

Plan Year 2024-2025

Pre Pooling - Full Time **1 FTE** **Monthly CAP** **\$1,890.00**

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

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$1,887.89**

* Vision insurance is included in all Medical plans

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

PLAN A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	1,887.89	717.61	2,605.50
	Dental	-	154.56	154.56
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,887.89	717.61	2,605.50
	Dental	-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health	1,887.89	717.61	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,887.89	489.54	2,377.43
	Dental	-	154.56	154.56
Pacific Source Navigator 300 & Willamette Dental	Health	1,887.89	489.54	2,377.43
	Dental	-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health	1,887.89	489.54	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health	1,507.33	-	1,507.33
	Dental	154.56	-	154.56
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health	1,507.33	-	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	1,507.33	-	1,507.33
	Dental	154.56	-	154.56
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,507.33	-	1,507.33

*Health Saving Accounts (HSA)

The WLWV School District will contribute an amount to your HSA.

The amount will be determined by your other benefit elections and the Licensed Bargaining Unit (per the CBA).

PLAN E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,845.82	-	1,845.82
	Dental	42.07	112.49	154.56
Kaiser Permanente EPO & Willamette Dental	Health	1,845.82	-	1,845.82
	Dental	42.07	73.68	115.75
Kaiser Permanente EPO & No Dental	Health	1,845.82	-	1,845.82

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

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	115.75	-	115.75

Plan Year 2024-2025

Pre Pooling - Part Time **0.83 FTE** **Monthly CAP** **\$1,568.70**

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

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$1,566.59**

* Vision insurance is included in all Medical plans

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

PLAN A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	1,566.59	1,038.91	2,605.50
	Dental	-	154.56	154.56
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,566.59	1,038.91	2,605.50
	Dental	-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health	1,566.59	1,038.91	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,566.59	810.84	2,377.43
	Dental	-	154.56	154.56
Pacific Source Navigator 300 & Willamette Dental	Health	1,566.59	810.84	2,377.43
	Dental	-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health	1,566.59	810.84	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health	1,507.33	-	1,507.33
	Dental	59.26	95.30	154.56
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health	1,507.33	-	1,507.33
	Dental	59.26	56.49	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health	1,507.33	-	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	1,507.33	-	1,507.33
	Dental	59.26	95.30	154.56
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,507.33	-	1,507.33
	Dental	59.26	56.49	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,507.33	-	1,507.33

*Health Saving Accounts (HSA)

The WLWV School District will contribute an amount to your HSA.

The amount will be determined by your other benefit elections and the Licensed Bargaining Unit (per the CBA).

PLAN E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,566.59	279.23	1,845.82
	Dental	-	154.56	154.56
Kaiser Permanente EPO & Willamette Dental	Health	1,566.59	279.23	1,845.82
	Dental	-	115.75	115.75
Kaiser Permanente EPO & No Dental	Health	1,566.59	279.23	1,845.82

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

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	115.75	-	115.75

Plan Year 2024-2025

Pre Pooling - Part Time **0.8 FTE** **Monthly CAP** **\$1,512.00**

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

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$1,509.89**

* Vision insurance is included in all Medical plans

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

PLAN A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	1,509.89	1,095.61	2,605.50
	Dental	-	154.56	154.56
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,509.89	1,095.61	2,605.50
	Dental	-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health	1,509.89	1,095.61	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,509.89	867.54	2,377.43
	Dental	-	154.56	154.56
Pacific Source Navigator 300 & Willamette Dental	Health	1,509.89	867.54	2,377.43
	Dental	-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health	1,509.89	867.54	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health	1,507.33	-	1,507.33
	Dental	2.56	152.00	154.56
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health	1,507.33	-	1,507.33
	Dental	2.56	113.19	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health	1,507.33	-	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	1,507.33	-	1,507.33
	Dental	2.56	152.00	154.56
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,507.33	-	1,507.33
	Dental	2.56	113.19	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,507.33	-	1,507.33

*Health Saving Accounts (HSA)

The WLWV School District will contribute an amount to your HSA.

The amount will be determined by your other benefit elections and the Licensed Bargaining Unit (per the CBA).

