

Plan Year 2022-2023

Pre Pooling - Full Time **1 FTE** **Monthly CAP** \$ **1,690.00**

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

CAPS - \$1.90 (Basic Life) - \$.21 (Dependent Life) = \$ **1,687.89**

* Vision insurance is included in all Medical plans

Pacific Source		Employer Paid	Employee Paid	Monthly Total
Navigator Voyager & Ameritas	Health	1,687.89	917.61	2,605.50
	Dental	-	147.20	147.20
Navigator Voyager & Willamette	Health	1,687.89	917.61	2,605.50
	Dental	-	115.75	115.75
Navigator Voyager & No Dental	Health	1,687.89	917.61	2,605.50

Navigator and Voyager Network

Pacific Source		Employer Paid	Employee Paid	Monthly Total
Navigator 300 & Ameritas	Health	1,687.89	689.54	2,377.43
	Dental	-	147.20	147.20
Navigator 300 & Willamette	Health	1,687.89	689.54	2,377.43
	Dental	-	115.75	115.75
Navigator 300 & No Dental	Health	1,687.89	689.54	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	1,387.89	119.44	1,507.33
	Dental	-	147.20	147.20
Navigator 1600 HDHP & Willamette	HSA	300.00	-	300.00
	Health	1,387.89	119.44	1,507.33
	Dental	-	115.75	115.75
Navigator 1600 HDHP & No Dental	HSA	300.00	-	300.00
	Health	1,387.89	119.44	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

Pre Pooling - Part Time **0.8 FTE** **Monthly CAP \$** **1,352.00**

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

CAPS - \$1.90 (Basic Life) - \$.21 (Dependent Life) = \$ **1,349.89**

* Vision insurance is included in all Medical plans

Pacific Source		Employer Paid	Employee Paid	Monthly Total
Navigator Voyager & Ameritas	Health	1,349.89	1,255.61	2,605.50
	Dental	-	147.20	147.20
Navigator Voyager & Willamette	Health	1,349.89	1,255.61	2,605.50
	Dental	-	115.75	115.75
Navigator Voyager & No Dental	Health	1,349.89	1,255.61	2,605.50

Navigator and Voyager Network

Pacific Source		Employer Paid	Employee Paid	Monthly Total
Navigator 300 & Ameritas	Health	1,349.89	1,027.54	2,377.43
	Dental	-	147.20	147.20
Navigator 300 & Willamette	Health	1,349.89	1,027.54	2,377.43
	Dental	-	115.75	115.75
Navigator 300 & No Dental	Health	1,349.89	1,027.54	2,377.43

PPO=Preferred Provider Organization

Pacific Source without HSA		Employer Paid	Employee Paid	Monthly Total
Navigator 1600 HDHP & Ameritas	Health	1,349.89	157.44	1,507.33
	Dental	-	147.20	147.20
Navigator 1600 HDHP & Willamette	Health	1,349.89	157.44	1,507.33
	Dental	-	115.75	115.75
Navigator 1600 HDHP & No Dental	Health	1,349.89	157.44	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	1,109.89	397.44	1,507.33
	Dental	-	147.20	147.20
Navigator 1600 HDHP & Willamette	HSA	240.00	-	240.00
	Health	1,109.89	397.44	1,507.33
	Dental	-	115.75	115.75
Navigator 1600 HDHP & No Dental	HSA	240.00	-	240.00
	Health	1,109.89	397.44	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	1,349.89	124.69	1,474.58
	Dental	-	147.20	147.20
EPO & Willamette	Health	1,349.89	124.69	1,474.58
	Dental	-	115.75	115.75
EPO & No Dental	Health	1,349.89	124.69	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

Pre Pooling - Part Time **0.75 FTE** **Monthly CAP \$** **1,267.50**

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

CAPS - \$1.90 (Basic Life) - \$.21 (Dependent Life) = \$ **1,265.39**

* Vision insurance is included in all Medical plans

Pacific Source		Employer Paid	Employee Paid	Monthly Total
Navigator Voyager & Ameritas	Health	1,265.39	1,340.11	2,605.50
	Dental	-	147.20	147.20
Navigator Voyager & Willamette	Health	1,265.39	1,340.11	2,605.50
	Dental	-	115.75	115.75
Navigator Voyager & No Dental	Health	1,265.39	1,340.11	2,605.50

