

Plan Year 2021-2022

CAPS

7-8 Hours/Day Classified Employees **\$ 1,523.00**

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

Pacific Source	Employer Paid	Employee Paid	Total
Pathfinder 100	1,523.00	611.68	2,134.68
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
Pathfinder 1600	1,523.00	15.78	1,538.78
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
Pathfinder Voyager 100	1,461.69	-	1,461.69
Dental Options			
Ameritas	61.31	56.21	117.52
Kaiser	61.31	176.35	237.66
Willamette	61.31	54.44	115.75

Pacific Source	Employer Paid	Employee Paid	Total
Pathfinder 1600 HDHP	1,323.59	-	1,323.59
Dental Options			
Ameritas	117.52	-	117.52
Kaiser	199.41	38.25	237.66
Willamette	115.75	-	115.75

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

Kaiser	Employer Paid	Employee Paid	Total
EPO (HMO) + Vision	1,276.09	-	1,276.09
Dental Options			
Ameritas	117.52	-	117.52
Kaiser	237.66	-	237.66
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
Full Family	-	20.20	20.20

***Vision Insurance is included in Kaiser Medical plan**

Dental Only (No Medical)	Employer Paid	Employee Paid	Total
Ameritas	117.52	-	117.52
Kaiser	237.66	-	237.66
Willamette	115.75	-	115.75

Plan Year 2021-2022

CAPS

6-6.99 Hours/Day Classified Employees \$ 1,523.00 x 80% = \$ 1,218.40

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

Pacific Source	Employer Paid	Employee Paid	Total
Pathfinder 100	1,218.40	916.28	2,134.68
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
Pathfinder 1600	1,218.40	320.38	1,538.78
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
Pathfinder Voyager 100	1,218.40	243.29	1,461.69
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
Pathfinder 1600 HDHP	1,218.40	105.19	1,323.59
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

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

Kaiser	Employer Paid	Employee Paid	Total
EPO (HMO) + Vision	1,218.40	57.69	1,276.09
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
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
Full Family	-	20.20	20.20

***Vision Insurance is included in Kaiser Medical plan**

Dental Only (No Medical)	Employer Paid	Employee Paid	Total
Ameritas	117.52	-	117.52
Kaiser	237.66	-	237.66
Willamette	115.75	-	115.75

Plan Year 2021-2022

CAPS

4-5.99 Hours/Day Classified Employees \$ 1,523.00 x 60% = \$ **913.80**

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

Pacific Source	Employer Paid	Employee Paid	Total
Pathfinder 100	913.80	1,220.88	2,134.68
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
Pathfinder 1600	913.80	624.98	1,538.78
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
Pathfinder Voyager 100	913.80	547.89	1,461.69
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
Pathfinder 1600 HDHP	913.80	409.79	1,323.59
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

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

Kaiser	Employer Paid	Employee Paid	Total
EPO (HMO) + Vision	913.80	362.29	1,276.09
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
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
Full Family	-	20.20	20.20

***Vision Insurance is included in Kaiser Medical plan**

Dental Only (No Medical)	Employer Paid	Employee Paid	Total
Ameritas	117.52	-	117.52
Kaiser	237.66	-	237.66
Willamette	115.75	-	115.75