

Plan Year 2023 - 2024

Pre Pooling - Full Time **1 FTE** **Monthly CAP** **\$1,790.00**

* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$1,787.89**

* Vision insurance is included in all Medical plans

* Adding Dependent(s) to coverage has **NO** additional cost

PLAN A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	1,787.89	817.61	2,605.50
	Dental	-	147.20	147.20
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,787.89	817.61	2,605.50
	Dental	-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health	1,787.89	817.61	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,787.89	589.54	2,377.43
	Dental	-	147.20	147.20
Pacific Source Navigator 300 & Willamette Dental	Health	1,787.89	589.54	2,377.43
	Dental	-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health	1,787.89	589.54	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health	1,507.33	-	1,507.33
	Dental	147.20	-	147.20
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health	1,507.33	-	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	1,507.33	-	1,507.33
	Dental	147.20	-	147.20
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,507.33	-	1,507.33

*Health Saving Accounts (HSA)

The WLWV SD will contribute to the HSA. The amount will be determined after Open Enrollment based on the excess of the pooling.

After the amount is determined, employee is to email paper form to PR-Ben@wlwv.k12.or.us to elect employee contribution.

PLAN E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,615.58	-	1,615.58
	Dental	147.20	-	147.20
Kaiser Permanente EPO & Willamette Dental	Health	1,615.58	-	1,615.58
	Dental	115.75	-	115.75
Kaiser Permanente EPO & No Dental	Health	1,615.58	-	1,615.58

EPO = Exclusive Provider Organization (formally known as our HMO plan)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	147.20	-	147.20
Willamette Dental	Dental	115.75	-	115.75

Plan Year 2023 - 2024

Pre Pooling - Part Time **0.83 FTE** **Monthly CAP** **\$1,485.70**

* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$1,483.59**

* Vision insurance is included in all Medical plans

* Adding Dependent(s) to coverage has **NO additional cost**

PLAN A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	1,483.59	1,121.91	2,605.50
	Dental	-	147.20	147.20
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,483.59	1,121.91	2,605.50
	Dental	-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health	1,483.59	1,121.91	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,483.59	893.84	2,377.43
	Dental	-	147.20	147.20
Pacific Source Navigator 300 & Willamette Dental	Health	1,483.59	893.84	2,377.43
	Dental	-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health	1,483.59	893.84	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health	1,483.59	23.74	1,507.33
	Dental	-	147.20	147.20
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health	1,483.59	23.74	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health	1,483.59	23.74	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	1,483.59	23.74	1,507.33
	Dental	-	147.20	147.20
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,483.59	23.74	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,483.59	23.74	1,507.33

*Health Saving Accounts (HSA)

The WLWV SD will contribute to the HSA. The amount will be determined after Open Enrollment based on the excess of the pooling.

After the amount is determined, employee is to email paper form to PR-Ben@wlwv.k12.or.us to elect employee contribution.

PLAN E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,483.59	131.99	1,615.58
	Dental	-	147.20	147.20
Kaiser Permanente EPO & Willamette Dental	Health	1,483.59	131.99	1,615.58
	Dental	-	115.75	115.75
Kaiser Permanente EPO & No Dental	Health	1,483.59	131.99	1,615.58

EPO = Exclusive Provider Organization (formally known as our HMO plan)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	147.20	-	147.20
Willamette Dental	Dental	115.75	-	115.75

Plan Year 2023 - 2024

Pre Pooling - Part Time **0.8 FTE** **Monthly CAP** **\$1,432.00**

* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$1,429.89**

* Vision insurance is included in all Medical plans

* Adding Dependent(s) to coverage has **NO** additional cost

PLAN A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	1,429.89	1,175.61	2,605.50
	Dental	-	147.20	147.20
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,429.89	1,175.61	2,605.50
	Dental	-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health	1,429.89	1,175.61	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,429.89	947.54	2,377.43
	Dental	-	147.20	147.20
Pacific Source Navigator 300 & Willamette Dental	Health	1,429.89	947.54	2,377.43
	Dental	-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health	1,429.89	947.54	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health	1,429.89	77.44	1,507.33
	Dental	-	147.20	147.20
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health	1,429.89	77.44	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health	1,429.89	77.44	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	1,429.89	77.44	1,507.33
	Dental	-	147.20	147.20
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,429.89	77.44	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,429.89	77.44	1,507.33

*Health Saving Accounts (HSA)

The WLWV SD will contribute to the HSA. The amount will be determined after Open Enrollment based on the excess of the pooling.

After the amount is determined, employee is to email paper form to PR-Ben@wlwv.k12.or.us to elect employee contribution.

