

Plan Year 2021-2022

Post Pooling - Full Time **1 FTE** **CAP \$ 2,001.62**

WWEA Insurance Deductions

*Employer contribution includes medical, dental, life and dependent life premium

CAPS - \$1.90 (Basic Life) - \$.21 (Dependent Life) = \$ **1,999.51**

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

* Vision insurance is included in all Medical plans

Pacific Source		Employer Paid	Employee Paid	Total
Pathfinder Voyager & Ameritas	Health	1,999.51	302.46	2,301.97
	Dental	-	147.20	147.20
Pathfinder Voyager & Willamette	Health	1,999.51	302.46	2,301.97
	Dental	-	115.75	115.75
Pathfinder Voyager & No Dental	Health	1,999.51	302.46	2,301.97

Pathfinder and Voyager Network

Pacific Source		Employer Paid	Employee Paid	Total
Pathfinder 300 & Ameritas	Health	1,999.51	100.96	2,100.47
	Dental	-	147.20	147.20
Pathfinder 300 & Willamette	Health	1,999.51	100.96	2,100.47
	Dental	-	115.75	115.75
Pathfinder 300 & No Dental	Health	1,999.51	100.96	2,100.47

PPO=Preferred Provider Organization

Pacific Source		Employer Paid	Employee Paid	Total
Pathfinder 1600 & Ameritas	Health	1,331.73	-	1,331.73
	Dental	147.20	-	147.20
Pathfinder 1600 & Willamette	Health	1,331.73	-	1,331.73
	Dental	115.75	-	115.75
Pathfinder 1600 & No Dental	Health	1,331.73	-	1,331.73

Pathfinder 1600 is a High Deductible Health Plan and employee who choose 1600 plan MAY qualified for Health Savings Account

Health Saving Account (HSA)		Employer Contribution	Optional Single-Tier Employee Max Contribution	Optional Family Tier Employee Max Contribution
Pathfinder 1600 & Ameritas	Monthly	\$ 300.00	0	300
Pathfinder 1600 & Willamette	Monthly	\$ 300.00	0	300
Pathfinder 1600 & No Dental	Monthly	\$ 300.00	0	300
HSA Employer & Employee Contribution Annual Limit for 2021			3600	7200

Kaiser		Employer Paid	Employee Paid	Total
EPO & Ameritas	Health	1,505.60	-	1,505.60
	Dental	147.20	-	147.20
EPO & Willamette	Health	1,505.60	-	1,505.60
	Dental	115.75	-	115.75
EPO & No Dental	Health	1,505.60	-	1,505.60

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

No Medical		Employer Paid	Employee Paid	Total
Ameritas	Vision	13.68	-	13.68
Ameritas	Dental	147.20	-	147.20
Willamette	Dental	115.75	-	115.75

Plan Year 2021-2022

Post Pooling - Part Time **0.8 FTE** **CAP \$** **1,601.30**

WWEA Insurance Deductions

*Employer contribution includes medical, dental, life and dependent life premium

CAPS - \$1.90 (Basic Life) - \$.21 (Dependent Life) = \$ **1,599.19**

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

* Vision insurance is included in all Medical plans

Pacific Source		Employer Paid	Employee Paid	Total
Pathfinder Voyager & Ameritas	Health	1,599.19	702.78	2,301.97
	Dental	-	147.20	147.20
Pathfinder Voyager & Willamette	Health	1,599.19	702.78	2,301.97
	Dental	-	115.75	115.75
Pathfinder Voyager & No Dental	Health	1,599.19	702.78	2,301.97

Pathfinder and Voyager Network

Pacific Source		Employer Paid	Employee Paid	Total
Pathfinder 300 & Ameritas	Health	1,599.19	501.28	2,100.47
	Dental	-	147.20	147.20
Pathfinder 300 & Willamette	Health	1,599.19	501.28	2,100.47
	Dental	-	115.75	115.75
Pathfinder 300 & No Dental	Health	1,599.19	501.28	2,100.47

