

Plan Year 2022-2023

Post Pooling - Full Time **1 FTE** **Monthly CAP \$** **2,754.81**

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

CAPS - \$1.90 (Basic Life) - \$.21 (Dependent Life) = \$ **2,752.70**

* Vision insurance is included in all Medical plans

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

Navigator and Voyager Network

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

PPO=Preferred Provider Organization

Pacific Source without HSA		Employer Paid	Employee Paid	Monthly Total
Navigator 1600 HDHP & Ameritas	Health	1,507.33	-	1,507.33
	Dental	147.20	-	147.20
Navigator 1600 HDHP & Willamette	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
Navigator 1600 HDHP & No Dental	Health	1,507.33	-	1,507.33

Navigator 1600 is a High Deductible Health Plan

Pacific Source with HSA		Employer Paid	Employee Paid	Monthly Total
Navigator 1600 HDHP & Ameritas	HSA	300.00	-	300.00
	Health	1,507.33	-	1,507.33
	Dental	147.20	-	147.20
Navigator 1600 HDHP & Willamette	HSA	300.00	-	300.00
	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
Navigator 1600 HDHP & No Dental	HSA	300.00	-	300.00
	Health	1,507.33	-	1,507.33

Health Saving Account (HSA)		Single Tier	Family Tier
*Employee is responsible to meet IRS 's requirements and annual limits	2022 Annual Limit	3,650.00	7,300.00
	ER Annual Contribution	3,600.00	3,600.00
	Max EE Annual Contribution	50.00	3,700.00

Kaiser		Employer Paid	Employee Paid	Monthly Total
EPO & Ameritas	Health	1,474.58	-	1,474.58
	Dental	147.20	-	147.20
EPO & Willamette	Health	1,474.58	-	1,474.58
	Dental	115.75	-	115.75
EPO & No Dental	Health	1,474.58	-	1,474.58

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

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

Plan Year 2022-2023

Post Pooling - Part Time **0.8 FTE** **Monthly CAP \$** **2,754.81**

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

CAPS - \$1.90 (Basic Life) - \$.21 (Dependent Life) = \$ **2,752.70**

* Vision insurance is included in all Medical plans

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

Navigator and Voyager Network

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

PPO=Preferred Provider Organization

Pacific Source without HSA		Employer Paid	Employee Paid	Monthly Total
Navigator 1600 HDHP & Ameritas	Health	1,507.33	-	1,507.33
	Dental	147.20	-	147.20
Navigator 1600 HDHP & Willamette	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
Navigator 1600 HDHP & No Dental	Health	1,507.33	-	1,507.33

Navigator 1600 is a High Deductible Health Plan

Pacific Source with HSA		Employer Paid	Employee Paid	Monthly Total
Navigator 1600 HDHP & Ameritas	HSA	240.00	-	240.00
	Health	1,507.33	-	1,507.33
	Dental	147.20	-	147.20
Navigator 1600 HDHP & Willamette	HSA	240.00	-	240.00
	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
Navigator 1600 HDHP & No Dental	HSA	240.00	-	240.00
	Health	1,507.33	-	1,507.33

Health Saving Account (HSA)		Single Tier	Family Tier
*Employee is responsible to meet IRS 's requirements and annual limits	2022 Annual Limit	3,650.00	7,300.00
	ER Annual Contribution	2,880.00	2,880.00
	Max EE Annual Contribution	770.00	4,420.00

Kaiser		Employer Paid	Employee Paid	Monthly Total
EPO & Ameritas	Health	1,474.58	-	1,474.58
	Dental	147.20	-	147.20
EPO & Willamette	Health	1,474.58	-	1,474.58
	Dental	115.75	-	115.75
EPO & No Dental	Health	1,474.58	-	1,474.58

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

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

Plan Year 2022-2023

Post Pooling - Part Time **0.75 FTE** **Monthly CAP \$** **2,754.81**

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

CAPS - \$1.90 (Basic Life) - \$.21 (Dependent Life) = \$ **2,752.70**

* Vision insurance is included in all Medical plans

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

Navigator and Voyager Network

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

PPO=Preferred Provider Organization

Pacific Source without HSA		Employer Paid	Employee Paid	Monthly Total
Navigator 1600 HDHP & Ameritas	Health	1,507.33	-	1,507.33
	Dental	147.20	-	147.20
Navigator 1600 HDHP & Willamette	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
Navigator 1600 HDHP & No Dental	Health	1,507.33	-	1,507.33

