Post Pooling - Full Time 1 FTE Monthly CAP \$2,235.62

* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

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

\$2,233.51

* 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	2,233.51	812.32	3,045.83
	Dental	-	162.28	162.28
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	2,233.51	812.32	3,045.83
	Dental	-	120.25	120.25
Pacific Source Navigator Voyager 100 & No Dental	Health	2,233.51	812.32	3,045.83

Pacific Source Navigator and Voyager Network

Pkg B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	2,233.51	545.71	2,779.22
	Dental	-	162.28	162.28
Pacific Source Navigator 300 & Willamette Dental	Health	2,233.51	545.71	2,779.22
	Dental	-	120.25	120.25
Pacific Source Navigator 300 & No Dental	Health	2,233.51	545.71	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	305.65	-	305.65
	Health	1,762.07	-	1,762.07
	Dental	162.28	-	162.28
Pacific Source Navigator 1650 HDHP + HSA & Willamette Dental	HSA	347.68	-	347.68
	Health	1,762.07	-	1,762.07
	Dental	120.25	-	120.25
Pacific Source Navigator 1650 HDHP + HSA & No Dental	HSA	358.33	-	358.33
	Health	1,762.07	-	1,762.07

*Health Saving Accounts (HSA)		Single	Family
Employee is to reach out to PR-Ben@wlwv.k12.or.us to create QLE	2025 IRS Annual Limit	4300	8550
to update HSA employee contribution during the year.	2026 IRS Annual Limit	4400	8750

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

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

^{*} Vision insurance is included in all Medical Pkgs

Post Pooling - Part Time 0.83 FTE Monthly CAP \$1,855.56

* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

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

\$1,853.45

* 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	1,853.45	1,192.38	3,045.83
	Dental	-	162.28	162.28
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,853.45	1,192.38	3,045.83
	Dental	-	120.25	120.25
Pacific Source Navigator Voyager 100 & No Dental	Health	1,853.45	1,192.38	3,045.83

Pacific Source Navigator and Voyager Network

Pkg B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,853.45	925.77	2,779.22
	Dental	-	162.28	162.28
Pacific Source Navigator 300 & Willamette Dental	Health	1,853.45	925.77	2,779.22
	Dental	-	120.25	120.25
Pacific Source Navigator 300 & No Dental	Health	1,853.45	925.77	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	91.38	70.90	162.28
Pacific Source Navigator 1650 HDHP & Willamette Dental	Health	1,762.07	-	1,762.07
	Dental	91.38	28.87	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	91.38	70.90	162.28
Pacific Source Navigator 1650 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,762.07	-	1,762.07
	Dental	91.38	28.87	120.25
Pacific Source Navigator 1650 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,762.07	-	1,762.07

*Health Saving Accounts (HSA)		Single	Family
Employee is to reach out to PR-Ben@wlwv.k12.or.us to create	2025 IRS Annual Limit	4300	8550
QLE to update HSA employee contribution during the year.	2026 IRS Annual Limit	4400	8750

Pkg E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,853.45	139.30	1,992.75
	Dental	-	162.28	162.28
Kaiser Permanente EPO & Willamette Dental	Health	1,853.45	139.30	1,992.75
	Dental	-	120.25	120.25
Kaiser Permanente EPO & No Dental	Health	1,853.45	139.30	1,992.75

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

Post Pooling - Part Time

Monthly CAP

\$1,788.50

\$1,786.39

* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

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

* 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	1,786.39	1,259.44	3,045.83
	Dental	-	162.28	162.28
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,786.39	1,259.44	3,045.83
	Dental	-	120.25	120.25
Pacific Source Navigator Voyager 100 & No Dental	Health	1,786.39	1,259.44	3,045.83

Pacific Source Navigator and Voyager Network

Pkg B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,786.39	992.83	2,779.22
	Dental	-	162.28	162.28
Pacific Source Navigator 300 & Willamette Dental	Health	1,786.39	992.83	2,779.22
	Dental	-	120.25	120.25
Pacific Source Navigator 300 & No Dental	Health	1,786.39	992.83	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	24.32	137.96	162.28
Pacific Source Navigator 1650 HDHP & Willamette Dental	Health	1,762.07	-	1,762.07
	Dental	24.32	95.93	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	24.32	137.96	162.28
Pacific Source Navigator 1650 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,762.07	-	1,762.07
	Dental	24.32	95.93	120.25
Pacific Source Navigator 1650 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,762.07	-	1,762.07

