

Plan Year 2025-2026

Monthly CAP

7-8 Hours/Day Classified Employees **\$ 1,823.00**

* Employer contribution (CAP) includes medical and dental premium

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

Pkg A	Employer Paid	Employee Paid	Total
Pacific Source Navigator Voyager 200	1,823.00	78.29	1,901.29
<i>Dental Options</i>			
Ameritas	-	129.56	129.56
Kaiser	-	228.25	228.25
Willamette	-	120.25	120.25

Pacific Source Navigator and Voyager Network

Pkg B	Employer Paid	Employee Paid	Total
Pacific Source Navigator 200	1,823.00	967.94	2,790.94
<i>Dental Options</i>			
Ameritas	-	129.56	129.56
Kaiser	-	228.25	228.25
Willamette	-	120.25	120.25

Pkg C	Employer Paid	Employee Paid	Total
Pacific Source Navigator 3200	1,823.00	106.68	1,929.68
<i>Dental Options</i>			
Ameritas	-	129.56	129.56
Kaiser	-	228.25	228.25
Willamette	-	120.25	120.25

Pkg D	Employer Paid	Employee Paid	Total
Pacific Source Navigator 1650 High Deductible Health Pkg	1,718.93	-	1,718.93
<i>Dental Options</i>			
Ameritas	104.07	25.49	129.56
Kaiser	104.07	124.18	228.25
Willamette	104.07	16.18	120.25

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

Pkg E	Employer Paid	Employee Paid	Total
Kaiser Permanente EPO + Vision	1,682.66	-	1,682.66
<i>Dental Options</i>			
Ameritas	129.56	-	129.56
Kaiser	140.34	87.91	228.25
Willamette	120.25	-	120.25

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 Pkg

Dental Only (No Medical)	Employer Paid	Employee Paid	Total
Ameritas Dental	129.56	-	129.56
Kaiser Permanente Dental	228.25	-	228.25
Willamette Dental	120.25	-	120.25

Plan Year 2025-2026

Monthly CAP

6-6.99 Hours/Day Classified Employees \$ 1,823.00 x 80% = \$ 1,458.40

* Employer contribution (CAP) includes medical and dental premium

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

Pkg A	Employer Paid	Employee Paid	Total
Pacific Source Navigator Voyager 200	1,458.40	442.89	1,901.29
<i>Dental Options</i>			
Ameritas	-	129.56	129.56
Kaiser	-	228.25	228.25
Willamette	-	120.25	120.25

Pacific Source Navigator and Voyager Network

Pkg B	Employer Paid	Employee Paid	Total
Pacific Source Navigator 200	1,458.40	1,332.54	2,790.94
<i>Dental Options</i>			
Ameritas	-	129.56	129.56
Kaiser	-	228.25	228.25
Willamette	-	120.25	120.25

Pkg C	Employer Paid	Employee Paid	Total
Pacific Source Navigator 3200	1,458.40	471.28	1,929.68
<i>Dental Options</i>			
Ameritas	-	129.56	129.56
Kaiser	-	228.25	228.25
Willamette	-	120.25	120.25

Pkg D	Employer Paid	Employee Paid	Total
Pacific Source Navigator 1650 High Deductible Health Pkg	1,458.40	260.53	1,718.93
<i>Dental Options</i>			
Ameritas	-	129.56	129.56
Kaiser	-	228.25	228.25
Willamette	-	120.25	120.25

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

Pkg E	Employer Paid	Employee Paid	Total
Kaiser Permanente EPO + Vision	1,458.40	224.26	1,682.66
<i>Dental Options</i>			
Ameritas	-	129.56	129.56
Kaiser	-	228.25	228.25
Willamette	-	120.25	120.25

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 Pkg

Dental Only (No Medical)	Employer Paid	Employee Paid	Total
Ameritas Dental	129.56	-	129.56
Kaiser Permanente Dental	228.25	-	228.25
Willamette Dental	120.25	-	120.25

Plan Year 2025-2026

Monthly CAP

4-5.99 Hours/Day Classified Employees \$ 1,823.00 x 60% = \$ **1,093.80**

* Employer contribution (CAP) includes medical and dental premium

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

Pkg A	Employer Paid	Employee Paid	Total
Pacific Source Navigator Voyager 200	1,093.80	807.49	1,901.29
<i>Dental Options</i>			
Ameritas	-	129.56	129.56
Kaiser	-	228.25	228.25
Willamette	-	120.25	120.25

Pacific Source Navigator and Voyager Network

Pkg B	Employer Paid	Employee Paid	Total
Pacific Source Navigator 200	1,093.80	1,697.14	2,790.94
<i>Dental Options</i>			
Ameritas	-	129.56	129.56
Kaiser	-	228.25	228.25
Willamette	-	120.25	120.25

Pkg C	Employer Paid	Employee Paid	Total
Pacific Source Navigator 3200	1,093.80	835.88	1,929.68
<i>Dental Options</i>			
Ameritas	-	129.56	129.56
Kaiser	-	228.25	228.25
Willamette	-	120.25	120.25

Pkg D	Employer Paid	Employee Paid	Total
Pacific Source Navigator 1650 High Deductible Health Pkg	1,093.80	625.13	1,718.93
<i>Dental Options</i>			
Ameritas	-	129.56	129.56
Kaiser	-	228.25	228.25
Willamette	-	120.25	120.25

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

Pkg E	Employer Paid	Employee Paid	Total
Kaiser Permanente EPO + Vision	1,093.80	588.86	1,682.66
<i>Dental Options</i>			
Ameritas	-	129.56	129.56
Kaiser	-	228.25	228.25
Willamette	-	120.25	120.25

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 Pkg

Dental Only (No Medical)	Employer Paid	Employee Paid	Total
Ameritas Dental	129.56	-	129.56
Kaiser Permanente Dental	228.25	-	228.25
Willamette Dental	120.25	-	120.25