

## Plan Year 2023-2024

Monthly CAP

**7-8 Hours/Day Classified Employees** **\$ 1,623.00**

\* Employer contribution (CAP) includes medical and dental premium

\* Adding Dependent(s) to Medical and Dental plans has NO additional cost

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

Pacific Source Navigator and Voyager Network

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

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

PLAN D	Employer Paid	Employee Paid	Total
<b>Pacific Source Navigator 1600 High Deductible Health Plan</b>	1,498.12	-	1,498.12
<i>Dental Options</i>			
Ameritas	117.52	-	117.52
Kaiser	124.88	112.78	237.66
Willamette	115.75	-	115.75

\* WLWVSD will contribute 70% of the remaining CAP, if any, to an Health Savings Account (HSA)

PLAN E	Employer Paid	Employee Paid	Total
<b>Kaiser Permanente EPO + Vision</b>	1,367.89	-	1,367.89
<i>Dental Options</i>			
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
Employee + Family	-	20.20	20.20

\*Vision Insurance is included in Kaiser Medical plan

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

## Plan Year 2023-2024

Monthly CAP

**6-6.99 Hours/Day Classified Employees** 1623 x 80% = \$ 1,298.40

\* Employer contribution (CAP) includes medical and dental premium

\* Adding Dependent(s) to Medical and Dental plans has NO additional cost

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

Pacific Source Navigator and Voyager Network

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

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

PLAN D	Employer Paid	Employee Paid	Total
<b>Pacific Source Navigator 1600 High Deductible Health Plan</b>	1,298.40	199.72	1,498.12
<i>Dental Options</i>			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

\* WLWVSD will contribute 70% of the remaining CAP, if any, to an Health Savings Account (HSA)

PLAN E	Employer Paid	Employee Paid	Total
<b>Kaiser Permanente EPO + Vision</b>	1,298.40	69.49	1,367.89
<i>Dental Options</i>			
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
Employee + Family	-	20.20	20.20

\*Vision Insurance is included in Kaiser Medical plan

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

## Plan Year 2023-2024

Monthly CAP

**4-5.99 Hours/Day Classified Employees** **1623 x 60% = \$ 973.80**

\* Employer contribution (CAP) includes medical and dental premium

\* Adding Dependent(s) to Medical and Dental plans has NO additional cost

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

Pacific Source Navigator and Voyager Network

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

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

PLAN D	Employer Paid	Employee Paid	Total
<b>Pacific Source Navigator 1600 High Deductible Health Plan</b>	973.80	524.32	1,498.12
<i>Dental Options</i>			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

\* WLWVSD will contribute 70% of the remaining CAP, if any, to an Health Savings Account (HSA)

PLAN E	Employer Paid	Employee Paid	Total
<b>Kaiser Permanente EPO + Vision</b>	973.80	394.09	1,367.89
<i>Dental Options</i>			
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
Employee + Family	-	20.20	20.20

\*Vision Insurance is included in Kaiser Medical plan

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