Navigator and Voyager Network

Pacific Source		Employer Paid	Employee Paid	Monthly Total
Navigator 300 & Ameritas	Health	1,265.39	1,112.04	2,377.43
	Dental	-	147.20	147.20
Navigator 300 & Willamette	Health	1,265.39	1,112.04	2,377.43
	Dental	-	115.75	115.75
Navigator 300 & No Dental	Health	1,265.39	1,112.04	2,377.43

PPO=Preferred Provider Organization

Pacific Source without HSA		Employer Paid	Employee Paid	Monthly Total
Navigator 1600 HDHP & Ameritas	Health	1,265.39	241.94	1,507.33
	Dental	-	147.20	147.20
Navigator 1600 HDHP & Willamette	Health	1,265.39	241.94	1,507.33
	Dental	-	115.75	115.75
Navigator 1600 HDHP & No Dental	Health	1,265.39	241.94	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	1,040.39	466.94	1,507.33
	Dental	-	147.20	147.20
Navigator 1600 HDHP & Willamette	HSA	225.00	-	225.00
	Health	1,040.39	466.94	1,507.33
	Dental	-	115.75	115.75
Navigator 1600 HDHP & No Dental	HSA	225.00	-	225.00
	Health	1,040.39	466.94	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	1,265.39	209.19	1,474.58
	Dental	-	147.20	147.20
EPO & Willamette	Health	1,265.39	209.19	1,474.58
	Dental	-	115.75	115.75
EPO & No Dental	Health	1,265.39	209.19	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

Pre Pooling - Part Time **0.7 FTE** **Monthly CAP** \$ **1,183.00**

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

CAPS - \$1.90 (Basic Life) - \$.21 (Dependent Life) = \$ **1,180.89**

* Vision insurance is included in all Medical plans

Pacific Source		Employer Paid	Employee Paid	Monthly Total
Navigator Voyager & Ameritas	Health	1,180.89	1,424.61	2,605.50
	Dental	-	147.20	147.20
Navigator Voyager & Willamette	Health	1,180.89	1,424.61	2,605.50
	Dental	-	115.75	115.75
Navigator Voyager & No Dental	Health	1,180.89	1,424.61	2,605.50

Navigator and Voyager Network

Pacific Source		Employer Paid	Employee Paid	Monthly Total
Navigator 300 & Ameritas	Health	1,180.89	1,196.54	2,377.43
	Dental	-	147.20	147.20
Navigator 300 & Willamette	Health	1,180.89	1,196.54	2,377.43
	Dental	-	115.75	115.75
Navigator 300 & No Dental	Health	1,180.89	1,196.54	2,377.43

PPO=Preferred Provider Organization

Pacific Source without HSA		Employer Paid	Employee Paid	Monthly Total
Navigator 1600 HDHP & Ameritas	Health	1,180.89	326.44	1,507.33
	Dental	-	147.20	147.20
Navigator 1600 HDHP & Willamette	Health	1,180.89	326.44	1,507.33
	Dental	-	115.75	115.75
Navigator 1600 HDHP & No Dental	Health	1,180.89	326.44	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	970.89	536.44	1,507.33
	Dental	-	147.20	147.20
Navigator 1600 HDHP & Willamette	HSA	210.00	-	210.00
	Health	970.89	536.44	1,507.33
	Dental	-	115.75	115.75
Navigator 1600 HDHP & No Dental	HSA	210.00	-	210.00
	Health	970.89	536.44	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	1,180.89	293.69	1,474.58
	Dental	-	147.20	147.20
EPO & Willamette	Health	1,180.89	293.69	1,474.58
	Dental	-	115.75	115.75
EPO & No Dental	Health	1,180.89	293.69	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

Pre Pooling - Part Time **0.6 FTE** **Monthly CAP \$** **1,014.00**

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

CAPS - \$1.90 (Basic Life) - \$.21 (Dependent Life) = \$ **1,011.89**

* Vision insurance is included in all Medical plans

Pacific Source		Employer Paid	Employee Paid	Monthly Total
Navigator Voyager & Ameritas	Health	1,011.89	1,593.61	2,605.50
	Dental	-	147.20	147.20
Navigator Voyager & Willamette	Health	1,011.89	1,593.61	2,605.50
	Dental	-	115.75	115.75
Navigator Voyager & No Dental	Health	1,011.89	1,593.61	2,605.50

Navigator and Voyager Network

Pacific Source		Employer Paid	Employee Paid	Monthly Total
Navigator 300 & Ameritas	Health	1,011.89	1,365.54	2,377.43
	Dental	-	147.20	147.20
Navigator 300 & Willamette	Health	1,011.89	1,365.54	2,377.43
	Dental	-	115.75	115.75
Navigator 300 & No Dental	Health	1,011.89	1,365.54	2,377.43

