

## Plan Year 2025-2026

<b>Pre Pooling - Full Time</b>	<b>1 FTE</b>	<b>Monthly CAP</b>	<b>\$1,990.00</b>
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\* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$1,987.89**

\* Vision insurance is included in all Medical Pkgs

\* Adding Dependent(s) to coverage has NO additional cost

Pkg A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	1,987.89	1,057.94	3,045.83
	Dental	-	162.28	162.28
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,987.89	1,057.94	3,045.83
	Dental	-	120.25	120.25
Pacific Source Navigator Voyager 100 & No Dental	Health	1,987.89	1,057.94	3,045.83

Pacific Source Navigator and Voyager Network

Pkg B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,987.89	791.33	2,779.22
	Dental	-	162.28	162.28
Pacific Source Navigator 300 & Willamette Dental	Health	1,987.89	791.33	2,779.22
	Dental	-	120.25	120.25
Pacific Source Navigator 300 & No Dental	Health	1,987.89	791.33	2,779.22

Pkg C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP & Ameritas Dental	Health	1,762.07	-	1,762.07
	Dental	162.28	-	162.28
Pacific Source Navigator 1650 HDHP & Willamette Dental	Health	1,762.07	-	1,762.07
	Dental	120.25	-	120.25
Pacific Source Navigator 1650 HDHP & No Dental	Health	1,762.07	-	1,762.07

HDHP = High Deductible Medical Pkg

Pkg D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	1,762.07	-	1,762.07
	Dental	162.28	-	162.28
Pacific Source Navigator 1650 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,762.07	-	1,762.07
	Dental	120.25	-	120.25
Pacific Source Navigator 1650 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,762.07	-	1,762.07

### \*Health Saving Accounts (HSA)

The WLWV SD may contribute to the HSA. The amount will be determined after Open Enrollment based on the excess of the pooling.

Pkg E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,987.89	4.86	1,992.75
	Dental	-	162.28	162.28
Kaiser Permanente EPO & Willamette Dental	Health	1,987.89	4.86	1,992.75
	Dental	-	120.25	120.25
Kaiser Permanente EPO & No Dental	Health	1,987.89	4.86	1,992.75

EPO = Exclusive Provider Organization (formally known as our HMO Pkg)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	162.28	-	162.28
Willamette Dental	Dental	120.25	-	120.25

## Plan Year 2025-2026

<b>Pre Pooling - Part Time</b>	<b>0.83 FTE</b>	<b>Monthly CAP</b>	<b>\$1,651.70</b>
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\* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$1,649.59**

\* Vision insurance is included in all Medical Pkgs

\* Adding Dependent(s) to coverage has NO additional cost

Pkg A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	1,649.59	1,396.24	3,045.83
	Dental	-	162.28	162.28
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,649.59	1,396.24	3,045.83
	Dental	-	120.25	120.25
Pacific Source Navigator Voyager 100 & No Dental	Health	1,649.59	1,396.24	3,045.83

Pacific Source Navigator and Voyager Network

Pkg B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,649.59	1,129.63	2,779.22
	Dental	-	162.28	162.28
Pacific Source Navigator 300 & Willamette Dental	Health	1,649.59	1,129.63	2,779.22
	Dental	-	120.25	120.25
Pacific Source Navigator 300 & No Dental	Health	1,649.59	1,129.63	2,779.22

Pkg C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP & Ameritas Dental	Health	1,649.59	112.48	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP & Willamette Dental	Health	1,649.59	112.48	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP & No Dental	Health	1,649.59	112.48	1,762.07

HDHP = High Deductible Medical Pkg

Pkg D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	1,649.59	112.48	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,649.59	112.48	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,649.59	112.48	1,762.07

### \*Health Saving Accounts (HSA)

The WLWV SD may contribute to the HSA. The amount will be determined after Open Enrollment based on the excess of the pooling.