*Health Saving Accounts (HSA)		Single	Family
Employee is to reach out to PR-Ben@wlwv.k12.or.us to create	2025 IRS Annual Limit	4300	8550
QLE to update HSA employee contribution during the year.	2026 IRS Annual Limit	4400	8750

Pkg E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,786.39	206.36	1,992.75
	Dental	-	162.28	162.28
Kaiser Permanente EPO & Willamette Dental	Health	1,786.39	206.36	1,992.75
	Dental	-	120.25	120.25
Kaiser Permanente EPO & No Dental	Health	1,786.39	206.36	1,992.75

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

Post Pooling - Part Time 0.7 FTE Monthly CAP \$1,564.93

* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

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

\$1,562.82

* 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	1,562.82	1,483.01	3,045.83
	Dental	-	162.28	162.28
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,562.82	1,483.01	3,045.83
	Dental	-	120.25	120.25
Pacific Source Navigator Voyager 100 & No Dental	Health	1,562.82	1,483.01	3,045.83

Pacific Source Navigator and Voyager Network

Pkg B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,562.82	1,216.40	2,779.22
	Dental	-	162.28	162.28
Pacific Source Navigator 300 & Willamette Dental	Health	1,562.82	1,216.40	2,779.22
	Dental	-	120.25	120.25
Pacific Source Navigator 300 & No Dental	Health	1,562.82	1,216.40	2,779.22

Pkg C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP & Ameritas Dental	Health	1,562.82	199.25	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP & Willamette Dental	Health	1,562.82	199.25	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP & No Dental	Health	1,562.82	199.25	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	1,562.82	199.25	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,562.82	199.25	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,562.82	199.25	1,762.07

*Health Saving Accounts (HSA)		Single	Family
Employee is to reach out to PR-Ben@wlwv.k12.or.us to create QLE	2025 IRS Annual Limit	4300	8550
to update HSA employee contribution during the year.	2026 IRS Annual Limit	4400	8750

Pkg E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,562.82	429.93	1,992.75
	Dental	-	162.28	162.28
Kaiser Permanente EPO & Willamette Dental	Health	1,562.82	429.93	1,992.75
	Dental	-	120.25	120.25
Kaiser Permanente EPO & No Dental	Health	1,562.82	429.93	1,992.75

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

Post Pooling - Part Time 0.67 FTE Monthly CAP \$1,497.87

* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

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

\$1,495.76

* 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	1,495.76	1,550.07	3,045.83
	Dental	-	162.28	162.28
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,495.76	1,550.07	3,045.83
	Dental	-	120.25	120.25
Pacific Source Navigator Voyager 100 & No Dental	Health	1,495.76	1,550.07	3,045.83

Pacific Source Navigator and Voyager Network

Pkg B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,495.76	1,283.46	2,779.22
	Dental	-	162.28	162.28
Pacific Source Navigator 300 & Willamette Dental	Health	1,495.76	1,283.46	2,779.22
	Dental	-	120.25	120.25
Pacific Source Navigator 300 & No Dental	Health	1,495.76	1,283.46	2,779.22

Pkg C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP & Ameritas Dental	Health	1,495.76	266.31	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP & Willamette Dental	Health	1,495.76	266.31	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP & No Dental	Health	1,495.76	266.31	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	1,495.76	266.31	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,495.76	266.31	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,495.76	266.31	1,762.07

*Health Saving Accounts (HSA)		Single	Family
Employee is to reach out to PR-Ben@wlwv.k12.or.us to create	2025 IRS Annual Limit	4300	8550
QLE to update HSA employee contribution during the year.	2026 IRS Annual Limit	4400	8750

Pkg E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,495.76	496.99	1,992.75
	Dental	-	162.28	162.28
Kaiser Permanente EPO & Willamette Dental	Health	1,495.76	496.99	1,992.75
	Dental	-	120.25	120.25
Kaiser Permanente EPO & No Dental	Health	1,495.76	496.99	1,992.75