PPO=Preferred Provider Organization

Pacific Source without HSA		Employer Paid	Employee Paid	Monthly Total
Navigator 1600 HDHP & Ameritas	Health	1,011.89	495.44	1,507.33
	Dental	-	147.20	147.20
Navigator 1600 HDHP & Willamette	Health	1,011.89	495.44	1,507.33
	Dental	-	115.75	115.75
Navigator 1600 HDHP & No Dental	Health	1,011.89	495.44	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	831.89	675.44	1,507.33
	Dental	-	147.20	147.20
Navigator 1600 HDHP & Willamette	HSA	180.00	-	180.00
	Health	831.89	675.44	1,507.33
	Dental	-	115.75	115.75
Navigator 1600 HDHP & No Dental	HSA	180.00	-	180.00
	Health	831.89	675.44	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	1,011.89	462.69	1,474.58
	Dental	-	147.20	147.20
EPO & Willamette	Health	1,011.89	462.69	1,474.58
	Dental	-	115.75	115.75
EPO & No Dental	Health	1,011.89	462.69	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

Pre Pooling - Part Time **0.5 FTE** **Monthly CAP \$** **845.00**

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

CAPS - \$1.90 (Basic Life) - \$.21 (Dependent Life) = \$ **842.89**

* Vision insurance is included in all Medical plans

Pacific Source		Employer Paid	Employee Paid	Monthly Total
Navigator Voyager & Ameritas	Health	842.89	1,762.61	2,605.50
	Dental	-	147.20	147.20
Navigator Voyager & Willamette	Health	842.89	1,762.61	2,605.50
	Dental	-	115.75	115.75
Navigator Voyager & No Dental	Health	842.89	1,762.61	2,605.50

Navigator and Voyager Network

Pacific Source		Employer Paid	Employee Paid	Monthly Total
Navigator 300 & Ameritas	Health	842.89	1,534.54	2,377.43
	Dental	-	147.20	147.20
Navigator 300 & Willamette	Health	842.89	1,534.54	2,377.43
	Dental	-	115.75	115.75
Navigator 300 & No Dental	Health	842.89	1,534.54	2,377.43

PPO=Preferred Provider Organization

Pacific Source without HSA		Employer Paid	Employee Paid	Monthly Total
Navigator 1600 HDHP & Ameritas	Health	842.89	664.44	1,507.33
	Dental	-	147.20	147.20
Navigator 1600 HDHP & Willamette	Health	842.89	664.44	1,507.33
	Dental	-	115.75	115.75
Navigator 1600 HDHP & No Dental	Health	842.89	664.44	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	692.89	814.44	1,507.33
	Dental	-	147.20	147.20
Navigator 1600 HDHP & Willamette	HSA	150.00	-	150.00
	Health	692.89	814.44	1,507.33
	Dental	-	115.75	115.75
Navigator 1600 HDHP & No Dental	HSA	150.00	-	150.00
	Health	692.89	814.44	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	842.89	631.69	1,474.58
	Dental	-	147.20	147.20
EPO & Willamette	Health	842.89	631.69	1,474.58
	Dental	-	115.75	115.75
EPO & No Dental	Health	842.89	631.69	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** \$ **676.00**

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

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

* Vision insurance is included in all Medical plans

Pacific Source		Employer Paid	Employee Paid	Monthly Total
Navigator Voyager & Ameritas	Health	673.89	1,931.61	2,605.50
	Dental	-	147.20	147.20
Navigator Voyager & Willamette	Health	673.89	1,931.61	2,605.50
	Dental	-	115.75	115.75
Navigator Voyager & No Dental	Health	673.89	1,931.61	2,605.50

Navigator and Voyager Network

Pacific Source		Employer Paid	Employee Paid	Monthly Total
Navigator 300 & Ameritas	Health	673.89	1,703.54	2,377.43
	Dental	-	147.20	147.20
Navigator 300 & Willamette	Health	673.89	1,703.54	2,377.43
	Dental	-	115.75	115.75
Navigator 300 & No Dental	Health	673.89	1,703.54	2,377.43