Navigator 1600 is a High Deductible Health Plan

Pacific Source with HSA		Employer Paid	Employee Paid	Monthly Total
Navigator 1600 HDHP & Ameritas	HSA	225.00	-	225.00
	Health	1,507.33	-	1,507.33
	Dental	147.20	-	147.20
Navigator 1600 HDHP & Willamette	HSA	225.00	-	225.00
	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
Navigator 1600 HDHP & No Dental	HSA	225.00	-	225.00
	Health	1,507.33	-	1,507.33

Health Saving Account (HSA)		Single Tier	Family Tier
*Employee is responsible to meet IRS 's requirements and annual limits	2022 Annual Limit	3,650.00	7,300.00
	ER Annual Contribution	2,700.00	2,700.00
	Max EE Annual Contribution	950.00	4,600.00

Kaiser		Employer Paid	Employee Paid	Monthly Total
EPO & Ameritas	Health	1,474.58	-	1,474.58
	Dental	147.20	-	147.20
EPO & Willamette	Health	1,474.58	-	1,474.58
	Dental	115.75	-	115.75
EPO & No Dental	Health	1,474.58	-	1,474.58

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

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

Plan Year 2022-2023

Post Pooling - Part Time **0.7 FTE** **Monthly CAP \$** **2,754.81**

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

CAPS - \$1.90 (Basic Life) - \$.21 (Dependent Life) = \$ **2,752.70**

* Vision insurance is included in all Medical plans

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

Navigator and Voyager Network

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

PPO=Preferred Provider Organization

Pacific Source without HSA		Employer Paid	Employee Paid	Monthly Total
Navigator 1600 HDHP & Ameritas	Health	1,507.33	-	1,507.33
	Dental	147.20	-	147.20
Navigator 1600 HDHP & Willamette	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
Navigator 1600 HDHP & No Dental	Health	1,507.33	-	1,507.33

Navigator 1600 is a High Deductible Health Plan

Pacific Source with HSA		Employer Paid	Employee Paid	Monthly Total
Navigator 1600 HDHP & Ameritas	HSA	210.00	-	210.00
	Health	1,507.33	-	1,507.33
	Dental	147.20	-	147.20
Navigator 1600 HDHP & Willamette	HSA	210.00	-	210.00
	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
Navigator 1600 HDHP & No Dental	HSA	210.00	-	210.00
	Health	1,507.33	-	1,507.33

Health Saving Account (HSA)		Single Tier	Family Tier
*Employee is responsible to meet IRS 's requirements and annual limits	2022 Annual Limit	3,650.00	7,300.00
	ER Annual Contribution	2,520.00	2,520.00
	Max EE Annual Contribution	1,130.00	4,780.00

Kaiser		Employer Paid	Employee Paid	Monthly Total
EPO & Ameritas	Health	1,474.58	-	1,474.58
	Dental	147.20	-	147.20
EPO & Willamette	Health	1,474.58	-	1,474.58
	Dental	115.75	-	115.75
EPO & No Dental	Health	1,474.58	-	1,474.58

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

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

Plan Year 2022-2023

Post Pooling - Part Time **0.6 FTE** **Monthly CAP \$** **2,754.81**

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

CAPS - \$1.90 (Basic Life) - \$.21 (Dependent Life) = \$ **2,752.70**

* Vision insurance is included in all Medical plans

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

Navigator and Voyager Network

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

PPO=Preferred Provider Organization

Pacific Source without HSA		Employer Paid	Employee Paid	Monthly Total
Navigator 1600 HDHP & Ameritas	Health	1,507.33	-	1,507.33
	Dental	147.20	-	147.20
Navigator 1600 HDHP & Willamette	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
Navigator 1600 HDHP & No Dental	Health	1,507.33	-	1,507.33

Navigator 1600 is a High Deductible Health Plan

Pacific Source with HSA		Employer Paid	Employee Paid	Monthly Total
Navigator 1600 HDHP & Ameritas	HSA	180.00	-	180.00
	Health	1,507.33	-	1,507.33
	Dental	147.20	-	147.20
Navigator 1600 HDHP & Willamette	HSA	180.00	-	180.00
	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
Navigator 1600 HDHP & No Dental	HSA	180.00	-	180.00
	Health	1,507.33	-	1,507.33

Health Saving Account (HSA)		Single Tier	Family Tier
*Employee is responsible to meet IRS 's requirements and annual limits	2022 Annual Limit	3,650.00	7,300.00
	ER Annual Contribution	2,160.00	2,160.00
	Max EE Annual Contribution	1,490.00	5,140.00

Kaiser		Employer Paid	Employee Paid	Monthly Total
EPO & Ameritas	Health	1,474.58	-	1,474.58
	Dental	147.20	-	147.20
EPO & Willamette	Health	1,474.58	-	1,474.58
	Dental	115.75	-	115.75
EPO & No Dental	Health	1,474.58	-	1,474.58

