

## Plan Year 2022-2023

CAPS

**Full Time Classified Employees** **\$ 1,623.00**

**\* Date of hire and date of enrollment may cause your 1st deduction to be doubled or tripled**

Pacific Source	Employer Paid	Employee Paid	Total
<b>Navigator 100</b>	1,623.00	793.15	2,416.15
<b>Dental Options</b>			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
<b>Navigator 1600</b>	1,623.00	118.68	1,741.68
<b>Dental Options</b>			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
<b>Navigator Voyager 100</b>	1,623.00	31.43	1,654.43
<b>Dental Options</b>			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
<b>Navigator 1600 HDHP</b>	1,498.12	-	1,498.12
<b>Dental Options</b>			
Ameritas	117.52	-	117.52
Kaiser	124.88	112.78	237.66
Willamette	115.75	-	115.75

**\* WLWSD will contribute 70% of the remaining cap to an HSA**

Kaiser	Employer Paid	Employee Paid	Total
<b>EPO (HMO) + Vision</b>	1,249.80	-	1,249.80
<b>Dental Options</b>			
Ameritas	117.52	-	117.52
Kaiser	237.66	-	237.66
Willamette	115.75	-	115.75

Ameritas Vision	Employer Paid	Employee Paid	Total
Employee Only	-	6.88	6.88
Employee + Spouse	-	13.08	13.08
Employee + Child	-	13.76	13.76
Full Family	-	20.20	20.20

**\*Vision Insurance is included in Kaiser Medical plan**

Dental Only (No Medical)	Employer Paid	Employee Paid	Total
<b>Ameritas</b>	117.52	-	117.52
<b>Kaiser</b>	237.66	-	237.66
<b>Willamette</b>	115.75	-	115.75

## Plan Year 2022-2023

CAPS

**6-6.99 Hours/Day Classified Employees**      \$ 1,623.00 x 80% = \$ 1,298.40

\* Date of hire and date of enrollment may cause your 1st deduction to be doubled or tripled

Pacific Source	Employer Paid	Employee Paid	Total
<b>Navigator 100</b>	1,298.40	1,117.75	2,416.15
<b>Dental Options</b>			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
<b>Pathfinder 1600</b>	1,298.40	443.28	1,741.68
<b>Dental Options</b>			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
<b>Navigator Voyager 100</b>	1,298.40	356.03	1,654.43
<b>Dental Options</b>			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
<b>Navigator 1600 HDHP</b>	1,298.40	199.72	1,498.12
<b>Dental Options</b>			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

\* WLWSD will contribute 70% of the remaining cap to an HSA

Kaiser	Employer Paid	Employee Paid	Total
<b>EPO (HMO) + Vision</b>	1,249.80	-	1,249.80
<b>Dental Options</b>			
Ameritas	48.60	68.92	117.52
Kaiser	48.60	189.06	237.66
Willamette	48.60	67.15	115.75

Ameritas Vision	Employer Paid	Employee Paid	Total
Employee Only	-	6.88	6.88
Employee + Spouse	-	13.08	13.08
Employee + Child	-	13.76	13.76
Full Family	-	20.20	20.20

\*Vision Insurance is included in Kaiser Medical plan

Dental Only (No Medical)	Employer Paid	Employee Paid	Total
<b>Ameritas</b>	117.52	-	117.52
<b>Kaiser</b>	237.66	-	237.66
<b>Willamette</b>	115.75	-	115.75

## Plan Year 2022-2023

CAPS

**4-5.99 Hours/Day Classified Employees**                      \$ 1,623.00 x 60% = \$ **973.80**

**\* Date of hire and date of enrollment may cause your 1st deduction to be doubled or tripled**

Pacific Source	Employer Paid	Employee Paid	Total
<b>Navigator 100</b>	973.80	1,442.35	2,416.15
<b>Dental Options</b>			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
<b>Pathfinder 1600</b>	973.80	767.88	1,741.68
<b>Dental Options</b>			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
<b>Navigator Voyager 100</b>	973.80	680.63	1,654.43
<b>Dental Options</b>			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
<b>Navigator 1600 HDHP</b>	973.80	524.32	1,498.12
<b>Dental Options</b>			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

**\* WLWSD will contribute 70% of the remaining cap to an HSA**

Kaiser	Employer Paid	Employee Paid	Total
<b>EPO (HMO) + Vision</b>	973.80	276.00	1,249.80
<b>Dental Options</b>			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Ameritas Vision	Employer Paid	Employee Paid	Total
Employee Only	-	6.88	6.88
Employee + Spouse	-	13.08	13.08
Employee + Child	-	13.76	13.76
Full Family	-	20.20	20.20

**\*Vision Insurance is included in Kaiser Medical plan**

Dental Only (No Medical)	Employer Paid	Employee Paid	Total
<b>Ameritas</b>	117.52	-	117.52
<b>Kaiser</b>	237.66	-	237.66
<b>Willamette</b>	115.75	-	115.75