

West Linn-Wilsonville School District #3J
Classified Insurance Deductions 2019-20 Post-Bargaining

Fulltime Employees

CAP \$1,248.00

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

	Employer	Employee	Premium
Health Net PPO	\$1,248.00	\$19.18	\$1,267.18
Dental Options			
Ameritas	\$0.00	\$117.52	\$117.52
Kaiser	\$0.00	\$237.66	\$237.66
Willamette	\$0.00	\$115.75	\$115.75

	Employer	Employee	Premium
Health Net HDHP*	\$1,089.97	\$0.00	\$1,089.97
Dental Options			
Ameritas	\$117.52	\$0.00	\$117.52
Kaiser	\$158.03	\$79.63	\$237.66
Willamette	\$115.75	\$0.00	\$115.75

	Employer	Employee	Premium
Health Net EPO (HMO)	\$1,248.00	\$509.90	\$1,757.90
Dental Options			
Ameritas	\$0.00	\$117.52	\$117.52
Kaiser	\$0.00	\$237.66	\$237.66
Willamette	\$0.00	\$115.75	\$115.75

	Employer	Employee	Premium
Kaiser	\$1,248.00	\$29.20	\$1,277.20
Dental Options			
Ameritas	\$0.00	\$117.52	\$117.52
Kaiser	\$0.00	\$237.66	\$237.66
Willamette	\$0.00	\$115.75	\$115.75

	Employer	Employee	Premium
Community Care	\$1,203.70	\$0.00	\$1,203.70
Dental Options			
Ameritas	\$44.30	\$73.22	\$117.52
Kaiser	\$44.30	\$193.36	\$237.66
Willamette	\$44.30	\$71.45	\$115.75

	Employer	Employee	Premium
Eye Med Vision			
Employee Only	\$0.00	\$6.88	\$6.88
Emp + Spouse	\$0.00	\$13.08	\$13.08
Emp + Child	\$0.00	\$13.76	\$13.76
Full Family	\$0.00	\$20.20	\$20.20

* WLWVSD will contribute 70% of the remaining cap to an HSA

If you have any questions please contact:

Payroll & Benefits

PR-Ben@wlwv.k12.or.us

	Employer	Employee	Premium
Dental Only (No Medical)			
Ameritas	\$117.52	\$0.00	\$117.52
Kaiser	\$237.66	\$0.00	\$237.66
Willamette	\$115.75	\$0.00	\$115.75

West Linn-Wilsonville School District #3J
Classified Insurance Deductions 2019-20 Post-Bargaining

6-6.99 Hours/day Employees

CAP \$1,248.00 X 80% = \$998.40

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

	Employer	Employee	Premium
Health Net PPO	\$998.40	\$268.78	\$1,267.18
Dental Options			
Ameritas	\$0.00	\$117.52	\$117.52
Kaiser	\$0.00	\$237.66	\$237.66
Willamette	\$0.00	\$115.75	\$115.75

	Employer	Employee	Premium
Health Net HDHP	\$998.40	\$91.57	\$1,089.97
Dental Options			
Ameritas	\$0.00	\$117.52	\$117.52
Kaiser	\$0.00	\$237.66	\$237.66
Willamette	\$0.00	\$115.75	\$115.75

	Employer	Employee	Premium
Health Net EPO (HMO)	\$998.40	\$759.50	\$1,757.90
Dental Options			
Ameritas	\$0.00	\$117.52	\$117.52
Kaiser	\$0.00	\$237.66	\$237.66
Willamette	\$0.00	\$115.75	\$115.75

	Employer	Employee	Premium
Kaiser	\$998.40	\$278.80	\$1,277.20
Dental Options			
Ameritas	\$0.00	\$117.52	\$117.52
Kaiser	\$0.00	\$237.66	\$237.66
Willamette	\$0.00	\$115.75	\$115.75

	Employer	Employee	Premium
Community Care	\$998.40	\$205.30	\$1,203.70
Dental Options			
Ameritas	\$0.00	\$117.52	\$117.52
Kaiser	\$0.00	\$237.66	\$237.66
Willamette	\$0.00	\$115.75	\$115.75

	Employer	Employee	Premium
Eye Med Vision			
Employee Only	\$0.00	\$6.88	\$6.88
Emp + Spouse	\$0.00	\$13.08	\$13.08
Emp + Child	\$0.00	\$13.76	\$13.76
Full Family	\$0.00	\$20.20	\$20.20

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	Employer	Employee	Premium
Dental Only (No Medical)			
Ameritas	\$117.52	\$0.00	\$117.52
Kaiser	\$237.66	\$0.00	\$237.66
Willamette	\$115.75	\$0.00	\$115.75

West Linn-Wilsonville School District #3J
Classified Insurance Deductions 2019-20 Post-Bargaining

4-5.99 Hours/day Employees

CAP \$1,248.00 X 60%= \$748.80

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	Employer	Employee	Premium
Health Net PPO	\$748.80	\$518.38	\$1,267.18
Dental Options			
Ameritas	\$0.00	\$117.52	\$117.52
Kaiser	\$0.00	\$237.66	\$237.66
Willamette	\$0.00	\$115.75	\$115.75

	Employer	Employee	Premium
Health Net HDHP	\$748.80	\$341.17	\$1,089.97
Dental Options			
Ameritas	\$0.00	\$117.52	\$117.52
Kaiser	\$0.00	\$237.66	\$237.66
Willamette	\$0.00	\$115.75	\$115.75

	Employer	Employee	Premium
Health Net EPO (HMO)	\$748.80	\$1,009.10	\$1,757.90
Dental Options			
Ameritas	\$0.00	\$117.52	\$117.52
Kaiser	\$0.00	\$237.66	\$237.66
Willamette	\$0.00	\$115.75	\$115.75

	Employer	Employee	Premium
Kaiser	\$748.80	\$528.40	\$1,277.20
Dental Options			
Ameritas	\$0.00	\$117.52	\$117.52
Kaiser	\$0.00	\$237.66	\$237.66
Willamette	\$0.00	\$115.75	\$115.75

	Employer	Employee	Premium
Community Care	\$748.80	\$454.90	\$1,203.70
Dental Options			
Ameritas	\$0.00	\$117.52	\$117.52
Kaiser	\$0.00	\$237.66	\$237.66
Willamette	\$0.00	\$115.75	\$115.75

	Employer	Employee	Premium
Eye Med Vision			
Employee Only	\$0.00	\$6.88	\$6.88
Emp + Spouse	\$0.00	\$13.08	\$13.08
Emp + Child	\$0.00	\$13.76	\$13.76
Full Family	\$0.00	\$20.20	\$20.20

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	Employer	Employee	Premium
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Ameritas	\$117.52	\$0.00	\$117.52
Kaiser	\$237.66	\$0.00	\$237.66
Willamette	\$115.75	\$0.00	\$115.75