Pkg E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,649.59	343.16	1,992.75
	Dental	-	162.28	162.28
Kaiser Permanente EPO & Willamette Dental	Health	1,649.59	343.16	1,992.75
	Dental	-	120.25	120.25
Kaiser Permanente EPO & No Dental	Health	1,649.59	343.16	1,992.75

EPO = Exclusive Provider Organization (formally known as our HMO Pkg)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	162.28	-	162.28
Willamette Dental	Dental	120.25	-	120.25

## Plan Year 2025-2026

<b>Pre Pooling - Part Time</b>	<b>0.8 FTE</b>	<b>Monthly CAP</b>	<b>\$1,592.00</b>
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\* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$1,589.89**

\* Vision insurance is included in all Medical Pkgs

\* Adding Dependent(s) to coverage has NO additional cost

Pkg A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	1,589.89	1,455.94	3,045.83
	Dental	-	162.28	162.28
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,589.89	1,455.94	3,045.83
	Dental	-	120.25	120.25
Pacific Source Navigator Voyager 100 & No Dental	Health	1,589.89	1,455.94	3,045.83

Pacific Source Navigator and Voyager Network

Pkg B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,589.89	1,189.33	2,779.22
	Dental	-	162.28	162.28
Pacific Source Navigator 300 & Willamette Dental	Health	1,589.89	1,189.33	2,779.22
	Dental	-	120.25	120.25
Pacific Source Navigator 300 & No Dental	Health	1,589.89	1,189.33	2,779.22

Pkg C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP & Ameritas Dental	Health	1,589.89	172.18	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP & Willamette Dental	Health	1,589.89	172.18	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP & No Dental	Health	1,589.89	172.18	1,762.07

HDHP = High Deductible Medical Pkg

Pkg D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	1,589.89	172.18	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,589.89	172.18	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,589.89	172.18	1,762.07

### \*Health Saving Accounts (HSA)

The WLWV SD may contribute to the HSA. The amount will be determined after Open Enrollment based on the excess of the pooling.

Pkg E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,589.89	402.86	1,992.75
	Dental	-	162.28	162.28
Kaiser Permanente EPO & Willamette Dental	Health	1,589.89	402.86	1,992.75
	Dental	-	120.25	120.25
Kaiser Permanente EPO & No Dental	Health	1,589.89	402.86	1,992.75

EPO = Exclusive Provider Organization (formally known as our HMO Pkg)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	162.28	-	162.28
Willamette Dental	Dental	120.25	-	120.25

## Plan Year 2025-2026

<b>Pre Pooling - Part Time</b>	<b>0.7 FTE</b>	<b>Monthly CAP</b>	<b>\$1,393.00</b>
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\* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$1,390.89**

\* Vision insurance is included in all Medical Pkgs

\* Adding Dependent(s) to coverage has NO additional cost

Pkg A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	1,390.89	1,654.94	3,045.83
	Dental	-	162.28	162.28
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,390.89	1,654.94	3,045.83
	Dental	-	120.25	120.25
Pacific Source Navigator Voyager 100 & No Dental	Health	1,390.89	1,654.94	3,045.83

Pacific Source Navigator and Voyager Network

Pkg B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,390.89	1,388.33	2,779.22
	Dental	-	162.28	162.28
Pacific Source Navigator 300 & Willamette Dental	Health	1,390.89	1,388.33	2,779.22
	Dental	-	120.25	120.25
Pacific Source Navigator 300 & No Dental	Health	1,390.89	1,388.33	2,779.22

Pkg C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP & Ameritas Dental	Health	1,390.89	371.18	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP & Willamette Dental	Health	1,390.89	371.18	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP & No Dental	Health	1,390.89	371.18	1,762.07

HDHP = High Deductible Medical Pkg

Pkg D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	1,390.89	371.18	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,390.89	371.18	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,390.89	371.18	1,762.07

### \*Health Saving Accounts (HSA)

The WLWV SD may contribute to the HSA. The amount will be determined after Open Enrollment based on the excess of the pooling.

Pkg E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,390.89	601.86	1,992.75
	Dental	-	162.28	162.28
Kaiser Permanente EPO & Willamette Dental	Health	1,390.89	601.86	1,992.75
	Dental	-	120.25	120.25
Kaiser Permanente EPO & No Dental	Health	1,390.89	601.86	1,992.75

EPO = Exclusive Provider Organization (formally known as our HMO Pkg)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	162.28	-	162.28
Willamette Dental	Dental	120.25	-	120.25

## Plan Year 2025-2026

<b>Pre Pooling - Part Time</b>	<b>0.67 FTE</b>	<b>Monthly CAP</b>	<b>\$1,333.30</b>
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\* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$1,331.19**

\* Vision insurance is included in all Medical Pkgs

\* Adding Dependent(s) to coverage has NO additional cost

Pkg A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	1,331.19	1,714.64	3,045.83
	Dental	-	162.28	162.28
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,331.19	1,714.64	3,045.83
	Dental	-	120.25	120.25
Pacific Source Navigator Voyager 100 & No Dental	Health	1,331.19	1,714.64	3,045.83