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

Post Pooling - Part Time 0.66 FTE Monthly CAP \$1,475.51

* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

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

\$1,473.40

* 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	1,473.40	1,572.43	3,045.83
	Dental	-	162.28	162.28
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,473.40	1,572.43	3,045.83
	Dental	-	120.25	120.25
Pacific Source Navigator Voyager 100 & No Dental	Health	1,473.40	1,572.43	3,045.83

Pacific Source Navigator and Voyager Network

Pkg B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,473.40	1,305.82	2,779.22
	Dental	-	162.28	162.28
Pacific Source Navigator 300 & Willamette Dental	Health	1,473.40	1,305.82	2,779.22
	Dental	-	120.25	120.25
Pacific Source Navigator 300 & No Dental	Health	1,473.40	1,305.82	2,779.22

Pkg C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP & Ameritas Dental	Health	1,473.40	288.67	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP & Willamette Dental	Health	1,473.40	288.67	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP & No Dental	Health	1,473.40	288.67	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	1,473.40	288.67	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,473.40	288.67	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,473.40	288.67	1,762.07

*Health Saving Accounts (HSA)		Single	Family
Employee is to reach out to PR-Ben@wlwv.k12.or.us to create	2025 IRS Annual Limit	4300	8550
QLE to update HSA employee contribution during the year.	2026 IRS Annual Limit	4400	8750

Pkg E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,473.40	519.35	1,992.75
	Dental	-	162.28	162.28
Kaiser Permanente EPO & Willamette Dental	Health	1,473.40	519.35	1,992.75
	Dental	-	120.25	120.25
Kaiser Permanente EPO & No Dental	Health	1,473.40	519.35	1,992.75

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 0.65 FTE **Post Pooling - Part Time Monthly CAP** \$1,453.15

* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

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

\$1,451.04

* 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	1,451.04	1,594.79	3,045.83
	Dental	-	162.28	162.28
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,451.04	1,594.79	3,045.83
	Dental	-	120.25	120.25
Pacific Source Navigator Voyager 100 & No Dental	Health	1,451.04	1,594.79	3,045.83

Pacific Source Navigator and Voyager Network

Pkg B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,451.04	1,328.18	2,779.22
	Dental	-	162.28	162.28
Pacific Source Navigator 300 & Willamette Dental	Health	1,451.04	1,328.18	2,779.22
	Dental	-	120.25	120.25
Pacific Source Navigator 300 & No Dental	Health	1,451.04	1,328.18	2,779.22

Pkg C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP & Ameritas Dental	Health	1,451.04	311.03	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP & Willamette Dental	Health	1,451.04	311.03	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP & No Dental	Health	1,451.04	311.03	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	1,451.04	311.03	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,451.04	311.03	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,451.04	311.03	1,762.07

*Health Saving Accounts (HSA)		Single	Family
Employee is to reach out to PR-Ben@wlwv.k12.or.us to create QLE to	2025 IRS Annual Limit	4300	8550
update HSA employee contribution during the year.	2026 IRS Annual Limit	4400	8750

Pkg E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,451.04	541.71	1,992.75
	Dental	-	162.28	162.28
Kaiser Permanente EPO & Willamette Dental	Health	1,451.04	541.71	1,992.75
	Dental	-	120.25	120.25
Kaiser Permanente EPO & No Dental	Health	1,451.04	541.71	1,992.75

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

Post Pooling - Part Time 0.6 FTE Monthly CAP \$1,341.37

* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

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

\$1,339.26

* 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	1,339.26	1,706.57	3,045.83
	Dental	-	162.28	162.28
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,339.26	1,706.57	3,045.83
	Dental	-	120.25	120.25
Pacific Source Navigator Voyager 100 & No Dental	Health	1,339.26	1,706.57	3,045.83

Pacific Source Navigator and Voyager Network

Pkg B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,339.26	1,439.96	2,779.22
	Dental	-	162.28	162.28
Pacific Source Navigator 300 & Willamette Dental	Health	1,339.26	1,439.96	2,779.22
	Dental	-	120.25	120.25
Pacific Source Navigator 300 & No Dental	Health	1,339.26	1,439.96	2,779.22