PPO=Preferred Provider Organization

Pacific Source		Employer Paid	Employee Paid	Total
Pathfinder 1600 & Ameritas	Health	1,331.73	-	1,331.73
	Dental	147.20	-	147.20
Pathfinder 1600 & Willamette	Health	1,331.73	-	1,331.73
	Dental	115.75	-	115.75
Pathfinder 1600 & No Dental	Health	1,331.73	-	1,331.73

Pathfinder 1600 is a High Deductible Health Plan and employee who choose 1600 plan MAY qualified for Health Savings Account

Health Saving Account (HSA)		Employer Contribution	Optional Single-Tier Employee Max Contribution	Optional Family Tier Employee Max Contribution
Pathfinder 1600 & Ameritas	Monthly	\$ 120.26	179.74	479.74
Pathfinder 1600 & Willamette	Monthly	\$ 151.71	148.29	448.29
Pathfinder 1600 & No Dental	Monthly	\$ 267.46	32.54	332.54
HSA Employer & Employee Contribution Annual Limit for 2021			3600	7200

Kaiser		Employer Paid	Employee Paid	Total
EPO & Ameritas	Health	1,505.60	-	1,505.60
	Dental	93.59	53.61	147.20
EPO & Willamette	Health	1,505.60	-	1,505.60
	Dental	93.59	22.16	115.75
EPO & No Dental	Health	1,505.60	-	1,505.60

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

No Medical		Employer Paid	Employee Paid	Total
Ameritas	Vision	13.68	-	13.68
Ameritas	Dental	147.20	-	147.20
Willamette	Dental	115.75	-	115.75

Plan Year 2021-2022

Post Pooling - Part Time **0.75 FTE** **CAP \$** **1,501.22**

WWEA Insurance Deductions

*Employer contribution includes medical, dental, life and dependent life premium

CAPS - \$1.90 (Basic Life) - \$.21 (Dependent Life) = \$ **1,499.11**

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

* Vision insurance is included in all Medical plans

Pacific Source		Employer Paid	Employee Paid	Total
Pathfinder Voyager & Ameritas	Health	1,499.11	802.86	2,301.97
	Dental	-	147.20	147.20
Pathfinder Voyager & Willamette	Health	1,499.11	802.86	2,301.97
	Dental	-	115.75	115.75
Pathfinder Voyager & No Dental	Health	1,499.11	802.86	2,301.97

Pathfinder and Voyager Network

Pacific Source		Employer Paid	Employee Paid	Total
Pathfinder 300 & Ameritas	Health	1,499.11	601.36	2,100.47
	Dental	-	147.20	147.20
Pathfinder 300 & Willamette	Health	1,499.11	601.36	2,100.47
	Dental	-	115.75	115.75
Pathfinder 300 & No Dental	Health	1,499.11	601.36	2,100.47

PPO=Preferred Provider Organization

Pacific Source		Employer Paid	Employee Paid	Total
Pathfinder 1600 & Ameritas	Health	1,331.73	-	1,331.73
	Dental	147.20	-	147.20
Pathfinder 1600 & Willamette	Health	1,331.73	-	1,331.73
	Dental	115.75	-	115.75
Pathfinder 1600 & No Dental	Health	1,331.73	-	1,331.73

Pathfinder 1600 is a High Deductible Health Plan and employee who choose 1600 plan MAY qualified for Health Savings Account

Health Saving Account (HSA)		Employer Contribution	Optional Single-Tier Employee Max Contribution	Optional Family Tier Employee Max Contribution
Pathfinder 1600 & Ameritas	Monthly	\$ 20.18	279.82	579.82
Pathfinder 1600 & Willamette	Monthly	\$ 51.63	248.37	548.37
Pathfinder 1600 & No Dental	Monthly	\$ 167.38	132.62	432.62
HSA Employer & Employee Contribution Annual Limit for 2021			3600	7200

Kaiser		Employer Paid	Employee Paid	Total
EPO & Ameritas	Health	1,499.11	6.49	1,505.60
	Dental	-	147.20	147.20
EPO & Willamette	Health	1,499.11	6.49	1,505.60
	Dental	-	115.75	115.75
EPO & No Dental	Health	1,499.11	6.49	1,505.60

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

No Medical		Employer Paid	Employee Paid	Total
Ameritas	Vision	13.68	-	13.68
Ameritas	Dental	147.20	-	147.20
Willamette	Dental	115.75	-	115.75