PLAN E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,429.89	185.69	1,615.58
	Dental	-	147.20	147.20
Kaiser Permanente EPO & Willamette Dental	Health	1,429.89	185.69	1,615.58
	Dental	-	115.75	115.75
Kaiser Permanente EPO & No Dental	Health	1,429.89	185.69	1,615.58

EPO = Exclusive Provider Organization (formally known as our HMO plan)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	147.20	-	147.20
Willamette Dental	Dental	115.75	-	115.75

Plan Year 2023 - 2024

Pre Pooling - Part Time **0.7 FTE** **Monthly CAP** **\$1,253.00**

* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$1,250.89**

* Vision insurance is included in all Medical plans

* Adding Dependent(s) to coverage has **NO additional cost**

PLAN A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	1,250.89	1,354.61	2,605.50
	Dental	-	147.20	147.20
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,250.89	1,354.61	2,605.50
	Dental	-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health	1,250.89	1,354.61	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,250.89	1,126.54	2,377.43
	Dental	-	147.20	147.20
Pacific Source Navigator 300 & Willamette Dental	Health	1,250.89	1,126.54	2,377.43
	Dental	-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health	1,250.89	1,126.54	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health	1,250.89	256.44	1,507.33
	Dental	-	147.20	147.20
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health	1,250.89	256.44	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health	1,250.89	256.44	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	1,250.89	256.44	1,507.33
	Dental	-	147.20	147.20
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,250.89	256.44	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,250.89	256.44	1,507.33

*Health Saving Accounts (HSA)

The WLWV SD will contribute to the HSA. The amount will be determined after Open Enrollment based on the excess of the pooling.

After the amount is determined, employee is to email paper form to PR-Ben@wlwv.k12.or.us to elect employee contribution.

PLAN E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,250.89	364.69	1,615.58
	Dental	-	147.20	147.20
Kaiser Permanente EPO & Willamette Dental	Health	1,250.89	364.69	1,615.58
	Dental	-	115.75	115.75
Kaiser Permanente EPO & No Dental	Health	1,250.89	364.69	1,615.58

EPO = Exclusive Provider Organization (formally known as our HMO plan)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	147.20	-	147.20
Willamette Dental	Dental	115.75	-	115.75

Plan Year 2023 - 2024

Pre Pooling - Part Time **0.67 FTE** **Monthly CAP** **\$1,199.30**

* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$1,197.19**

* Vision insurance is included in all Medical plans

* Adding Dependent(s) to coverage has **NO** additional cost

PLAN A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	1,197.19	1,408.31	2,605.50
	Dental	-	147.20	147.20
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,197.19	1,408.31	2,605.50
	Dental	-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health	1,197.19	1,408.31	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,197.19	1,180.24	2,377.43
	Dental	-	147.20	147.20
Pacific Source Navigator 300 & Willamette Dental	Health	1,197.19	1,180.24	2,377.43
	Dental	-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health	1,197.19	1,180.24	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health	1,197.19	310.14	1,507.33
	Dental	-	147.20	147.20
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health	1,197.19	310.14	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health	1,197.19	310.14	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	1,197.19	310.14	1,507.33
	Dental	-	147.20	147.20
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,197.19	310.14	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,197.19	310.14	1,507.33

*Health Saving Accounts (HSA)

The WLWV SD will contribute to the HSA. The amount will be determined after Open Enrollment based on the excess of the pooling.

After the amount is determined, employee is to email paper form to PR-Ben@wlwv.k12.or.us to elect employee contribution.

PLAN E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,197.19	418.39	1,615.58
	Dental	-	147.20	147.20
Kaiser Permanente EPO & Willamette Dental	Health	1,197.19	418.39	1,615.58
	Dental	-	115.75	115.75
Kaiser Permanente EPO & No Dental	Health	1,197.19	418.39	1,615.58

EPO = Exclusive Provider Organization (formally known as our HMO plan)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	147.20	-	147.20
Willamette Dental	Dental	115.75	-	115.75

Plan Year 2023 - 2024

Pre Pooling - Part Time **0.6 FTE** **Monthly CAP** **\$1,074.00**

* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$1,071.89**

* Vision insurance is included in all Medical plans

* Adding Dependent(s) to coverage has **NO additional cost**

PLAN A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	1,071.89	1,533.61	2,605.50
	Dental	-	147.20	147.20
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,071.89	1,533.61	2,605.50
	Dental	-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health	1,071.89	1,533.61	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,071.89	1,305.54	2,377.43
	Dental	-	147.20	147.20
Pacific Source Navigator 300 & Willamette Dental	Health	1,071.89	1,305.54	2,377.43
	Dental	-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health	1,071.89	1,305.54	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health	1,071.89	435.44	1,507.33
	Dental	-	147.20	147.20
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health	1,071.89	435.44	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health	1,071.89	435.44	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	1,071.89	435.44	1,507.33
	Dental	-	147.20	147.20
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,071.89	435.44	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,071.89	435.44	1,507.33

*Health Saving Accounts (HSA)

The WLWV SD will contribute to the HSA. The amount will be determined after Open Enrollment based on the excess of the pooling.

