

Plan Year 2024-2025

Monthly CAP

7-8 Hours/Day Classified Employees **\$ 1,723.00**

* Employer contribution (CAP) includes medical and dental premium

* Adding Dependent(s) to Medical and Dental plans has NO additional cost

PLAN A	Employer Paid	Employee Paid	Total
Pacific Source Navigator Voyager 100	1,654.43	-	1,654.43
<i>Dental Options</i>			
Ameritas	68.57	54.83	123.40
Kaiser	68.57	164.34	232.91
Willamette	68.57	47.18	115.75

Pacific Source Navigator and Voyager Network

PLAN B	Employer Paid	Employee Paid	Total
Pacific Source Navigator 100	1,723.00	693.15	2,416.15
<i>Dental Options</i>			
Ameritas	-	123.40	123.40
Kaiser	-	232.91	232.91
Willamette	-	115.75	115.75

PLAN C	Employer Paid	Employee Paid	Total
Pacific Source Navigator 1600	1,723.00	18.68	1,741.68
<i>Dental Options</i>			
Ameritas	-	123.40	123.40
Kaiser	-	232.91	232.91
Willamette	-	115.75	115.75

PLAN D	Employer Paid	Employee Paid	Total
Pacific Source Navigator 1600 High Deductible Health Plan	1,498.12	-	1,498.12
<i>Dental Options</i>			
Ameritas	123.40	-	123.40
Kaiser	224.88	8.03	232.91
Willamette	115.75	-	115.75

* WLWVSD will contribute 70% of the remaining CAP, if any, to an Health Savings Account (HSA)

PLAN E	Employer Paid	Employee Paid	Total
Kaiser Permanente EPO + Vision	1,561.48	-	1,561.48
<i>Dental Options</i>			
Ameritas	123.40	-	123.40
Kaiser	161.52	71.39	232.91
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
Employee + Family	-	20.20	20.20

*Vision Insurance is included in Kaiser Medical plan

Dental Only (No Medical)	Employer Paid	Employee Paid	Total
Ameritas Dental	123.40	-	123.40
Kaiser Permanente Dental	232.91	-	232.91
Willamette Dental	115.75	-	115.75

Plan Year 2024-2025

Monthly CAP

6-6.99 Hours/Day Classified Employees \$ 1,723.00 x 80% = \$ 1,378.40

* Employer contribution (CAP) includes medical and dental premium

* Adding Dependent(s) to Medical and Dental plans has NO additional cost

PLAN A	Employer Paid	Employee Paid	Total
Pacific Source Navigator Voyager 100	1,378.40	276.03	1,654.43
<i>Dental Options</i>			
Ameritas	-	123.40	123.40
Kaiser	-	232.91	232.91
Willamette	-	115.75	115.75

Pacific Source Navigator and Voyager Network

PLAN B	Employer Paid	Employee Paid	Total
Pacific Source Navigator 100	1,378.40	1,037.75	2,416.15
<i>Dental Options</i>			
Ameritas	-	123.40	123.40
Kaiser	-	232.91	232.91
Willamette	-	115.75	115.75

PLAN C	Employer Paid	Employee Paid	Total
Pacific Source Navigator 1600	1,378.40	363.28	1,741.68
<i>Dental Options</i>			
Ameritas	-	123.40	123.40
Kaiser	-	232.91	232.91
Willamette	-	115.75	115.75

PLAN D	Employer Paid	Employee Paid	Total
Pacific Source Navigator 1600 High Deductible Health Plan	1,378.40	119.72	1,498.12
<i>Dental Options</i>			
Ameritas	-	123.40	123.40
Kaiser	-	232.91	232.91
Willamette	-	115.75	115.75

* WLWVSD will contribute 70% of the remaining CAP, if any, to an Health Savings Account (HSA)

PLAN E	Employer Paid	Employee Paid	Total
Kaiser Permanente EPO + Vision	1,378.40	183.08	1,561.48
<i>Dental Options</i>			
Ameritas	-	123.40	123.40
Kaiser	-	232.91	232.91
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
Employee + Family	-	20.20	20.20

*Vision Insurance is included in Kaiser Medical plan

Dental Only (No Medical)	Employer Paid	Employee Paid	Total
Ameritas Dental	123.40	-	123.40
Kaiser Permanente Dental	232.91	-	232.91
Willamette Dental	115.75	-	115.75

Plan Year 2024-2025

Monthly CAP

4-5.99 Hours/Day Classified Employees \$ 1,723.00 x 60% = \$ 1,033.80

* Employer contribution (CAP) includes medical and dental premium

* Adding Dependent(s) to Medical and Dental plans has NO additional cost

PLAN A	Employer Paid	Employee Paid	Total
Pacific Source Navigator Voyager 100	1,033.80	620.63	1,654.43
<i>Dental Options</i>			
Ameritas	-	123.40	123.40
Kaiser	-	232.91	232.91
Willamette	-	115.75	115.75

Pacific Source Navigator and Voyager Network

PLAN B	Employer Paid	Employee Paid	Total
Pacific Source Navigator 100	1,033.80	1,382.35	2,416.15
<i>Dental Options</i>			
Ameritas	-	123.40	123.40
Kaiser	-	232.91	232.91
Willamette	-	115.75	115.75

PLAN C	Employer Paid	Employee Paid	Total
Pacific Source Navigator 1600	1,033.80	707.88	1,741.68
<i>Dental Options</i>			
Ameritas	-	123.40	123.40
Kaiser	-	232.91	232.91
Willamette	-	115.75	115.75

PLAN D	Employer Paid	Employee Paid	Total
Pacific Source Navigator 1600 High Deductible Health Plan	1,033.80	464.32	1,498.12
<i>Dental Options</i>			
Ameritas	-	123.40	123.40
Kaiser	-	232.91	232.91
Willamette	-	115.75	115.75

* WLWVSD will contribute 70% of the remaining CAP, if any, to an Health Savings Account (HSA)

PLAN E	Employer Paid	Employee Paid	Total
Kaiser Permanente EPO + Vision	1,033.80	527.68	1,561.48
<i>Dental Options</i>			
Ameritas	-	123.40	123.40
Kaiser	-	232.91	232.91
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
Employee + Family	-	20.20	20.20

*Vision Insurance is included in Kaiser Medical plan

Dental Only (No Medical)	Employer Paid	Employee Paid	Total
Ameritas Dental	123.40	-	123.40
Kaiser Permanente Dental	232.91	-	232.91
Willamette Dental	115.75	-	115.75