Plan Year 2021-2022

Post Pooling - Part Time **0.7 FTE** **CAP \$** **1,401.13**

WWEA Insurance Deductions

*Employer contribution includes medical, dental, life and dependent life premium

CAPS - \$1.90 (Basic Life) - \$.21 (Dependent Life) = \$ **1,399.02**

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

* Vision insurance is included in all Medical plans

Pacific Source		Employer Paid	Employee Paid	Total
Pathfinder Voyager & Ameritas	Health	1,399.02	902.95	2,301.97
	Dental	-	147.20	147.20
Pathfinder Voyager & Willamette	Health	1,399.02	902.95	2,301.97
	Dental	-	115.75	115.75
Pathfinder Voyager & No Dental	Health	1,399.02	902.95	2,301.97

Pathfinder and Voyager Network

Pacific Source		Employer Paid	Employee Paid	Total
Pathfinder 300 & Ameritas	Health	1,399.02	701.45	2,100.47
	Dental	-	147.20	147.20
Pathfinder 300 & Willamette	Health	1,399.02	701.45	2,100.47
	Dental	-	115.75	115.75
Pathfinder 300 & No Dental	Health	1,399.02	701.45	2,100.47

PPO=Preferred Provider Organization

Pacific Source		Employer Paid	Employee Paid	Total
Pathfinder 1600 & Ameritas	Health	1,331.73	-	1,331.73
	Dental	67.29	79.91	147.20
Pathfinder 1600 & Willamette	Health	1,331.73	-	1,331.73
	Dental	67.29	48.46	115.75
Pathfinder 1600 & No Dental	Health	1,331.73	-	1,331.73

Pathfinder 1600 is a High Deductible Health Plan and employee who choose 1600 plan MAY qualified for Health Savings Account

Health Saving Account (HSA)		Employer Contribution	Optional Single-Tier Employee Max Contribution	Optional Family Tier Employee Max Contribution
Pathfinder 1600 & Ameritas	Monthly	\$ -	300	600
Pathfinder 1600 & Willamette	Monthly	\$ -	300	600
Pathfinder 1600 & No Dental	Monthly	\$ 67.29	232.71	532.71
HSA Employer & Employee Contribution Annual Limit for 2021			3600	7200

Kaiser		Employer Paid	Employee Paid	Total
EPO & Ameritas	Health	1,399.02	106.58	1,505.60
	Dental	-	147.20	147.20
EPO & Willamette	Health	1,399.02	106.58	1,505.60
	Dental	-	115.75	115.75
EPO & No Dental	Health	1,399.02	106.58	1,505.60

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

No Medical		Employer Paid	Employee Paid	Total
Ameritas	Vision	13.68	-	13.68
Ameritas	Dental	147.20	-	147.20
Willamette	Dental	115.75	-	115.75

Plan Year 2021-2022

Post Pooling - Part Time **0.6 FTE** **CAP \$** **1,200.97**

WWEA Insurance Deductions

*Employer contribution includes medical, dental, life and dependent life premium

CAPS - \$1.90 (Basic Life) - \$.21 (Dependent Life) = \$ **1,198.86**

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

* Vision insurance is included in all Medical plans

Pacific Source		Employer Paid	Employee Paid	Total
Pathfinder Voyager & Ameritas	Health	1,198.86	1,103.11	2,301.97
	Dental	-	147.20	147.20
Pathfinder Voyager & Willamette	Health	1,198.86	1,103.11	2,301.97
	Dental	-	115.75	115.75
Pathfinder Voyager & No Dental	Health	1,198.86	1,103.11	2,301.97

Pathfinder and Voyager Network

Pacific Source		Employer Paid	Employee Paid	Total
Pathfinder 300 & Ameritas	Health	1,198.86	901.61	2,100.47
	Dental	-	147.20	147.20
Pathfinder 300 & Willamette	Health	1,198.86	901.61	2,100.47
	Dental	-	115.75	115.75
Pathfinder 300 & No Dental	Health	1,198.86	901.61	2,100.47