After the amount is determined, employee is to email paper form to PR-Ben@wlwv.k12.or.us to elect employee contribution.

PLAN E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,071.89	543.69	1,615.58
	Dental	-	147.20	147.20
Kaiser Permanente EPO & Willamette Dental	Health	1,071.89	543.69	1,615.58
	Dental	-	115.75	115.75
Kaiser Permanente EPO & No Dental	Health	1,071.89	543.69	1,615.58

EPO = Exclusive Provider Organization (formally known as our HMO plan)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	147.20	-	147.20
Willamette Dental	Dental	115.75	-	115.75

Plan Year 2023 - 2024

No Pooling - Part Time **0.4 FTE** **Monthly CAP** **\$716.00**

* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$713.89**

* Vision insurance is included in all Medical plans

* Adding Dependent(s) to coverage has **NO additional cost**

PLAN A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	713.89	1,891.61	2,605.50
	Dental	-	147.20	147.20
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	713.89	1,891.61	2,605.50
	Dental	-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health	713.89	1,891.61	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	713.89	1,663.54	2,377.43
	Dental	-	147.20	147.20
Pacific Source Navigator 300 & Willamette Dental	Health	713.89	1,663.54	2,377.43
	Dental	-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health	713.89	1,663.54	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health	713.89	793.44	1,507.33
	Dental	-	147.20	147.20
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health	713.89	793.44	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health	713.89	793.44	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	713.89	793.44	1,507.33
	Dental	-	147.20	147.20
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	713.89	793.44	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA	-	-	-
	Health	713.89	793.44	1,507.33

*Health Saving Accounts (HSA)

The WLWV SD will contribute to the HSA. The amount will be determined after Open Enrollment based on the excess of the pooling.

After the amount is determined, employee is to email paper form to PR-Ben@wlwv.k12.or.us to elect employee contribution.

PLAN E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	713.89	901.69	1,615.58
	Dental	-	147.20	147.20
Kaiser Permanente EPO & Willamette Dental	Health	713.89	901.69	1,615.58
	Dental	-	115.75	115.75
Kaiser Permanente EPO & No Dental	Health	713.89	901.69	1,615.58

EPO = Exclusive Provider Organization (formally known as our HMO plan)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	147.20	-	147.20
Willamette Dental	Dental	115.75	-	115.75

Plan Year 2023 - 2024

No Pooling - Part Time **0.33 FTE** **Monthly CAP** **\$590.70**

* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$588.59**

* Vision insurance is included in all Medical plans

* Adding Dependent(s) to coverage has **NO** additional cost

PLAN A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	588.59	2,016.91	2,605.50
	Dental	-	147.20	147.20
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	588.59	2,016.91	2,605.50
	Dental	-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health	588.59	2,016.91	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	588.59	1,788.84	2,377.43
	Dental	-	147.20	147.20
Pacific Source Navigator 300 & Willamette Dental	Health	588.59	1,788.84	2,377.43
	Dental	-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health	588.59	1,788.84	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health	588.59	918.74	1,507.33
	Dental	-	147.20	147.20
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health	588.59	918.74	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health	588.59	918.74	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	588.59	918.74	1,507.33
	Dental	-	147.20	147.20
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	588.59	918.74	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA	-	-	-
	Health	588.59	918.74	1,507.33

*Health Saving Accounts (HSA)

The WLWV SD will contribute to the HSA. The amount will be determined after Open Enrollment based on the excess of the pooling.

After the amount is determined, employee is to email paper form to PR-Ben@wlwv.k12.or.us to elect employee contribution.

PLAN E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	588.59	1,026.99	1,615.58
	Dental	-	147.20	147.20
Kaiser Permanente EPO & Willamette Dental	Health	588.59	1,026.99	1,615.58
	Dental	-	115.75	115.75
Kaiser Permanente EPO & No Dental	Health	588.59	1,026.99	1,615.58

EPO = Exclusive Provider Organization (formally known as our HMO plan)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	147.20	-	147.20
Willamette Dental	Dental	115.75	-	115.75

Plan Year 2023 - 2024

No Pooling - Part Time **0.3 FTE** **Monthly CAP** **\$537.00**

* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$534.89**

* Vision insurance is included in all Medical plans

* Adding Dependent(s) to coverage has **NO additional cost**

PLAN A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	534.89	2,070.61	2,605.50
	Dental	-	147.20	147.20
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	534.89	2,070.61	2,605.50
	Dental	-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health	534.89	2,070.61	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	534.89	1,842.54	2,377.43
	Dental	-	147.20	147.20
Pacific Source Navigator 300 & Willamette Dental	Health	534.89	1,842.54	2,377.43
	Dental	-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health	534.89	1,842.54	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health	534.89	972.44	1,507.33
	Dental	-	147.20	147.20
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health	534.89	972.44	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health	534.89	972.44	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	534.89	972.44	1,507.33
	Dental	-	147.20	147.20
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	534.89	972.44	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA	-	-	-
	Health	534.89	972.44	1,507.33

*Health Saving Accounts (HSA)

The WLWV SD will contribute to the HSA. The amount will be determined after Open Enrollment based on the excess of the pooling.