PLAN E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,509.89	335.93	1,845.82
	Dental	-	154.56	154.56
Kaiser Permanente EPO & Willamette Dental	Health	1,509.89	335.93	1,845.82
	Dental	-	115.75	115.75
Kaiser Permanente EPO & No Dental	Health	1,509.89	335.93	1,845.82

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

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	115.75	-	115.75

Plan Year 2024-2025

Pre Pooling - Part Time **0.7 FTE** **Monthly CAP** **\$1,323.00**

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

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$1,320.89**

* Vision insurance is included in all Medical plans

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

PLAN A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	1,320.89	1,284.61	2,605.50
	Dental	-	154.56	154.56
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,320.89	1,284.61	2,605.50
	Dental	-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health	1,320.89	1,284.61	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,320.89	1,056.54	2,377.43
	Dental	-	154.56	154.56
Pacific Source Navigator 300 & Willamette Dental	Health	1,320.89	1,056.54	2,377.43
	Dental	-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health	1,320.89	1,056.54	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health	1,320.89	186.44	1,507.33
	Dental	-	154.56	154.56
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health	1,320.89	186.44	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health	1,320.89	186.44	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	1,320.89	186.44	1,507.33
	Dental	-	154.56	154.56
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,320.89	186.44	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,320.89	186.44	1,507.33

*Health Saving Accounts (HSA)

The WLWV School District will contribute an amount to your HSA.

The amount will be determined by your other benefit elections and the Licensed Bargaining Unit (per the CBA).

PLAN E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,320.89	524.93	1,845.82
	Dental	-	154.56	154.56
Kaiser Permanente EPO & Willamette Dental	Health	1,320.89	524.93	1,845.82
	Dental	-	115.75	115.75
Kaiser Permanente EPO & No Dental	Health	1,320.89	524.93	1,845.82

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

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	115.75	-	115.75

Plan Year 2024-2025

Pre Pooling - Part Time **0.67 FTE** **Monthly CAP** **\$1,266.30**

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

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$1,264.19**

* Vision insurance is included in all Medical plans

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

PLAN A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	1,264.19	1,341.31	2,605.50
	Dental	-	154.56	154.56
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,264.19	1,341.31	2,605.50
	Dental	-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health	1,264.19	1,341.31	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,264.19	1,113.24	2,377.43
	Dental	-	154.56	154.56
Pacific Source Navigator 300 & Willamette Dental	Health	1,264.19	1,113.24	2,377.43
	Dental	-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health	1,264.19	1,113.24	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health	1,264.19	243.14	1,507.33
	Dental	-	154.56	154.56
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health	1,264.19	243.14	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health	1,264.19	243.14	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	1,264.19	243.14	1,507.33
	Dental	-	154.56	154.56
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,264.19	243.14	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,264.19	243.14	1,507.33

*Health Saving Accounts (HSA)

The WLWV School District will contribute an amount to your HSA.

The amount will be determined by your other benefit elections and the Licensed Bargaining Unit (per the CBA).

PLAN E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,264.19	581.63	1,845.82
	Dental	-	154.56	154.56
Kaiser Permanente EPO & Willamette Dental	Health	1,264.19	581.63	1,845.82
	Dental	-	115.75	115.75
Kaiser Permanente EPO & No Dental	Health	1,264.19	581.63	1,845.82

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

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	115.75	-	115.75

Plan Year 2024-2025

Pre Pooling - Part Time **0.6 FTE** **Monthly CAP** **\$1,134.00**

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

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$1,131.89**

* Vision insurance is included in all Medical plans

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

PLAN A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	1,131.89	1,473.61	2,605.50
	Dental	-	154.56	154.56
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,131.89	1,473.61	2,605.50
	Dental	-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health	1,131.89	1,473.61	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,131.89	1,245.54	2,377.43
	Dental	-	154.56	154.56
Pacific Source Navigator 300 & Willamette Dental	Health	1,131.89	1,245.54	2,377.43
	Dental	-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health	1,131.89	1,245.54	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health	1,131.89	375.44	1,507.33
	Dental	-	154.56	154.56
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health	1,131.89	375.44	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health	1,131.89	375.44	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	1,131.89	375.44	1,507.33
	Dental	-	154.56	154.56
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,131.89	375.44	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,131.89	375.44	1,507.33

*Health Saving Accounts (HSA)

The WLWV School District will contribute an amount to your HSA.

The amount will be determined by your other benefit elections and the Licensed Bargaining Unit (per the CBA).