Pacific Source Navigator and Voyager Network

Pkg B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,331.19	1,448.03	2,779.22
	Dental	-	162.28	162.28
Pacific Source Navigator 300 & Willamette Dental	Health	1,331.19	1,448.03	2,779.22
	Dental	-	120.25	120.25
Pacific Source Navigator 300 & No Dental	Health	1,331.19	1,448.03	2,779.22

Pkg C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP & Ameritas Dental	Health	1,331.19	430.88	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP & Willamette Dental	Health	1,331.19	430.88	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP & No Dental	Health	1,331.19	430.88	1,762.07

HDHP = High Deductible Medical Pkg

Pkg D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	1,331.19	430.88	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,331.19	430.88	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,331.19	430.88	1,762.07

### \*Health Saving Accounts (HSA)

The WLWV SD may contribute to the HSA. The amount will be determined after Open Enrollment based on the excess of the pooling.

Pkg E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,331.19	661.56	1,992.75
	Dental	-	162.28	162.28
Kaiser Permanente EPO & Willamette Dental	Health	1,331.19	661.56	1,992.75
	Dental	-	120.25	120.25
Kaiser Permanente EPO & No Dental	Health	1,331.19	661.56	1,992.75

EPO = Exclusive Provider Organization (formally known as our HMO Pkg)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	162.28	-	162.28
Willamette Dental	Dental	120.25	-	120.25

## Plan Year 2025-2026

<b>Pre Pooling - Part Time</b>	<b>0.66 FTE</b>	<b>Monthly CAP</b>	<b>\$1,313.40</b>
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\* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$1,311.29**

\* Vision insurance is included in all Medical Pkgs

\* Adding Dependent(s) to coverage has NO additional cost

Pkg A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	1,311.29	1,734.54	3,045.83
	Dental	-	162.28	162.28
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,311.29	1,734.54	3,045.83
	Dental	-	120.25	120.25
Pacific Source Navigator Voyager 100 & No Dental	Health	1,311.29	1,734.54	3,045.83

Pacific Source Navigator and Voyager Network

Pkg B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,311.29	1,467.93	2,779.22
	Dental	-	162.28	162.28
Pacific Source Navigator 300 & Willamette Dental	Health	1,311.29	1,467.93	2,779.22
	Dental	-	120.25	120.25
Pacific Source Navigator 300 & No Dental	Health	1,311.29	1,467.93	2,779.22

Pkg C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP & Ameritas Dental	Health	1,311.29	450.78	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP & Willamette Dental	Health	1,311.29	450.78	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP & No Dental	Health	1,311.29	450.78	1,762.07

HDHP = High Deductible Medical Pkg

Pkg D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	1,311.29	450.78	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,311.29	450.78	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,311.29	450.78	1,762.07

### \*Health Saving Accounts (HSA)

The WLWV SD may contribute to the HSA. The amount will be determined after Open Enrollment based on the excess of the pooling.

Pkg E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,311.29	681.46	1,992.75
	Dental	-	162.28	162.28
Kaiser Permanente EPO & Willamette Dental	Health	1,311.29	681.46	1,992.75
	Dental	-	120.25	120.25
Kaiser Permanente EPO & No Dental	Health	1,311.29	681.46	1,992.75

EPO = Exclusive Provider Organization (formally known as our HMO Pkg)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	162.28	-	162.28
Willamette Dental	Dental	120.25	-	120.25

## Plan Year 2025-2026

<b>Pre Pooling - Part Time</b>	<b>0.6 FTE</b>	<b>Monthly CAP</b>	<b>\$1,194.00</b>
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\* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$1,191.89**

\* Vision insurance is included in all Medical Pkgs

\* Adding Dependent(s) to coverage has NO additional cost

Pkg A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	1,191.89	1,853.94	3,045.83
	Dental	-	162.28	162.28
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,191.89	1,853.94	3,045.83
	Dental	-	120.25	120.25
Pacific Source Navigator Voyager 100 & No Dental	Health	1,191.89	1,853.94	3,045.83

Pacific Source Navigator and Voyager Network

Pkg B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,191.89	1,587.33	2,779.22
	Dental	-	162.28	162.28
Pacific Source Navigator 300 & Willamette Dental	Health	1,191.89	1,587.33	2,779.22
	Dental	-	120.25	120.25
Pacific Source Navigator 300 & No Dental	Health	1,191.89	1,587.33	2,779.22

Pkg C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP & Ameritas Dental	Health	1,191.89	570.18	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP & Willamette Dental	Health	1,191.89	570.18	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP & No Dental	Health	1,191.89	570.18	1,762.07

HDHP = High Deductible Medical Pkg

Pkg D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	1,191.89	570.18	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,191.89	570.18	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,191.89	570.18	1,762.07

### \*Health Saving Accounts (HSA)

The WLWV SD may contribute to the HSA. The amount will be determined after Open Enrollment based on the excess of the pooling.