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

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

Plan Year 2022-2023

Post Pooling - Part Time **0.5 FTE** **Monthly CAP \$** **2,754.81**

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

CAPS - \$1.90 (Basic Life) - \$.21 (Dependent Life) = \$ **2,752.70**

* Vision insurance is included in all Medical plans

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

Navigator and Voyager Network

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

PPO=Preferred Provider Organization

Pacific Source without HSA		Employer Paid	Employee Paid	Monthly Total
Navigator 1600 HDHP & Ameritas	Health	1,507.33	-	1,507.33
	Dental	147.20	-	147.20
Navigator 1600 HDHP & Willamette	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
Navigator 1600 HDHP & No Dental	Health	1,507.33	-	1,507.33

Navigator 1600 is a High Deductible Health Plan

Pacific Source with HSA		Employer Paid	Employee Paid	Monthly Total
Navigator 1600 HDHP & Ameritas	HSA	150.00	-	150.00
	Health	1,507.33	-	1,507.33
	Dental	147.20	-	147.20
Navigator 1600 HDHP & Willamette	HSA	150.00	-	150.00
	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
Navigator 1600 HDHP & No Dental	HSA	150.00	-	150.00
	Health	1,507.33	-	1,507.33

Health Saving Account (HSA)		Single Tier	Family Tier
*Employee is responsible to meet IRS 's requirements and annual limits	2022 Annual Limit	3,650.00	7,300.00
	ER Annual Contribution	1,800.00	1,800.00
	Max EE Annual Contribution	1,850.00	5,500.00

Kaiser		Employer Paid	Employee Paid	Monthly Total
EPO & Ameritas	Health	1,474.58	-	1,474.58
	Dental	147.20	-	147.20
EPO & Willamette	Health	1,474.58	-	1,474.58
	Dental	115.75	-	115.75
EPO & No Dental	Health	1,474.58	-	1,474.58

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

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

Plan Year 2022-2023

No Pooling - Part Time **0.4 FTE** **Monthly CAP \$** **2,754.81**

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

CAPS - \$1.90 (Basic Life) - \$.21 (Dependent Life) = \$ **2,752.70**

* Vision insurance is included in all Medical plans

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

Navigator and Voyager Network

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

PPO=Preferred Provider Organization

Pacific Source without HSA		Employer Paid	Employee Paid	Monthly Total
Navigator 1600 HDHP & Ameritas	Health	1,507.33	-	1,507.33
	Dental	147.20	-	147.20
Navigator 1600 HDHP & Willamette	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
Navigator 1600 HDHP & No Dental	Health	1,507.33	-	1,507.33

Navigator 1600 is a High Deductible Health Plan

Pacific Source with HSA		Employer Paid	Employee Paid	Monthly Total
Navigator 1600 HDHP & Ameritas	HSA	120.00	-	120.00
	Health	1,507.33	-	1,507.33
	Dental	147.20	-	147.20
Navigator 1600 HDHP & Willamette	HSA	120.00	-	120.00
	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
Navigator 1600 HDHP & No Dental	HSA	120.00	-	120.00
	Health	1,507.33	-	1,507.33

Health Saving Account (HSA)		Single Tier	Family Tier
*Employee is responsible to meet IRS 's requirements and annual limits	2022 Annual Limit	3,650.00	7,300.00
	ER Annual Contribution	1,440.00	1,440.00
	Max EE Annual Contribution	2,210.00	5,860.00

Kaiser		Employer Paid	Employee Paid	Monthly Total
EPO & Ameritas	Health	1,474.58	-	1,474.58
	Dental	147.20	-	147.20
EPO & Willamette	Health	1,474.58	-	1,474.58
	Dental	115.75	-	115.75
EPO & No Dental	Health	1,474.58	-	1,474.58

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

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

Plan Year 2022-2023

No Pooling - Part Time **0.3 FTE** **Monthly CAP \$** **2,066.11**

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

CAPS - \$1.90 (Basic Life) - \$.21 (Dependent Life) = \$ **2,064.00**

* Vision insurance is included in all Medical plans

Pacific Source		Employer Paid	Employee Paid	Monthly Total
Navigator Voyager & Ameritas	Health	2,064.00	541.50	2,605.50
	Dental	-	147.20	147.20
Navigator Voyager & Willamette	Health	2,064.00	541.50	2,605.50
	Dental	-	115.75	115.75
Navigator Voyager & No Dental	Health	2,064.00	541.50	2,605.50