PPO=Preferred Provider Organization

Pacific Source		Employer Paid	Employee Paid	Total
Pathfinder 1600 & Ameritas	Health	1,198.86	132.87	1,331.73
	Dental	-	147.20	147.20
Pathfinder 1600 & Willamette	Health	1,198.86	132.87	1,331.73
	Dental	-	115.75	115.75
Pathfinder 1600 & No Dental	Health	1,198.86	132.87	1,331.73

Pathfinder 1600 is a High Deductible Health Plan and employee who choose 1600 plan MAY qualified for Health Savings Account

Health Saving Account (HSA)		Employer Contribution	Optional Single-Tier Employee Max Contribution	Optional Family Tier Employee Max Contribution
Pathfinder 1600 & Ameritas	Monthly	\$ -	300	600
Pathfinder 1600 & Willamette	Monthly	\$ -	300	600
Pathfinder 1600 & No Dental	Monthly	\$ -	300	600
HSA Employer & Employee Contribution Annual Limit for 2021			3600	7200

Kaiser		Employer Paid	Employee Paid	Total
EPO & Ameritas	Health	1,198.86	306.74	1,505.60
	Dental	-	147.20	147.20
EPO & Willamette	Health	1,198.86	306.74	1,505.60
	Dental	-	115.75	115.75
EPO & No Dental	Health	1,198.86	306.74	1,505.60

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

No Medical		Employer Paid	Employee Paid	Total
Ameritas	Vision	13.68	-	13.68
Ameritas	Dental	147.20	-	147.20
Willamette	Dental	115.75	-	115.75

Plan Year 2021-2022

Post Pooling - Part Time **0.5 FTE** **CAP \$** **1,000.81**

WWEA Insurance Deductions

*Employer contribution includes medical, dental, life and dependent life premium

CAPS - \$1.90 (Basic Life) - \$.21 (Dependent Life) = \$ **998.70**

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

* Vision insurance is included in all Medical plans

Pacific Source		Employer Paid	Employee Paid	Total
Pathfinder Voyager & Ameritas	Health	998.70	1,303.27	2,301.97
	Dental	-	147.20	147.20
Pathfinder Voyager & Willamette	Health	998.70	1,303.27	2,301.97
	Dental	-	115.75	115.75
Pathfinder Voyager & No Dental	Health	998.70	1,303.27	2,301.97

Pathfinder and Voyager Network

Pacific Source		Employer Paid	Employee Paid	Total
Pathfinder 300 & Ameritas	Health	998.70	1,101.77	2,100.47
	Dental	-	147.20	147.20
Pathfinder 300 & Willamette	Health	998.70	1,101.77	2,100.47
	Dental	-	115.75	115.75
Pathfinder 300 & No Dental	Health	998.70	1,101.77	2,100.47

PPO=Preferred Provider Organization

Pacific Source		Employer Paid	Employee Paid	Total
Pathfinder 1600 & Ameritas	Health	998.70	333.03	1,331.73
	Dental	-	147.20	147.20
Pathfinder 1600 & Willamette	Health	998.70	333.03	1,331.73
	Dental	-	115.75	115.75
Pathfinder 1600 & No Dental	Health	998.70	333.03	1,331.73

Pathfinder 1600 is a High Deductible Health Plan and employee who choose 1600 plan MAY qualified for Health Savings Account

Health Saving Account (HSA)		Employer Contribution	Optional Single-Tier Employee Max Contribution	Optional Family Tier Employee Max Contribution
Pathfinder 1600 & Ameritas	Monthly	\$ -	300	600
Pathfinder 1600 & Willamette	Monthly	\$ -	300	600
Pathfinder 1600 & No Dental	Monthly	\$ -	300	600
HSA Employer & Employee Contribution Annual Limit for 2021			3600	7200

Kaiser		Employer Paid	Employee Paid	Total
EPO & Ameritas	Health	998.70	506.90	1,505.60
	Dental	-	147.20	147.20
EPO & Willamette	Health	998.70	506.90	1,505.60
	Dental	-	115.75	115.75
EPO & No Dental	Health	998.70	506.90	1,505.60

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

No Medical		Employer Paid	Employee Paid	Total
Ameritas	Vision	13.68	-	13.68
Ameritas	Dental	147.20	-	147.20
Willamette	Dental	115.75	-	115.75