Pkg E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,191.89	800.86	1,992.75
	Dental	-	162.28	162.28
Kaiser Permanente EPO & Willamette Dental	Health	1,191.89	800.86	1,992.75
	Dental	-	120.25	120.25
Kaiser Permanente EPO & No Dental	Health	1,191.89	800.86	1,992.75

EPO = Exclusive Provider Organization (formally known as our HMO Pkg)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	162.28	-	162.28
Willamette Dental	Dental	120.25	-	120.25

## Plan Year 2025-2026

<b>Pre Pooling - Part Time</b>	<b>0.5 FTE</b>	<b>Monthly CAP</b>	<b>\$995.00</b>
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\* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$992.89**

\* Vision insurance is included in all Medical Pkgs

\* Adding Dependent(s) to coverage has NO additional cost

Pkg A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	992.89	2,052.94	3,045.83
	Dental	-	162.28	162.28
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	992.89	2,052.94	3,045.83
	Dental	-	120.25	120.25
Pacific Source Navigator Voyager 100 & No Dental	Health	992.89	2,052.94	3,045.83

Pacific Source Navigator and Voyager Network

Pkg B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	992.89	1,786.33	2,779.22
	Dental	-	162.28	162.28
Pacific Source Navigator 300 & Willamette Dental	Health	992.89	1,786.33	2,779.22
	Dental	-	120.25	120.25
Pacific Source Navigator 300 & No Dental	Health	992.89	1,786.33	2,779.22

Pkg C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP & Ameritas Dental	Health	992.89	769.18	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP & Willamette Dental	Health	992.89	769.18	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP & No Dental	Health	992.89	769.18	1,762.07

HDHP = High Deductible Medical Pkg

Pkg D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	992.89	769.18	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	992.89	769.18	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP + HSA & No Dental	HSA	-	-	-
	Health	992.89	769.18	1,762.07

### \*Health Saving Accounts (HSA)

The WLWV SD may contribute to the HSA. The amount will be determined after Open Enrollment based on the excess of the pooling.

Pkg E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	992.89	999.86	1,992.75
	Dental	-	162.28	162.28
Kaiser Permanente EPO & Willamette Dental	Health	992.89	999.86	1,992.75
	Dental	-	120.25	120.25
Kaiser Permanente EPO & No Dental	Health	992.89	999.86	1,992.75

EPO = Exclusive Provider Organization (formally known as our HMO Pkg)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	162.28	-	162.28
Willamette Dental	Dental	120.25	-	120.25



## Plan Year 2025-2026

<b>No Pooling - Part Time</b>	<b>0.4 FTE</b>	<b>Monthly CAP</b>	<b>\$796.00</b>
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\* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$793.89**

\* Vision insurance is included in all Medical Pkgs

\* Adding Dependent(s) to coverage has NO additional cost

Pkg A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	793.89	2,251.94	3,045.83
	Dental	-	162.28	162.28
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	793.89	2,251.94	3,045.83
	Dental	-	120.25	120.25
Pacific Source Navigator Voyager 100 & No Dental	Health	793.89	2,251.94	3,045.83

Pacific Source Navigator and Voyager Network

Pkg B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	793.89	1,985.33	2,779.22
	Dental	-	162.28	162.28
Pacific Source Navigator 300 & Willamette Dental	Health	793.89	1,985.33	2,779.22
	Dental	-	120.25	120.25
Pacific Source Navigator 300 & No Dental	Health	793.89	1,985.33	2,779.22

Pkg C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP & Ameritas Dental	Health	793.89	968.18	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP & Willamette Dental	Health	793.89	968.18	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP & No Dental	Health	793.89	968.18	1,762.07

HDHP = High Deductible Medical Pkg

Pkg D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	793.89	968.18	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	793.89	968.18	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP + HSA & No Dental	HSA	-	-	-
	Health	793.89	968.18	1,762.07

### \*Health Saving Accounts (HSA)

The WLWV SD may contribute to the HSA. The amount will be determined after Open Enrollment based on the excess of the pooling.