PLAN E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,131.89	713.93	1,845.82
	Dental	-	154.56	154.56
Kaiser Permanente EPO & Willamette Dental	Health	1,131.89	713.93	1,845.82
	Dental	-	115.75	115.75
Kaiser Permanente EPO & No Dental	Health	1,131.89	713.93	1,845.82

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

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	115.75	-	115.75

Plan Year 2024-2025

Pre Pooling - Part Time **0.5 FTE** **Monthly CAP** **\$945.00**

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

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$942.89**

* Vision insurance is included in all Medical plans

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

PLAN A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	942.89	1,662.61	2,605.50
	Dental	-	154.56	154.56
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	942.89	1,662.61	2,605.50
	Dental	-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health	942.89	1,662.61	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	942.89	1,434.54	2,377.43
	Dental	-	154.56	154.56
Pacific Source Navigator 300 & Willamette Dental	Health	942.89	1,434.54	2,377.43
	Dental	-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health	942.89	1,434.54	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health	942.89	564.44	1,507.33
	Dental	-	154.56	154.56
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health	942.89	564.44	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health	942.89	564.44	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	942.89	564.44	1,507.33
	Dental	-	154.56	154.56
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	942.89	564.44	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA	-	-	-
	Health	942.89	564.44	1,507.33

*Health Saving Accounts (HSA)

The WLWV School District will contribute an amount to your HSA.

The amount will be determined by your other benefit elections and the Licensed Bargaining Unit (per the CBA).

PLAN E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	942.89	902.93	1,845.82
	Dental	-	154.56	154.56
Kaiser Permanente EPO & Willamette Dental	Health	942.89	902.93	1,845.82
	Dental	-	115.75	115.75
Kaiser Permanente EPO & No Dental	Health	942.89	902.93	1,845.82

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

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	115.75	-	115.75

Plan Year 2024-2025

No Pooling - Part Time **0.4 FTE** **Monthly CAP** **\$756.00**

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

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$753.89**

* Vision insurance is included in all Medical plans

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

PLAN A			Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health		753.89	1,851.61	2,605.50
	Dental		-	154.56	154.56
Pacific Source Navigator Voyager 100 & Willamette Dental	Health		753.89	1,851.61	2,605.50
	Dental		-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health		753.89	1,851.61	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B			Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health		753.89	1,623.54	2,377.43
	Dental		-	154.56	154.56
Pacific Source Navigator 300 & Willamette Dental	Health		753.89	1,623.54	2,377.43
	Dental		-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health		753.89	1,623.54	2,377.43

PLAN C			Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health		753.89	753.44	1,507.33
	Dental		-	154.56	154.56
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health		753.89	753.44	1,507.33
	Dental		-	115.75	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health		753.89	753.44	1,507.33

HDHP = High Deductible Medical Plan

PLAN D			Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA		-	-	-
	Health		753.89	753.44	1,507.33
	Dental		-	154.56	154.56
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA		-	-	-
	Health		753.89	753.44	1,507.33
	Dental		-	115.75	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA		-	-	-
	Health		753.89	753.44	1,507.33

*Health Saving Accounts (HSA)

The WLWV School District will contribute an amount to your HSA.

The amount will be determined by your other benefit elections and the Licensed Bargaining Unit (per the CBA).

PLAN E			Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health		753.89	1,091.93	1,845.82
	Dental		-	154.56	154.56
Kaiser Permanente EPO & Willamette Dental	Health		753.89	1,091.93	1,845.82
	Dental		-	115.75	115.75
Kaiser Permanente EPO & No Dental	Health		753.89	1,091.93	1,845.82

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

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		115.75	-	115.75

Plan Year 2024-2025

No Pooling - Part Time **0.33 FTE** **Monthly CAP** **\$623.70**

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

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$621.59**

* Vision insurance is included in all Medical plans

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

PLAN A			Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health		621.59	1,983.91	2,605.50
	Dental		-	154.56	154.56
Pacific Source Navigator Voyager 100 & Willamette Dental	Health		621.59	1,983.91	2,605.50
	Dental		-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health		621.59	1,983.91	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B			Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health		621.59	1,755.84	2,377.43
	Dental		-	154.56	154.56
Pacific Source Navigator 300 & Willamette Dental	Health		621.59	1,755.84	2,377.43
	Dental		-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health		621.59	1,755.84	2,377.43

PLAN C			Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health		621.59	885.74	1,507.33
	Dental		-	154.56	154.56
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health		621.59	885.74	1,507.33
	Dental		-	115.75	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health		621.59	885.74	1,507.33

HDHP = High Deductible Medical Plan

PLAN D			Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA		-	-	-
	Health		621.59	885.74	1,507.33
	Dental		-	154.56	154.56
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA		-	-	-
	Health		621.59	885.74	1,507.33
	Dental		-	115.75	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA		-	-	-
	Health		621.59	885.74	1,507.33

*Health Saving Accounts (HSA)

The WLWV School District will contribute an amount to your HSA.

The amount will be determined by your other benefit elections and the Licensed Bargaining Unit (per the CBA).