Plan Year 2021-2022

No Pooling - Part Time **0.4 FTE** **CAP \$** **676.00**

WWEA Insurance Deductions

*Employer contribution includes medical, dental, life and dependent life premium

CAPS - \$1.90 (Basic Life) - \$.21 (Dependent Life) = \$ **673.89**

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

* Vision insurance is included in all Medical plans

Pacific Source		Employer Paid	Employee Paid	Total
Pathfinder Voyager & Ameritas	Health	673.89	1,628.08	2,301.97
	Dental	-	147.20	147.20
Pathfinder Voyager & Willamette	Health	673.89	1,628.08	2,301.97
	Dental	-	115.75	115.75
Pathfinder Voyager & No Dental	Health	673.89	1,628.08	2,301.97

Pathfinder and Voyager Network

Pacific Source		Employer Paid	Employee Paid	Total
Pathfinder 300 & Ameritas	Health	673.89	1,426.58	2,100.47
	Dental	-	147.20	147.20
Pathfinder 300 & Willamette	Health	673.89	1,426.58	2,100.47
	Dental	-	115.75	115.75
Pathfinder 300 & No Dental	Health	673.89	1,426.58	2,100.47

PPO=Preferred Provider Organization

Pacific Source		Employer Paid	Employee Paid	Total
Pathfinder 1600 & Ameritas	Health	673.89	657.84	1,331.73
	Dental	-	147.20	147.20
Pathfinder 1600 & Willamette	Health	673.89	657.84	1,331.73
	Dental	-	115.75	115.75
Pathfinder 1600 & No Dental	Health	673.89	657.84	1,331.73

Pathfinder 1600 is a High Deductible Health Plan and employee who choose 1600 plan MAY qualified for Health Savings Account

Health Saving Account (HSA)		Employer Contribution	Optional Single-Tier Employee Max Contribution	Optional Family Tier Employee Max Contribution
Pathfinder 1600 & Ameritas	Monthly	\$ -	300	600
Pathfinder 1600 & Willamette	Monthly	\$ -	300	600
Pathfinder 1600 & No Dental	Monthly	\$ -	300	600
HSA Employer & Employee Contribution Annual Limit for 2021			3600	7200

Kaiser		Employer Paid	Employee Paid	Total
EPO & Ameritas	Health	673.89	831.71	1,505.60
	Dental	-	147.20	147.20
EPO & Willamette	Health	673.89	831.71	1,505.60
	Dental	-	115.75	115.75
EPO & No Dental	Health	673.89	831.71	1,505.60

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

No Medical		Employer Paid	Employee Paid	Total
Ameritas	Vision	13.68	-	13.68
Ameritas	Dental	147.20	-	147.20
Willamette	Dental	115.75	-	115.75

Plan Year 2021-2022

No Pooling - Part Time **0.3 FTE** **CAP \$** **507.00**

WWEA Insurance Deductions

*Employer contribution includes medical, dental, life and dependent life premium

CAPS - \$1.90 (Basic Life) - \$.21 (Dependent Life) = \$ **504.89**

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

* Vision insurance is included in all Medical plans

Pacific Source		Employer Paid	Employee Paid	Total
Pathfinder Voyager & Ameritas	Health	504.89	1,797.08	2,301.97
	Dental	-	147.20	147.20
Pathfinder Voyager & Willamette	Health	504.89	1,797.08	2,301.97
	Dental	-	115.75	115.75
Pathfinder Voyager & No Dental	Health	504.89	1,797.08	2,301.97

Pathfinder and Voyager Network

Pacific Source		Employer Paid	Employee Paid	Total
Pathfinder 300 & Ameritas	Health	504.89	1,595.58	2,100.47
	Dental	-	147.20	147.20
Pathfinder 300 & Willamette	Health	504.89	1,595.58	2,100.47
	Dental	-	115.75	115.75
Pathfinder 300 & No Dental	Health	504.89	1,595.58	2,100.47

