

West Linn-Wilsonville SD  
2018-19 Insurance

**.4 FTE**

1450\*.40=580

**WWEA Insurance Deductions**

580-1.9-.21=577.89

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

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

Health Net		Employee Paid	Employer Paid	Total
<b>POS/TPO &amp; Ameritas</b>	Health	1210.47	577.89	1788.36
	Dental	145.00	0.00	145.00
<b>POS/TPO &amp; Willamette</b>	Health	1210.47	577.89	1788.36
	Dental	105.40	0.00	105.40
<b>POS/TPO &amp; No Dental</b>	Health	1210.47	577.89	1788.36

POS/TPO= Point of Service/Triple Option

Health Net		Employee Paid	Employer Paid	Total
<b>PPO 100 &amp; Ameritas</b>	Health	1208.56	577.89	1786.45
	Dental	145.00	0.00	145.00
<b>PPO 100 &amp; Willamette</b>	Health	1208.56	577.89	1786.45
	Dental	105.40	0.00	105.40
<b>PPO 100 &amp; No Dental</b>	Health	1208.56	577.89	1786.45

PPO=Preferred Provider Organization

Health Net		Employee Paid	Employer Paid	Total
<b>PPO 200 &amp; Ameritas</b>	Health	1053.93	577.89	1631.82
	Dental	145.00	0.00	145.00
<b>PPO 200 &amp; Willamette</b>	Health	1053.93	577.89	1631.82
	Dental	105.40	0.00	105.40
<b>PPO 200 &amp; No Dental</b>	Health	1053.93	577.89	1631.82

PPO=Preferred Provider Organization

Health Net		Employee Paid	Employer Paid	Total
<b>HDHP &amp; Ameritas</b>	Health	456.71	577.89	1034.60
	Dental	145.00	0.00	145.00
<b>HDHP &amp; Willamette</b>	Health	456.71	577.89	1034.60
	Dental	105.40	0.00	105.40
<b>HDHP &amp; No Dental</b>	Health	456.71	577.89	1034.60

HDHP=High Deductible Health Plan

No Medical		Employee Paid	Employer Paid	Total
<b>Ameritas</b>	Vision	0.00	13.68	13.68
<b>Ameritas</b>	Dental	0.00	145.00	145.00
<b>Willamette</b>	Dental	0.00	105.40	105.40

West Linn-Wilsonville SD  
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**.3 FTE**

1450\*.3=435

**WWEA Insurance Deductions**

435-1.9-.21=432.89

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

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

Health Net		Employee Paid	Employer Paid	Total
<b>POS/TPO &amp; Ameritas</b>	Health	1355.47	432.89	1788.36
	Dental	145.00	0.00	145.00
<b>POS/TPO &amp; Willamette</b>	Health	1355.47	432.89	1788.36
	Dental	105.40	0.00	105.40
<b>POS/TPO &amp; No Dental</b>	Health	1355.47	432.89	1788.36

POS/TPO= Point of Service/Triple Option

Health Net		Employee Paid	Employer Paid	Total
<b>PPO 100 &amp; Ameritas</b>	Health	1353.56	432.89	1786.45
	Dental	145.00	0.00	145.00
<b>PPO 100 &amp; Willamette</b>	Health	1353.56	432.89	1786.45
	Dental	105.40	0.00	105.40
<b>PPO 100 &amp; No Dental</b>	Health	1353.56	432.89	1786.45

PPO=Preferred Provider Organization

Health Net		Employee Paid	Employer Paid	Total
<b>PPO 200 &amp; Ameritas</b>	Health	1198.93	432.89	1631.82
	Dental	145.00	0.00	145.00
<b>PPO 200 &amp; Willamette</b>	Health	1198.93	432.89	1631.82
	Dental	105.40	0.00	105.40
<b>PPO 200 &amp; No Dental</b>	Health	1198.93	432.89	1631.82

PPO=Preferred Provider Organization

Health Net		Employee Paid	Employer Paid	Total
<b>HDHP &amp; Ameritas</b>	Health	601.71	432.89	1034.60
	Dental	145.00	0.00	145.00
<b>HDHP &amp; Willamette</b>	Health	601.71	432.89	1034.60
	Dental	105.40	0.00	105.40
<b>HDHP &amp; No Dental</b>	Health	601.71	432.89	1034.60

HDHP=High Deductible Health Plan

No Medical		Employee Paid	Employer Paid	Total
<b>Ameritas</b>	Vision	0.00	13.68	13.68
<b>Ameritas</b>	Dental	0.00	145.00	145.00
<b>Willamette</b>	Dental	0.00	105.40	105.40

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**.25 FTE**

1450\*.25=362.50

**WWEA Insurance Deductions**

362.50-1.9-.21=360.39

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

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

Health Net		Employee Paid	Employer Paid	Total
<b>POS/TPO &amp; Ameritas</b>	Health	1427.97	360.39	1788.36
	Dental	145.00	0.00	145.00
<b>POS/TPO &amp; Willamette</b>	Health	1427.97	360.39	1788.36
	Dental	105.40	0.00	105.40
<b>POS/TPO &amp; No Dental</b>	Health	1427.97	360.39	1788.36

POS/TPO= Point of Service/Triple Option

Health Net		Employee Paid	Employer Paid	Total
<b>PPO 100 &amp; Ameritas</b>	Health	1426.06	360.39	1786.45
	Dental	145.00	0.00	145.00
<b>PPO 100 &amp; Willamette</b>	Health	1426.06	360.39	1786.45
	Dental	105.40	0.00	105.40
<b>PPO 100 &amp; No Dental</b>	Health	1426.06	360.39	1786.45

PPO=Preferred Provider Organization

Health Net		Employee Paid	Employer Paid	Total
<b>PPO 200 &amp; Ameritas</b>	Health	1271.43	360.39	1631.82
	Dental	145.00	0.00	145.00
<b>PPO 200 &amp; Willamette</b>	Health	1271.43	360.39	1631.82
	Dental	105.40	0.00	105.40
<b>PPO 200 &amp; No Dental</b>	Health	1271.43	360.39	1631.82

PPO=Preferred Provider Organization

Health Net		Employee Paid	Employer Paid	Total
<b>HDHP &amp; Ameritas</b>	Health	674.21	360.39	1034.60
	Dental	145.00	0.00	145.00
<b>HDHP &amp; Willamette</b>	Health	674.21	360.39	1034.60
	Dental	105.40	0.00	105.40
<b>HDHP &amp; No Dental</b>	Health	674.21	360.39	1034.60

HDHP=High Deductible Health Plan

No Medical		Employee Paid	Employer Paid	Total
<b>Ameritas</b>	Vision	0.00	13.68	13.68
<b>Ameritas</b>	Dental	0.00	145.00	145.00
<b>Willamette</b>	Dental	0.00	105.40	105.40