Pkg E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	793.89	1,198.86	1,992.75
	Dental	-	162.28	162.28
Kaiser Permanente EPO & Willamette Dental	Health	793.89	1,198.86	1,992.75
	Dental	-	120.25	120.25
Kaiser Permanente EPO & No Dental	Health	793.89	1,198.86	1,992.75

EPO = Exclusive Provider Organization (formally known as our HMO Pkg)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	162.28	-	162.28
Willamette Dental	Dental	120.25	-	120.25

## Plan Year 2025-2026

<b>No Pooling - Part Time</b>	<b>0.33 FTE</b>	<b>Monthly CAP</b>	<b>\$656.70</b>
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\* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

$$\text{Remaining} = \text{CAP} - \$1.90 (\text{Basic Life}) - \$0.21 (\text{Dependent Life}) = \mathbf{\$654.59}$$

\* Vision insurance is included in all Medical Pkgs

\* Adding Dependent(s) to coverage has NO additional cost

Pkg A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	654.59	2,391.24	3,045.83
	Dental	-	162.28	162.28
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	654.59	2,391.24	3,045.83
	Dental	-	120.25	120.25
Pacific Source Navigator Voyager 100 & No Dental	Health	654.59	2,391.24	3,045.83

Pacific Source Navigator and Voyager Network

Pkg B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	654.59	2,124.63	2,779.22
	Dental	-	162.28	162.28
Pacific Source Navigator 300 & Willamette Dental	Health	654.59	2,124.63	2,779.22
	Dental	-	120.25	120.25
Pacific Source Navigator 300 & No Dental	Health	654.59	2,124.63	2,779.22

Pkg C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP & Ameritas Dental	Health	654.59	1,107.48	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP & Willamette Dental	Health	654.59	1,107.48	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP & No Dental	Health	654.59	1,107.48	1,762.07

HDHP = High Deductible Medical Pkg

Pkg D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	654.59	1,107.48	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	654.59	1,107.48	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP + HSA & No Dental	HSA	-	-	-
	Health	654.59	1,107.48	1,762.07

### \*Health Saving Accounts (HSA)

The WLWV SD may contribute to the HSA. The amount will be determined after Open Enrollment based on the excess of the pooling.

Pkg E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	654.59	1,338.16	1,992.75
	Dental	-	162.28	162.28
Kaiser Permanente EPO & Willamette Dental	Health	654.59	1,338.16	1,992.75
	Dental	-	120.25	120.25
Kaiser Permanente EPO & No Dental	Health	654.59	1,338.16	1,992.75

EPO = Exclusive Provider Organization (formally known as our HMO Pkg)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	162.28	-	162.28
Willamette Dental	Dental	120.25	-	120.25

## Plan Year 2025-2026

<b>No Pooling - Part Time</b>	<b>0.3 FTE</b>	<b>Monthly CAP</b>	<b>\$597.00</b>
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\* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$594.89**

\* Vision insurance is included in all Medical Pkgs

\* Adding Dependent(s) to coverage has NO additional cost

Pkg A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	594.89	2,450.94	3,045.83
	Dental	-	162.28	162.28
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	594.89	2,450.94	3,045.83
	Dental	-	120.25	120.25
Pacific Source Navigator Voyager 100 & No Dental	Health	594.89	2,450.94	3,045.83

Pacific Source Navigator and Voyager Network

Pkg B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	594.89	2,184.33	2,779.22
	Dental	-	162.28	162.28
Pacific Source Navigator 300 & Willamette Dental	Health	594.89	2,184.33	2,779.22
	Dental	-	120.25	120.25
Pacific Source Navigator 300 & No Dental	Health	594.89	2,184.33	2,779.22

Pkg C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP & Ameritas Dental	Health	594.89	1,167.18	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP & Willamette Dental	Health	594.89	1,167.18	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP & No Dental	Health	594.89	1,167.18	1,762.07

HDHP = High Deductible Medical Pkg

Pkg D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	594.89	1,167.18	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	594.89	1,167.18	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP + HSA & No Dental	HSA	-	-	-
	Health	594.89	1,167.18	1,762.07

### \*Health Saving Accounts (HSA)

The WLWV SD may contribute to the HSA. The amount will be determined after Open Enrollment based on the excess of the pooling.

