

Plan Year 2022-2023

CAPS

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 |

*** WLWSD 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 |
| Willamette | 115.75 | - | 115.75 |