Navigator and Voyager Network

Pacific Source		Employer Paid	Employee Paid	Monthly Total
Navigator 300 & Ameritas	Health	2,064.00	313.43	2,377.43
	Dental	-	147.20	147.20
Navigator 300 & Willamette	Health	2,064.00	313.43	2,377.43
	Dental	-	115.75	115.75
Navigator 300 & No Dental	Health	2,064.00	313.43	2,377.43

PPO=Preferred Provider Organization

Pacific Source without HSA		Employer Paid	Employee Paid	Monthly Total
Navigator 1600 HDHP & Ameritas	Health	1,507.33	-	1,507.33
	Dental	147.20	-	147.20
Navigator 1600 HDHP & Willamette	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
Navigator 1600 HDHP & No Dental	Health	1,507.33	-	1,507.33

Navigator 1600 is a High Deductible Health Plan

Pacific Source with HSA		Employer Paid	Employee Paid	Monthly Total
Navigator 1600 HDHP & Ameritas	HSA	90.00	-	90.00
	Health	1,507.33	-	1,507.33
	Dental	147.20	-	147.20
Navigator 1600 HDHP & Willamette	HSA	90.00	-	90.00
	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
Navigator 1600 HDHP & No Dental	HSA	90.00	-	90.00
	Health	1,507.33	-	1,507.33

Health Saving Account (HSA)		Single Tier	Family Tier
*Employee is responsible to meet IRS 's requirements and annual limits	2022 Annual Limit	3,650.00	7,300.00
	ER Annual Contribution	1,080.00	1,080.00
	Max EE Annual Contribution	2,570.00	6,220.00

Kaiser		Employer Paid	Employee Paid	Monthly Total
EPO & Ameritas	Health	1,474.58	-	1,474.58
	Dental	147.20	-	147.20
EPO & Willamette	Health	1,474.58	-	1,474.58
	Dental	115.75	-	115.75
EPO & No Dental	Health	1,474.58	-	1,474.58

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

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

Plan Year 2022-2023

No Pooling - Part Time **0.25 FTE** **Monthly CAP \$** **1,721.76**

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

CAPS - \$1.90 (Basic Life) - \$.21 (Dependent Life) = \$ **1,719.65**

* Vision insurance is included in all Medical plans

Pacific Source		Employer Paid	Employee Paid	Monthly Total
Navigator Voyager & Ameritas	Health	1,719.65	885.85	2,605.50
	Dental	-	147.20	147.20
Navigator Voyager & Willamette	Health	1,719.65	885.85	2,605.50
	Dental	-	115.75	115.75
Navigator Voyager & No Dental	Health	1,719.65	885.85	2,605.50

Navigator and Voyager Network

Pacific Source		Employer Paid	Employee Paid	Monthly Total
Navigator 300 & Ameritas	Health	1,719.65	657.78	2,377.43
	Dental	-	147.20	147.20
Navigator 300 & Willamette	Health	1,719.65	657.78	2,377.43
	Dental	-	115.75	115.75
Navigator 300 & No Dental	Health	1,719.65	657.78	2,377.43

PPO=Preferred Provider Organization

Pacific Source without HSA		Employer Paid	Employee Paid	Monthly Total
Navigator 1600 HDHP & Ameritas	Health	1,507.33	-	1,507.33
	Dental	147.20	-	147.20
Navigator 1600 HDHP & Willamette	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
Navigator 1600 HDHP & No Dental	Health	1,507.33	-	1,507.33

Navigator 1600 is a High Deductible Health Plan

Pacific Source with HSA		Employer Paid	Employee Paid	Monthly Total
Navigator 1600 HDHP & Ameritas	HSA	75.00	-	75.00
	Health	1,507.33	-	1,507.33
	Dental	137.32	9.88	147.20
Navigator 1600 HDHP & Willamette	HSA	75.00	-	75.00
	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
Navigator 1600 HDHP & No Dental	HSA	75.00	-	75.00
	Health	1,507.33	-	1,507.33

Health Saving Account (HSA)		Single Tier	Family Tier
*Employee is responsible to meet IRS 's requirements and annual limits	2022 Annual Limit	3,650.00	7,300.00
	ER Annual Contribution	900.00	900.00
	Max EE Annual Contribution	2,750.00	6,400.00

Kaiser		Employer Paid	Employee Paid	Monthly Total
EPO & Ameritas	Health	1,474.58	-	1,474.58
	Dental	147.20	-	147.20
EPO & Willamette	Health	1,474.58	-	1,474.58
	Dental	115.75	-	115.75
EPO & No Dental	Health	1,474.58	-	1,474.58

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

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