Pkg E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	594.89	1,397.86	1,992.75
	Dental	-	162.28	162.28
Kaiser Permanente EPO & Willamette Dental	Health	594.89	1,397.86	1,992.75
	Dental	-	120.25	120.25
Kaiser Permanente EPO & No Dental	Health	594.89	1,397.86	1,992.75

EPO = Exclusive Provider Organization (formally known as our HMO Pkg)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	154.56	-	154.56
Willamette Dental	Dental	120.25	-	120.25

## Plan Year 2025-2026

<b>No Pooling - Part Time</b>	<b>0.2 FTE</b>	<b>Monthly CAP</b>	<b>\$398.00</b>
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\* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

$$\text{Remaining} = \text{CAP} - \$1.90 (\text{Basic Life}) - \$0.21 (\text{Dependent Life}) = \mathbf{\$395.89}$$

\* Vision insurance is included in all Medical Pkgs

\* Adding Dependent(s) to coverage has NO additional cost

Pkg A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	395.89	2,649.94	3,045.83
	Dental	-	162.28	162.28
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	395.89	2,649.94	3,045.83
	Dental	-	120.25	120.25
Pacific Source Navigator Voyager 100 & No Dental	Health	395.89	2,649.94	3,045.83

Pacific Source Navigator and Voyager Network

Pkg B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	395.89	2,383.33	2,779.22
	Dental	-	162.28	162.28
Pacific Source Navigator 300 & Willamette Dental	Health	395.89	2,383.33	2,779.22
	Dental	-	120.25	120.25
Pacific Source Navigator 300 & No Dental	Health	395.89	2,383.33	2,779.22

Pkg C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP & Ameritas Dental	Health	395.89	1,366.18	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP & Willamette Dental	Health	395.89	1,366.18	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP & No Dental	Health	395.89	1,366.18	1,762.07

HDHP = High Deductible Medical Pkg

Pkg D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	395.89	1,366.18	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	395.89	1,366.18	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP + HSA & No Dental	HSA	-	-	-
	Health	395.89	1,366.18	1,762.07

### \*Health Saving Accounts (HSA)

The WLWV SD may contribute to the HSA. The amount will be determined after Open Enrollment based on the excess of the pooling.

Pkg E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	395.89	1,596.86	1,992.75
	Dental	-	162.28	162.28
Kaiser Permanente EPO & Willamette Dental	Health	395.89	1,596.86	1,992.75
	Dental	-	120.25	120.25
Kaiser Permanente EPO & No Dental	Health	395.89	1,596.86	1,992.75

EPO = Exclusive Provider Organization (formally known as our HMO Pkg)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	162.28	-	162.28
Willamette Dental	Dental	120.25	-	120.25

## Plan Year 2025-2026

<b>No Pooling - Part Time</b>	<b>0.17 FTE</b>	<b>Monthly CAP</b>	<b>\$338.30</b>
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\* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

$$\text{Remaining} = \text{CAP} - \$1.90 (\text{Basic Life}) - \$0.21 (\text{Dependent Life}) = \$336.19$$

\* Vision insurance is included in all Medical Pkgs

\* Adding Dependent(s) to coverage has NO additional cost

Pkg A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	336.19	2,709.64	3,045.83
	Dental	-	162.28	162.28
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	336.19	2,709.64	3,045.83
	Dental	-	120.25	120.25
Pacific Source Navigator Voyager 100 & No Dental	Health	336.19	2,709.64	3,045.83

Pacific Source Navigator and Voyager Network

Pkg B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	336.19	2,443.03	2,779.22
	Dental	-	162.28	162.28
Pacific Source Navigator 300 & Willamette Dental	Health	336.19	2,443.03	2,779.22
	Dental	-	120.25	120.25
Pacific Source Navigator 300 & No Dental	Health	336.19	2,443.03	2,779.22

Pkg C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP & Ameritas Dental	Health	336.19	1,425.88	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP & Willamette Dental	Health	336.19	1,425.88	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP & No Dental	Health	336.19	1,425.88	1,762.07

HDHP = High Deductible Medical Pkg

Pkg D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	336.19	1,425.88	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	336.19	1,425.88	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP + HSA & No Dental	HSA	-	-	-
	Health	336.19	1,425.88	1,762.07

### \*Health Saving Accounts (HSA)

The WLWV SD may contribute to the HSA. The amount will be determined after Open Enrollment based on the excess of the pooling.

Pkg E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	336.19	1,656.56	1,992.75
	Dental	-	162.28	162.28
Kaiser Permanente EPO & Willamette Dental	Health	336.19	1,656.56	1,992.75
	Dental	-	120.25	120.25
Kaiser Permanente EPO & No Dental	Health	336.19	1,656.56	1,992.75

EPO = Exclusive Provider Organization (formally known as our HMO Pkg)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	162.28	-	162.28
Willamette Dental	Dental	120.25	-	120.25