070.33
Additional for Spouse	\$1,012.52
Additional for Spouse & 1 Child	\$1,570.09
Additional for Spouse & 2+ Children	\$2,006.34
Additional for 1 Child	\$557.57
Additional for 2+ Children	\$993.81

* 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

2027 MONTHLY RATES – SELF-FUNDED MEDICAL PLANS

• LEOFF I ~ ACTIVE Employees

Traditional Plan (Traditional for Employees and Dependents)	
Employee Only	\$1,512.81
Additional for Spouse	\$1,356.33
Additional for Spouse & 1 Child	\$2,061.61
Additional for Spouse & 2+ Children	\$2,613.80
Additional for 1 Child	\$705.29
Additional for 2+ Children	\$1,257.47

Combo PPO-100 Plan (Traditional for Employees / PPO-100 for Dependents)	
Employee Only	\$1,512.81
Additional for Spouse	\$1,186.84
Additional for Spouse & 1 Child	\$1,868.69
Additional for Spouse & 2+ Children	\$2,403.24
Additional for 1 Child	\$681.85
Additional for 2+ Children	\$1,216.40

Combo PPO-300 Plan (Traditional for Employees / PPO-300 for Dependents)	
Employee Only	\$1,512.81
Additional for Spouse	\$950.94
Additional for Spouse & 1 Child	\$1,721.83
Additional for Spouse & 2+ Children	\$2,214.41
Additional for 1 Child	\$628.25
Additional for 2+ Children	\$1,120.83

Combo PPO-750 Traditional for Employees / PPO-750 for Dependents)	
Employee Only	\$1,512.81
Additional for Spouse	\$898.11
Additional for Spouse & 1 Child	\$1,414.08
Additional for Spouse & 2+ Children	\$1,818.61
Additional for 1 Child	\$515.97
Additional for 2+ Children	\$920.50

Combo HD Plan (Traditional for Employees / HD for Dependents)	
Employee Only	\$1,512.81
Additional for Spouse	\$845.27
Additional for Spouse & 1 Child	\$1,330.87
Additional for Spouse & 2+ Children	\$1,711.63
Additional for 1 Child	\$485.60
Additional for 2+ Children	\$866.35

Combo PPO-Plus Plan* (Traditional for Employees / PPO-Plus for Dependents)	
Employee Only	\$1,512.81
Additional for Spouse	\$1,701.38
Additional for Spouse & 1 Child	\$2,678.82
Additional for Spouse & 2+ Children	\$3,445.09
Additional for 1 Child	\$977.44
Additional for 2+ Children	\$1,743.72

* 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

2027 MONTHLY RATES – SELF-FUNDED MEDICAL PLANS

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

PPO-300 Plan	
Employee Only	\$790.94
Additional for Spouse	\$950.94
Additional for Spouse & 1 Child	\$1,497.24
Additional for Spouse & 2+ Children	\$1,925.57
Additional for 1 Child	\$546.31
Additional for 2+ Children	\$974.64

PPO-750	
Employee Only	\$747.00
Additional for Spouse	\$898.11
Additional for Spouse & 1 Child	\$1,414.08
Additional for Spouse & 2+ Children	\$1,818.61
Additional for 1 Child	\$515.97
Additional for 2+ Children	\$920.50

HD Plan	
Employee Only	\$703.06
Additional for Spouse	\$845.27
Additional for Spouse & 1 Child	\$1,330.87
Additional for Spouse & 2+ Children	\$1,711.63
Additional for 1 Child	\$485.60
Additional for 2+ Children	\$866.35

Washington Fire Commissioners Association

2027 MONTHLY RATES – FULLY-INSURED MEDICAL RATES

• LEOFF II and PERS Active Employees

Kaiser WA (Group #2874)	
Employee Only	\$1,290.42
Additional for Spouse	\$1,470.82
Additional for Spouse & 1 Child	\$2,245.84
Additional for Spouse & 2+ Children	\$3,291.44
Additional for 1 Child	\$775.02
Additional for 2+ Children	\$1,820.62
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	\$899.51
Additional for Spouse	\$1,088.01
Additional for Spouse & 1 Child	\$1,709.35
Additional for Spouse & 2+ Children	\$1,709.35
Additional for 1 Child	\$621.34
Additional for 2+ Children	\$621.34
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	\$1,469.78
Additional for Spouse	\$1,470.82
Additional for Spouse & 1 Child	\$2,245.84
Additional for Spouse & 2+ Children	\$3,291.44
Additional for 1 Child	\$775.02
Additional for 2+ Children	\$1,820.62
Person with Medicare Parts A & B (where Medicare is Primary)*	TBA

*Rates are for a Medicare Advantage Plan

Kaiser NW (Group #4565-002)	
Employee Only	\$921.62
Additional for Spouse	\$1,114.66
Additional for Spouse & 1 Child	\$1,751.08
Additional for Spouse & 2+ Children	\$1,751.08
Additional for 1 Child	\$636.41
Additional for 2+ Children	\$636.41
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

2027 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)	\$910.86
Retiree Only (age 55 through 59)	\$966.15
Retiree Only (age 60 through 64)	\$1,111.02

Retiree Medical Plan	
• Retiree Age 65 or Over (with Medicare)**	
Retiree Only	\$685.71

