Full Time Classified Employees

1,523.00

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

Pacific Source	Employer Paid	Employee Paid	Total
Navigator 100	1,523.00	893.15	2,416.15
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
Navigator 1600	1,523.00	218.68	1,741.68
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
Navigator Voyager 100	1,523.00	131.43	1,654.43
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
Navigator 1600 HDHP	1,498.12	-	1,498.12
Dental Options			
Ameritas	24.88	92.64	117.52
Kaiser	24.88	212.78	237.66
Willamette	24.88	90.87	115.75

^{*} WLWVSD will contribute 70% of the remaining cap to an HSA

Kaiser	Employer Paid	Employee Paid	Total
EPO (HMO) + Vision	1,249.80	-	1,249.80
Dental Options			
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
Ameritas		117.52	-	117.52
Kaiser		237.66	-	237.66
Willamett	e	115.75	-	115.75

 $1,523.00 \times 80\% =$ \$

1,218.40

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

Pacific Source	Employer Paid	Employee Paid	Total
Navigator 100	1,218.40	1,197.75	2,416.15
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
Pathfiner 1600	1,218.40	523.28	1,741.68
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
Navigator Voyager 100	1,218.40	436.03	1,654.43
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
Navigator 1600 HDHP	1,218.40	279.72	1,498.12
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

^{*} WLWVSD will contribute 70% of the remaining cap to an HSA

Kaiser	Employer Paid	Employee Paid	Total
EPO (HMO) + Vision	1,218.40	31.40	1,249.80
Dental Options			
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

De	ental Only (No Medical)	Employer Paid	Employee Paid	Total
Ameritas		117.52	-	117.52
Kaiser		237.66	-	237.66
Willamette		115.75	-	115.75

CAPS

4-5.99 Hours/Day Classified Employees

 $1,523.00 \times 60\% =$ \$

913.80

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

Pacific Source	Employer Paid	Employee Paid	Total
Navigator 100	913.80	1,502.35	2,416.15
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
Pathfiner 1600	913.80	827.88	1,741.68
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
Navigator Voyager 100	913.80	740.63	1,654.43
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
Navigator 1600 HDHP	913.80	584.32	1,498.12
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

^{*} WLWVSD will contribute 70% of the remaining cap to an HSA

Kaiser	Employer Paid	Employee Paid	Total
EPO (HMO) + Vision	913.80	336.00	1,249.80
Dental Options			
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
Ameritas	117.52	-	117.52
Kaiser	237.66	-	237.66
Willamette	115.75	-	115.75