PPO=Preferred Provider Organization

Pacific Source without HSA		Employer Paid	Employee Paid	Monthly Total
Navigator 1600 HDHP & Ameritas	Health	673.89	833.44	1,507.33
	Dental	-	147.20	147.20
Navigator 1600 HDHP & Willamette	Health	673.89	833.44	1,507.33
	Dental	-	115.75	115.75
Navigator 1600 HDHP & No Dental	Health	673.89	833.44	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	553.89	953.44	1,507.33
	Dental	-	147.20	147.20
Navigator 1600 HDHP & Willamette	HSA	120.00	-	120.00
	Health	553.89	953.44	1,507.33
	Dental	-	115.75	115.75
Navigator 1600 HDHP & No Dental	HSA	120.00	-	120.00
	Health	553.89	953.44	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	673.89	800.69	1,474.58
	Dental	-	147.20	147.20
EPO & Willamette	Health	673.89	800.69	1,474.58
	Dental	-	115.75	115.75
EPO & No Dental	Health	673.89	800.69	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 \$** **507.00**

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

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

* Vision insurance is included in all Medical plans

Pacific Source		Employer Paid	Employee Paid	Monthly Total
Navigator Voyager & Ameritas	Health	504.89	2,100.61	2,605.50
	Dental	-	147.20	147.20
Navigator Voyager & Willamette	Health	504.89	2,100.61	2,605.50
	Dental	-	115.75	115.75
Navigator Voyager & No Dental	Health	504.89	2,100.61	2,605.50

Navigator and Voyager Network

Pacific Source		Employer Paid	Employee Paid	Monthly Total
Navigator 300 & Ameritas	Health	504.89	1,872.54	2,377.43
	Dental	-	147.20	147.20
Navigator 300 & Willamette	Health	504.89	1,872.54	2,377.43
	Dental	-	115.75	115.75
Navigator 300 & No Dental	Health	504.89	1,872.54	2,377.43

PPO=Preferred Provider Organization

Pacific Source without HSA		Employer Paid	Employee Paid	Monthly Total
Navigator 1600 HDHP & Ameritas	Health	504.89	1,002.44	1,507.33
	Dental	-	147.20	147.20
Navigator 1600 HDHP & Willamette	Health	504.89	1,002.44	1,507.33
	Dental	-	115.75	115.75
Navigator 1600 HDHP & No Dental	Health	504.89	1,002.44	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	414.89	1,092.44	1,507.33
	Dental	-	147.20	147.20
Navigator 1600 HDHP & Willamette	HSA	90.00	-	90.00
	Health	414.89	1,092.44	1,507.33
	Dental	-	115.75	115.75
Navigator 1600 HDHP & No Dental	HSA	90.00	-	90.00
	Health	414.89	1,092.44	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	504.89	969.69	1,474.58
	Dental	-	147.20	147.20
EPO & Willamette	Health	504.89	969.69	1,474.58
	Dental	-	115.75	115.75
EPO & No Dental	Health	504.89	969.69	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 \$** **422.50**

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

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

* Vision insurance is included in all Medical plans

Pacific Source		Employer Paid	Employee Paid	Monthly Total
Navigator Voyager & Ameritas	Health	420.39	2,185.11	2,605.50
	Dental	-	147.20	147.20
Navigator Voyager & Willamette	Health	420.39	2,185.11	2,605.50
	Dental	-	115.75	115.75
Navigator Voyager & No Dental	Health	420.39	2,185.11	2,605.50

Navigator and Voyager Network

Pacific Source		Employer Paid	Employee Paid	Monthly Total
Navigator 300 & Ameritas	Health	420.39	1,957.04	2,377.43
	Dental	-	147.20	147.20
Navigator 300 & Willamette	Health	420.39	1,957.04	2,377.43
	Dental	-	115.75	115.75
Navigator 300 & No Dental	Health	420.39	1,957.04	2,377.43

PPO=Preferred Provider Organization

Pacific Source without HSA		Employer Paid	Employee Paid	Monthly Total
Navigator 1600 HDHP & Ameritas	Health	420.39	1,086.94	1,507.33
	Dental	-	147.20	147.20
Navigator 1600 HDHP & Willamette	Health	420.39	1,086.94	1,507.33
	Dental	-	115.75	115.75
Navigator 1600 HDHP & No Dental	Health	420.39	1,086.94	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	345.39	1,161.94	1,507.33
	Dental	-	147.20	147.20
Navigator 1600 HDHP & Willamette	HSA	75.00	-	75.00
	Health	345.39	1,161.94	1,507.33
	Dental	-	115.75	115.75
Navigator 1600 HDHP & No Dental	HSA	75.00	-	75.00
	Health	345.39	1,161.94	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	420.39	1,054.19	1,474.58
	Dental	-	147.20	147.20
EPO & Willamette	Health	420.39	1,054.19	1,474.58
	Dental	-	115.75	115.75
EPO & No Dental	Health	420.39	1,054.19	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