PPO=Preferred Provider Organization

Pacific Source		Employer Paid	Employee Paid	Total
Pathfinder 1600 & Ameritas	Health	504.89	826.84	1,331.73
	Dental	-	147.20	147.20
Pathfinder 1600 & Willamette	Health	504.89	826.84	1,331.73
	Dental	-	115.75	115.75
Pathfinder 1600 & No Dental	Health	504.89	826.84	1,331.73

Pathfinder 1600 is a High Deductible Health Plan and employee who choose 1600 plan MAY qualified for Health Savings Account

Health Saving Account (HSA)		Employer Contribution	Optional Single-Tier Employee Max Contribution	Optional Family Tier Employee Max Contribution
Pathfinder 1600 & Ameritas	Monthly	\$ -	300	600
Pathfinder 1600 & Willamette	Monthly	\$ -	300	600
Pathfinder 1600 & No Dental	Monthly	\$ -	300	600
HSA Employer & Employee Contribution Annual Limit for 2021			3600	7200

Kaiser		Employer Paid	Employee Paid	Total
EPO & Ameritas	Health	504.89	1,000.71	1,505.60
	Dental	-	147.20	147.20
EPO & Willamette	Health	504.89	1,000.71	1,505.60
	Dental	-	115.75	115.75
EPO & No Dental	Health	504.89	1,000.71	1,505.60

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

No Medical		Employer Paid	Employee Paid	Total
Ameritas	Vision	13.68	-	13.68
Ameritas	Dental	147.20	-	147.20
Willamette	Dental	115.75	-	115.75

Plan Year 2021-2022

No Pooling - Part Time **0.25 FTE** **CAP \$** **422.50**

WWEA Insurance Deductions

*Employer contribution includes medical, dental, life and dependent life premium

CAPS - \$1.90 (Basic Life) - \$.21 (Dependent Life) = \$ **420.39**

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

* Vision insurance is included in all Medical plans

Pacific Source		Employer Paid	Employee Paid	Total
Pathfinder Voyager & Ameritas	Health	420.39	1,881.58	2,301.97
	Dental	-	147.20	147.20
Pathfinder Voyager & Willamette	Health	420.39	1,881.58	2,301.97
	Dental	-	115.75	115.75
Pathfinder Voyager & No Dental	Health	420.39	1,881.58	2,301.97

Pathfinder and Voyager Network

Pacific Source		Employer Paid	Employee Paid	Total
Pathfinder 300 & Ameritas	Health	420.39	1,680.08	2,100.47
	Dental	-	147.20	147.20
Pathfinder 300 & Willamette	Health	420.39	1,680.08	2,100.47
	Dental	-	115.75	115.75
Pathfinder 300 & No Dental	Health	420.39	1,680.08	2,100.47

PPO=Preferred Provider Organization

Pacific Source		Employer Paid	Employee Paid	Total
Pathfinder 1600 & Ameritas	Health	420.39	911.34	1,331.73
	Dental	-	147.20	147.20
Pathfinder 1600 & Willamette	Health	420.39	911.34	1,331.73
	Dental	-	115.75	115.75
Pathfinder 1600 & No Dental	Health	420.39	911.34	1,331.73

Pathfinder 1600 is a High Deductible Health Plan and employee who choose 1600 plan MAY qualified for Health Savings Account

Health Saving Account (HSA)		Employer Contribution	Optional Single-Tier Employee Max Contribution	Optional Family Tier Employee Max Contribution
Pathfinder 1600 & Ameritas	Monthly	\$ -	300	600
Pathfinder 1600 & Willamette	Monthly	\$ -	300	600
Pathfinder 1600 & No Dental	Monthly	\$ -	300	600
HSA Employer & Employee Contribution Annual Limit for 2021			3600	7200

Kaiser		Employer Paid	Employee Paid	Total
EPO & Ameritas	Health	420.39	1,085.21	1,505.60
	Dental	-	147.20	147.20
EPO & Willamette	Health	420.39	1,085.21	1,505.60
	Dental	-	115.75	115.75
EPO & No Dental	Health	420.39	1,085.21	1,505.60

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

No Medical		Employer Paid	Employee Paid	Total
Ameritas	Vision	13.68	-	13.68
Ameritas	Dental	147.20	-	147.20
Willamette	Dental	115.75	-	115.75