

Classified Retiree

Health Insurance

Health Net Community Care	
Employee Only	\$545.71
Employee and Spouse	\$1,146.00
Employee and Child(ren)	\$1,036.84
Employee and Family	\$1,527.96
Health Net EPO (HMO)	
Employee Only	\$796.96
Employee and Spouse	\$1,673.64
Employee and Child(ren)	\$1,514.21
Employee and Family	\$2,231.47
Health Net PPO 1500	
Employee Only	\$574.48
Employee and Spouse	\$1,206.44
Employee and Child(ren)	\$1,091.52
Employee and Family	\$1,608.56
Health Net HDHP	
Employee Only	\$494.15
Employee and Spouse	\$1,037.72
Employee and Child(ren)	\$938.87
Employee and Family	\$1,383.61
Kaiser EPO (HMO)*	
Employee Only	\$848.49
Employee and Spouse	\$1,696.96
Employee and Child(ren)	\$1,527.28
Employee and Family	\$2,545.45

Dental Insurance

Ameritas	
Employee Only	\$57.79
Employee + 1	\$112.32
Employee + 2 or more	\$178.00
Willamette	
Employee Only	\$60.84
Employee + 1	\$121.58
Employee + 2 or more	\$182.38
Kaiser	
Employee Only	\$137.19
Employee + 1	\$274.38
Employee + 2 or more	\$384.13

Vision Insurance

Eye Med	
Employee Only	\$7.02
Employee + Spouse	\$13.34
Employee + Child(ren)	\$14.04
Employee and Family	\$20.60

*Vision is included in Kaiser Medical

If you have any questions please contact:

Payroll & Benefits

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