Pkg C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP & Ameritas Dental	Health	1,339.26	422.81	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP & Willamette Dental	Health	1,339.26	422.81	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP & No Dental	Health	1,339.26	422.81	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	1,339.26	422.81	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,339.26	422.81	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,339.26	422.81	1,762.07

*Health Saving Accounts (HSA)		Single	Family
Employee is to reach out to PR-Ben@wlwv.k12.or.us to create QLE	2025 IRS Annual Limit	4300	8550
to update HSA employee contribution during the year.	2026 IRS Annual Limit	4400	8750

Pkg E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,339.26	653.49	1,992.75
	Dental	-	162.28	162.28
Kaiser Permanente EPO & Willamette Dental	Health	1,339.26	653.49	1,992.75
	Dental	-	120.25	120.25
Kaiser Permanente EPO & No Dental	Health	1,339.26	653.49	1,992.75

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

Post Pooling - Part Time 0.5 FTE Monthly CAP \$1,117.81

* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

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

* Vision insurance is included in all Medical Pkgs

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

\$1,115.70

Pkg A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	1,115.70	1,930.13	3,045.83
	Dental	-	162.28	162.28
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,115.70	1,930.13	3,045.83
	Dental	-	120.25	120.25
Pacific Source Navigator Voyager 100 & No Dental	Health	1,115.70	1,930.13	3,045.83

Pacific Source Navigator and Voyager Network

Pkg B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,115.70	1,663.52	2,779.22
	Dental	-	162.28	162.28
Pacific Source Navigator 300 & Willamette Dental	Health	1,115.70	1,663.52	2,779.22
	Dental	-	120.25	120.25
Pacific Source Navigator 300 & No Dental	Health	1,115.70	1,663.52	2,779.22

Pkg C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP & Ameritas Dental	Health	1,115.70	646.37	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP & Willamette Dental	Health	1,115.70	646.37	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP & No Dental	Health	1,115.70	646.37	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	1,115.70	646.37	1,762.07
	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,115.70	646.37	1,762.07
	Dental	-	120.25	120.25
Pacific Source Navigator 1650 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,115.70	646.37	1,762.07

*Health Saving Accounts (HSA)		Single	Family
Employee is to reach out to PR-Ben@wlwv.k12.or.us to create	2025 IRS Annual Limit	4300	8550
QLE to update HSA employee contribution during the year.	2026 IRS Annual Limit	4400	8750

Pkg E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,115.70	877.05	1,992.75
	Dental	-	162.28	162.28
Kaiser Permanente EPO & Willamette Dental	Health	1,115.70	877.05	1,992.75
	Dental	-	120.25	120.25
Kaiser Permanente EPO & No Dental	Health	1,115.70	877.05	1,992.75

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

No Pooling - Part Time 0.4 FTE Monthly CAP \$796.00

* 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)		Single	Family
Employee is to reach out to PR-Ben@wlwv.k12.or.us to create	2025 IRS Annual Limit	4300	8550
QLE to update HSA employee contribution during the year.	2026 IRS Annual Limit	4400	8750

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

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 No Pooling - Part Time **Monthly CAP** \$656.70 * Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium Remaining = CAP - \$1.90 (Basic Life) - \$0.21 (Dependent Life) = \$654.59 * Vision insurance is included in all Medical Pkgs * Adding Dependent(s) to coverage has NO additional cost Employer Paid Employee Paid Monthly Total Pacific Source Navigator Voyager 100 & Ameritas Dental Health 654.59 2,391.24 3,045.83 162.28 Dental 162.28 Pacific Source Navigator Voyager 100 & Willamette Dental Health 2,391.24 3,045.83 654.59 Dental 120.25 120.25 654.59 2,391.24 3,045.83 Pacific Source Navigator Voyager 100 & No Dental Health Pacific Source Navigator and Voyager Network Pkg B **Employer Paid** Employee Paid Monthly Total Health 2,779.22 Pacific Source Navigator 300 & Ameritas Dental 654.59 2,124.63 Dental 162.28 162.28 Pacific Source Navigator 300 & Willamette Dental Health 2,779.22 654.59 2,124.63 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 1,762.07 120.25 Dental 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** 1,107.48 1,762.07 Health 654.59 162.28 162.28 Dental Pacific Source Navigator 1650 HDHP + HSA & Willamette Dental **HSA** Health 1,107.48 654.59 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) Single **Family** Employee is to reach out to PR-Ben@wlwv.k12.or.us to create QLE to 2025 IRS Annual Limit 4300 8550 2026 IRS Annual Limit update HSA employee contribution during the year. 4400 8750 Employer Paid Employee Paid Monthly Total Pkg E Kaiser Permanente EPO & Ameritas Dental 1,992.75 Health 654.59 1,338.16 162.28 Dental 162.28 Kaiser Permanente EPO & Willamette Dental Health 1,338.16 1,992.75 654.59 Dental 120.25 120.25 Kaiser Permanente EPO & No Dental Health 654.59 1,992.75 1,338.16