PLAN E			Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health		621.59	1,224.23	1,845.82
	Dental		-	154.56	154.56
Kaiser Permanente EPO & Willamette Dental	Health		621.59	1,224.23	1,845.82
	Dental		-	115.75	115.75
Kaiser Permanente EPO & No Dental	Health		621.59	1,224.23	1,845.82

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

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		115.75	-	115.75

Plan Year 2024-2025

No Pooling - Part Time **0.3 FTE** **Monthly CAP** **\$567.00**

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

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$564.89**

* Vision insurance is included in all Medical plans

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

PLAN A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	564.89	2,040.61	2,605.50
	Dental	-	154.56	154.56
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	564.89	2,040.61	2,605.50
	Dental	-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health	564.89	2,040.61	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	564.89	1,812.54	2,377.43
	Dental	-	154.56	154.56
Pacific Source Navigator 300 & Willamette Dental	Health	564.89	1,812.54	2,377.43
	Dental	-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health	564.89	1,812.54	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health	564.89	942.44	1,507.33
	Dental	-	154.56	154.56
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health	564.89	942.44	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health	564.89	942.44	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	564.89	942.44	1,507.33
	Dental	-	154.56	154.56
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	564.89	942.44	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA	-	-	-
	Health	564.89	942.44	1,507.33

*Health Saving Accounts (HSA)

The WLWV School District will contribute an amount to your HSA.

The amount will be determined by your other benefit elections and the Licensed Bargaining Unit (per the CBA).

PLAN E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	564.89	1,280.93	1,845.82
	Dental	-	154.56	154.56
Kaiser Permanente EPO & Willamette Dental	Health	564.89	1,280.93	1,845.82
	Dental	-	115.75	115.75
Kaiser Permanente EPO & No Dental	Health	564.89	1,280.93	1,845.82

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

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	115.75	-	115.75

Plan Year 2024-2025

No Pooling - Part Time **0.2 FTE** **Monthly CAP** **\$378.00**

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

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$375.89**

* Vision insurance is included in all Medical plans

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

PLAN A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	375.89	2,229.61	2,605.50
	Dental	-	154.56	154.56
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	375.89	2,229.61	2,605.50
	Dental	-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health	375.89	2,229.61	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	375.89	2,001.54	2,377.43
	Dental	-	154.56	154.56
Pacific Source Navigator 300 & Willamette Dental	Health	375.89	2,001.54	2,377.43
	Dental	-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health	375.89	2,001.54	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health	375.89	1,131.44	1,507.33
	Dental	-	154.56	154.56
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health	375.89	1,131.44	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health	375.89	1,131.44	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	375.89	1,131.44	1,507.33
	Dental	-	154.56	154.56
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	375.89	1,131.44	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA	-	-	-
	Health	375.89	1,131.44	1,507.33

*Health Saving Accounts (HSA)

The WLWV School District will contribute an amount to your HSA.

The amount will be determined by your other benefit elections and the Licensed Bargaining Unit (per the CBA).

PLAN E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	375.89	1,469.93	1,845.82
	Dental	-	154.56	154.56
Kaiser Permanente EPO & Willamette Dental	Health	375.89	1,469.93	1,845.82
	Dental	-	115.75	115.75
Kaiser Permanente EPO & No Dental	Health	375.89	1,469.93	1,845.82

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

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	115.75	-	115.75

Plan Year 2024-2025

No Pooling - Part Time **0.17 FTE** **Monthly CAP** **\$321.30**

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

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$319.19**

* Vision insurance is included in all Medical plans

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

PLAN A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	319.19	2,286.31	2,605.50
	Dental	-	154.56	154.56
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	319.19	2,286.31	2,605.50
	Dental	-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health	319.19	2,286.31	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	319.19	2,058.24	2,377.43
	Dental	-	154.56	154.56
Pacific Source Navigator 300 & Willamette Dental	Health	319.19	2,058.24	2,377.43
	Dental	-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health	319.19	2,058.24	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health	319.19	1,188.14	1,507.33
	Dental	-	154.56	154.56
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health	319.19	1,188.14	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health	319.19	1,188.14	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	319.19	1,188.14	1,507.33
	Dental	-	154.56	154.56
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	319.19	1,188.14	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA	-	-	-
	Health	319.19	1,188.14	1,507.33

*Health Saving Accounts (HSA)

The WLWV School District will contribute an amount to your HSA.

The amount will be determined by your other benefit elections and the Licensed Bargaining Unit (per the CBA).

PLAN E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	319.19	1,526.63	1,845.82
	Dental	-	154.56	154.56
Kaiser Permanente EPO & Willamette Dental	Health	319.19	1,526.63	1,845.82
	Dental	-	115.75	115.75
Kaiser Permanente EPO & No Dental	Health	319.19	1,526.63	1,845.82

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

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	115.75	-	115.75