Retiree Medical Plan	
• Spouse Under age 65 (without Medicare)*	
Additional for Spouse (under age 55)	\$910.86
Additional for Spouse (age 55 through 59)	\$966.15
Additional for Spouse (age 60 through 64)	\$1,111.02

Retiree Medical Plan	
• -Spouse Age 65 or Over (with Medicare)**	
Additional for Spouse	\$685.71

Retiree Medical Plan	
• Child/ren	
Additional for 1 Child	\$252.84
Additional for 2+ Children	\$632.11

Retiree Medical Plan	
• Child/ren	
Additional for 1 Child	\$252.84
Additional for 2+ Children	\$632.11

* **Not eligible for Medicare**

** **Eligible for Medicare**

Washington Fire Commissioners Association

2027 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	\$2,901.28

Traditional Plan	
• Retiree age 65 or over	
LEOFF I Retiree Only	\$1,613.67
LEOFF I Retiree Who Enrolls under Medicare Part D (Rx)	Contact TPSC for Rate

Traditional Plan	
• Spouse under age 65 *	
Additional for Spouse	\$1,446.70
Additional for Spouse & 1 Child	\$2,199.04
Additional for Spouse & 2+ Children	\$2,788.03
Additional for 1 Child	\$752.33
Additional for 2+ Children	\$1,341.33

Traditional Plan	
• Spouse age 65 or over	
Additional for Spouse	\$1,066.53
Additional for Spouse & 1 Child	\$1,912.88
Additional for Spouse & 2+ Children	\$2,575.55
Additional for 1 Child	\$846.35
Additional for 2+ Children	\$1,509.01

* Not eligible for Medicare

Washington Fire Commissioners Association

2027 RETIREE RATES – FULLY -INSURED MEDICAL PLANS

- LEOFF II and PERS Retirees and Other Eligibles**

Kaiser WA (Group #4286)	
Employee Only	\$1,466.42
Additional for Spouse	\$1,671.45
Additional for Spouse & 1 Child	\$2,552.06
Additional for Spouse & 2+ Children	\$3,740.21
Additional for 1 Child	\$880.61
Additional for 2+ Children	\$2,068.76
Person with Medicare Parts A & B (where Medicare is Primary)*	TBA

*Rates are for a Medicare Advantage Plan

Kaiser NW (Group #4565-006)	
Employee Only	\$1,346.55
Additional for Spouse	\$1,630.41
Additional for Spouse & 1 Child	\$2,560.52
Additional for Spouse & 2+ Children	\$2,560.52
Additional for 1 Child	\$930.11
Additional for 2+ Children	\$930.11
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

2027 RETIREE RATES – FULLY-INSURED MEDICAL PLANS

- LEOFF I Retirees

Kaiser WA (Group #4286)	
Employee Only	\$1,466.42
Additional for Spouse	\$1,671.45
Additional for Spouse & 1 Child	\$2,552.06
Additional for Spouse & 2+ Children	\$3,740.21
Additional for 1 Child	\$880.61
Additional for 2+ Children	\$2,068.76
Person with Medicare Parts A & B (where Medicare is Primary)*	TBA

*Rates are for a Medicare Advantage Plan

Kaiser NW (Group #4565-002) – LEOFF I Retired	
Employee Only	\$921.62
Additional for Spouse	\$1,114.66
Additional for Spouse & 1 Child	\$1,751.07
Additional for Spouse & 2+ Children	\$1,751.07
Additional for 1 Child	\$636.41
Additional for 2+ Children	\$636.41
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

2027 MONTHLY RATES – SELF-INSURED DENTAL PLANS

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

PPO Incentive Plan	
• With Orthodontia (coverage for children & adults)	
Employee Only	\$59.84
Additional for 1 Dependent	\$43.85
Additional for 2(+) Dependents	\$131.18

PPO Incentive Plan	
• Without Orthodontia	
Employee Only	\$58.87
Additional for 1 Dependent	\$41.68
Additional for 2(+) Dependents	\$102.23

PPO Basic Plan	
• With Orthodontia (coverage for children & adults)	
Employee Only	\$53.78
Additional for 1 Dependent	\$39.47
Additional for 2(+) Dependents	\$120.67

PPO Basic Plan	
• Without Orthodontia	
Employee Only	\$52.80
Additional for 1 Dependent	\$37.31
Additional for 2(+) Dependents	\$91.74

*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

2027 RETIREE RATES – SELF-INSURED DENTAL PLAN

- **Retiree Dental Plan**

Retiree Dental Plan	
Retiree Only	\$50.96
Additional for Spouse	\$50.97
Additional for Spouse & 1 Child	\$101.36
Additional for Spouse & 2+ Children	\$101.36
Additional for 1 Child	\$50.40
Additional for 2+ Children	\$52.13

Washington Fire Commissioners Association

2027 MONTHLY RATES – LIFE AND AD&D

Core Life and AD&D *		Basic Life and AD&D Options	
<u>Core Plan:*</u> \$2,000	<u>Cost Per Employee</u> No Additional Cost	<u>Basic Plan:</u> \$5,000	<u>Cost Per Employee</u> \$1.88
		\$10,000	\$3.75
* Provided ONLY with the WFCA Traditional, PPO-100, PPO-300, PPO-750, PPO-Plus, and HD plans for active employees.		\$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