Employer Paid

13.68

162.28

120.25

Vision

Dental

Dental

Employee Paid

Monthly Total

13.68

162.28

120.25

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

Ameritas Vision

Ameritas Dental

Willamette Dental

NO MEDICAL

No Pooling - Part Time	0.33	FTE	Monthly CAP	\$656.70
* Employer contribution (CAP) includes medical, dental, vision, life and dependen	t life premiu	m		
Remaining = CA	AP - \$1.90 (.	Basic Life) - \$ 0.21	(Dependent Life) =	\$654.59
* Vision insurance is included in all Medical Pkgs	* Adding	Dependent(s) to cover	age has NO additional	l 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
ŭ	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
t delite obtained that great the transfer of the control of the co	Dental	-	162.28	162.28
Pacific Source Navigator 1650 HDHP & Willamette Dental	Health	654.59	1,107.48	1,762.07
t delite Source Pariguori 1000 IIDIII & TIMMINETO DELIMI	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	1100101	00 1.07	1,107.10	1,702.07
Pkg D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1650 HDHP + HSA & Ameritas Dental	HSA	Employer raid	Employee 1 ard	Wolfully Total
Facilic Source manigator 1030 HDHI + 113A & Americas Dentai	Health	654.59	1,107.48	- 1,762.07
	Dental	UJT.J/ -	162.28	1,762.07
Pacific Source Navigator 1650 HDHP + HSA & Willamette Dental	HSA	-	102.20	102.20
Facilic Source Ivavigator 1050 fiditi + 115A & Williamette Dentai	пsA Health	654.59	1,107.48	- 1,762.07
	Dental	UJ4.J7	1,107.48	1,762.07
Desifie Carriag Mariagton 1650 HDHD ± UCA & No Dontal	HSA	-	120.23	120.23
Pacific Source Navigator 1650 HDHP + HSA & No Dental		- 654.50	1 107 48	- 1 762 07
	Health	654.59	1,107.48	1,762.07
*Health Saving Accounts (HSA)			Single	Family
3 \ /	2025 II	DC A	Ü	Family
Employee is to reach out to PR-Ben@wlwv.k12.or.us to create QLE to update HSA employee contribution during the year.		RS Annual Limit	4300	8550
to imagie HAA empiovee contribilition autino me vezi	2026 11	RS Annual Limit	4400	8750
to update first employee containation during the year.				
				11 m - 1
Pkg E Kaiser Permanente EPO & Ameritas Dental	Health	Employer Paid 654.59	Employee Paid	Monthly Total

	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

Kaiser Permanente EPO & Willamette Dental

Dental

Health

162.28

1,992.75

No Pooling - Part Time 0.2 FTE Monthly CAP \$398.00

* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

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

\$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)		Single	Family
Employee is to reach out to PR-Ben@wlwv.k12.or.us to create	2025 IRS Annual Limit	4300	8550
QLE to update HSA employee contribution during the year.	2026 IRS Annual Limit	4400	8750

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

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

No Pooling - Part Time 0.17 FTE Monthly CAP \$338.30

* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$0.21 (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)		Single	Family
Employee is to reach out to PR-Ben@wlwv.k12.or.us to create	2025 IRS Annual Limit	4300	8550
QLE to update HSA employee contribution during the year.	2026 IRS Annual Limit	4400	8750

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

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