Plan Year 2025-2026

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***

**** 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	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 to update HSA employee contribution during the year.	**2025 IRS Annual Limit**	4300	8550
	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

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

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 QLE to update HSA employee contribution during the year.	**2025 IRS Annual Limit**	4300	8550
	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

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

Post Pooling - Part Time	0.8 FTE	Monthly CAP	$1,788.50

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

Remaining = CAP - $1.90 (Basic Life) - $ 0.21 (Dependent Life) = ***$1,786.39***

**** 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 QLE to update HSA employee contribution during the year.	**2025 IRS Annual Limit**	4300	8550
	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

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

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 to update HSA employee contribution during the year.	**2025 IRS Annual Limit**	4300	8550
	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

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

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 QLE to update HSA employee contribution during the year.	**2025 IRS Annual Limit**	4300	8550
	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

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

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 QLE to update HSA employee contribution during the year.	**2025 IRS Annual Limit**	4300	8550
	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

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

Post Pooling - Part Time	0.65 FTE	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 update HSA employee contribution during the year.	**2025 IRS Annual Limit**	4300	8550
	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

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

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 to update HSA employee contribution during the year.	**2025 IRS Annual Limit**	4300	8550
	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

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

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) = ***$1,115.70***

**** 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	1,115.70	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 QLE to update HSA employee contribution during the year.	**2025 IRS Annual Limit**	4300	8550
	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

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

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 QLE to update HSA employee contribution during the year.	**2025 IRS Annual Limit**	4300	8550
	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

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

No Pooling - Part Time | **0.33 FTE** | **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***

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

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

No Pooling - Part Time	0.33 FTE	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***

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

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

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 QLE to update HSA employee contribution during the year.	**2025 IRS Annual Limit**	4300	8550
	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

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

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 QLE to update HSA employee contribution during the year.	**2025 IRS Annual Limit**	4300	8550
	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

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