After the amount is determined, employee is to email paper form to PR-Ben@wlwv.k12.or.us to elect employee contribution.

PLAN E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	534.89	1,080.69	1,615.58
	Dental	-	147.20	147.20
Kaiser Permanente EPO & Willamette Dental	Health	534.89	1,080.69	1,615.58
	Dental	-	115.75	115.75
Kaiser Permanente EPO & No Dental	Health	534.89	1,080.69	1,615.58

EPO = Exclusive Provider Organization (formally known as our HMO plan)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	147.20	-	147.20
Willamette Dental	Dental	115.75	-	115.75

Plan Year 2023 - 2024

No Pooling - Part Time **0.2 FTE** **Monthly CAP** **\$358.00**

* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$355.89**

* Vision insurance is included in all Medical plans

* Adding Dependent(s) to coverage has **NO additional cost**

PLAN A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	355.89	2,249.61	2,605.50
	Dental	-	147.20	147.20
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	355.89	2,249.61	2,605.50
	Dental	-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health	355.89	2,249.61	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	355.89	2,021.54	2,377.43
	Dental	-	147.20	147.20
Pacific Source Navigator 300 & Willamette Dental	Health	355.89	2,021.54	2,377.43
	Dental	-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health	355.89	2,021.54	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health	355.89	1,151.44	1,507.33
	Dental	-	147.20	147.20
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health	355.89	1,151.44	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health	355.89	1,151.44	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	355.89	1,151.44	1,507.33
	Dental	-	147.20	147.20
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	355.89	1,151.44	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA	-	-	-
	Health	355.89	1,151.44	1,507.33

*Health Saving Accounts (HSA)

The WLWV SD will contribute to the HSA. The amount will be determined after Open Enrollment based on the excess of the pooling.

After the amount is determined, employee is to email paper form to PR-Ben@wlwv.k12.or.us to elect employee contribution.

PLAN E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	355.89	1,259.69	1,615.58
	Dental	-	147.20	147.20
Kaiser Permanente EPO & Willamette Dental	Health	355.89	1,259.69	1,615.58
	Dental	-	115.75	115.75
Kaiser Permanente EPO & No Dental	Health	355.89	1,259.69	1,615.58

EPO = Exclusive Provider Organization (formally known as our HMO plan)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	147.20	-	147.20
Willamette Dental	Dental	115.75	-	115.75

Plan Year 2023 - 2024

No Pooling - Part Time **0.17 FTE** **Monthly CAP** **\$304.30**

* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$302.19**

* Vision insurance is included in all Medical plans

* Adding Dependent(s) to coverage has **NO** additional cost

PLAN A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	302.19	2,303.31	2,605.50
	Dental	-	147.20	147.20
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	302.19	2,303.31	2,605.50
	Dental	-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health	302.19	2,303.31	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	302.19	2,075.24	2,377.43
	Dental	-	147.20	147.20
Pacific Source Navigator 300 & Willamette Dental	Health	302.19	2,075.24	2,377.43
	Dental	-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health	302.19	2,075.24	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health	302.19	1,205.14	1,507.33
	Dental	-	147.20	147.20
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health	302.19	1,205.14	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health	302.19	1,205.14	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	302.19	1,205.14	1,507.33
	Dental	-	147.20	147.20
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	302.19	1,205.14	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA	-	-	-
	Health	302.19	1,205.14	1,507.33

*Health Saving Accounts (HSA)

The WLWV SD will contribute to the HSA. The amount will be determined after Open Enrollment based on the excess of the pooling.

After the amount is determined, employee is to email paper form to PR-Ben@wlwv.k12.or.us to elect employee contribution.

PLAN E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	302.19	1,313.39	1,615.58
	Dental	-	147.20	147.20
Kaiser Permanente EPO & Willamette Dental	Health	302.19	1,313.39	1,615.58
	Dental	-	115.75	115.75
Kaiser Permanente EPO & No Dental	Health	302.19	1,313.39	1,615.58

EPO = Exclusive Provider Organization (formally known as our HMO plan)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	147.20	-	147.20
Willamette Dental	Dental	115.75	-	115.75