

# Plan Year 2023 - 2024

**Post Pooling - Full Time** **1 FTE** **Monthly CAP** **\$2,669.09**

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

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$2,666.98**

\* 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
<b>Pacific Source Navigator Voyager 100 &amp; Ameritas Dental</b>	Health	2,605.50	-	2,605.50
	Dental	61.48	85.72	147.20
<b>Pacific Source Navigator Voyager 100 &amp; Willamette Dental</b>	Health	2,605.50	-	2,605.50
	Dental	61.48	54.27	115.75
<b>Pacific Source Navigator Voyager 100 &amp; No Dental</b>	Health	2,605.50	-	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 300 &amp; Ameritas Dental</b>	Health	2,377.43	-	2,377.43
	Dental	147.20	-	147.20
<b>Pacific Source Navigator 300 &amp; Willamette Dental</b>	Health	2,377.43	-	2,377.43
	Dental	115.75	-	115.75
<b>Pacific Source Navigator 300 &amp; No Dental</b>	Health	2,377.43	-	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 1600 HDHP &amp; Ameritas Dental</b>	Health	1,507.33	-	1,507.33
	Dental	147.20	-	147.20
<b>Pacific Source Navigator 1600 HDHP &amp; Willamette Dental</b>	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
<b>Pacific Source Navigator 1600 HDHP &amp; No Dental</b>	Health	1,507.33	-	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; Ameritas Dental</b>	Health	1,507.33	-	1,507.33
	Dental	147.20	-	147.20
	HSA	320.83	-	320.83
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; Willamette Dental</b>	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
	HSA	320.83	-	320.83
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; No Dental</b>	Health	1,507.33	-	1,507.33
	HSA	320.83	-	320.83

**\*Health Saving Accounts (HSA)**

	2023 IRS Annual Limit	Single	Family
<b>Employee is to email paper form to PR-Ben@wlwv.k12.or.us to elect employee contribution.</b>		3850	7750
<i>HSA Fee</i>	\$3.50		

PLAN E		Employer Paid	Employee Paid	Monthly Total
<b>Kaiser Permanente EPO &amp; Ameritas Dental</b>	Health	1,615.58	-	1,615.58
	Dental	147.20	-	147.20
<b>Kaiser Permanente EPO &amp; Willamette Dental</b>	Health	1,615.58	-	1,615.58
	Dental	115.75	-	115.75
<b>Kaiser Permanente EPO &amp; No Dental</b>	Health	1,615.58	-	1,615.58

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

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
<b>Ameritas Vision</b>	Vision	13.68	-	13.68
<b>Ameritas Dental</b>	Dental	147.20	-	147.20
<b>Willamette Dental</b>	Dental	115.75	-	115.75





# Plan Year 2023 - 2024

**Post Pooling - Part Time** **0.7 FTE** **Monthly CAP** **\$1,868.36**

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

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$1,866.25**

\* 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
<b>Pacific Source Navigator Voyager 100 &amp; Ameritas Dental</b>	Health	1,866.25	739.25	2,605.50
	Dental	-	147.20	147.20
<b>Pacific Source Navigator Voyager 100 &amp; Willamette Dental</b>	Health	1,866.25	739.25	2,605.50
	Dental	-	115.75	115.75
<b>Pacific Source Navigator Voyager 100 &amp; No Dental</b>	Health	1,866.25	739.25	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 300 &amp; Ameritas Dental</b>	Health	1,866.25	511.18	2,377.43
	Dental	-	147.20	147.20
<b>Pacific Source Navigator 300 &amp; Willamette Dental</b>	Health	1,866.25	511.18	2,377.43
	Dental	-	115.75	115.75
<b>Pacific Source Navigator 300 &amp; No Dental</b>	Health	1,866.25	511.18	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 1600 HDHP &amp; Ameritas Dental</b>	Health	1,507.33	-	1,507.33
	Dental	147.20	-	147.20
<b>Pacific Source Navigator 1600 HDHP &amp; Willamette Dental</b>	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
<b>Pacific Source Navigator 1600 HDHP &amp; No Dental</b>	Health	1,507.33	-	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; Ameritas Dental</b>	Health	1,507.33	-	1,507.33
	Dental	147.20	-	147.20
	HSA	208.22	-	208.22
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; Willamette Dental</b>	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
	HSA	239.67	-	239.67
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; No Dental</b>	Health	1,507.33	-	1,507.33
	HSA	320.83	-	320.83

**\*Health Saving Accounts (HSA)**

Employee is to email paper form to [PR-Ben@wlwv.k12.or.us](mailto:PR-Ben@wlwv.k12.or.us) to elect employee contribution.

2023 IRS Annual Limit	Single	Family
	3850	7750
<i>HSA Fee</i>	<i>\$3.50</i>	

PLAN E		Employer Paid	Employee Paid	Monthly Total
<b>Kaiser Permanente EPO &amp; Ameritas Dental</b>	Health	1,615.58	-	1,615.58
	Dental	147.20	-	147.20
<b>Kaiser Permanente EPO &amp; Willamette Dental</b>	Health	1,615.58	-	1,615.58
	Dental	115.75	-	115.75
<b>Kaiser Permanente EPO &amp; No Dental</b>	Health	1,615.58	-	1,615.58

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

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
<b>Ameritas Vision</b>	Vision	13.68	-	13.68
<b>Ameritas Dental</b>	Dental	147.20	-	147.20
<b>Willamette Dental</b>	Dental	115.75	-	115.75

# Plan Year 2023 - 2024

**Post Pooling - Part Time** **0.67 FTE** **Monthly CAP** **\$1,788.29**

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

*Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) =* **\$1,786.18**

\* 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
<b>Pacific Source Navigator Voyager 100 &amp; Ameritas Dental</b>	Health	1,786.18	819.32	2,605.50
	Dental	-	147.20	147.20
<b>Pacific Source Navigator Voyager 100 &amp; Willamette Dental</b>	Health	1,786.18	819.32	2,605.50
	Dental	-	115.75	115.75
<b>Pacific Source Navigator Voyager 100 &amp; No Dental</b>	Health	1,786.18	819.32	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 300 &amp; Ameritas Dental</b>	Health	1,786.18	591.25	2,377.43
	Dental	-	147.20	147.20
<b>Pacific Source Navigator 300 &amp; Willamette Dental</b>	Health	1,786.18	591.25	2,377.43
	Dental	-	115.75	115.75
<b>Pacific Source Navigator 300 &amp; No Dental</b>	Health	1,786.18	591.25	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 1600 HDHP &amp; Ameritas Dental</b>	Health	1,507.33	-	1,507.33
	Dental	147.20	-	147.20
<b>Pacific Source Navigator 1600 HDHP &amp; Willamette Dental</b>	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
<b>Pacific Source Navigator 1600 HDHP &amp; No Dental</b>	Health	1,507.33	-	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; Ameritas Dental</b>	Health	1,507.33	-	1,507.33
	Dental	147.20	-	147.20
	HSA	128.15	-	128.15
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; Willamette Dental</b>	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
	HSA	159.60	-	159.60
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; No Dental</b>	Health	1,507.33	-	1,507.33
	HSA	275.35	-	275.35

**\*Health Saving Accounts (HSA)**

	2023 IRS Annual Limit	Single	Family
Employee is to email paper form to PR-Ben@wlwv.k12.or.us to elect employee contribution.		3850	7750
<i>HSA Fee</i>	<i>\$3.50</i>		

PLAN E		Employer Paid	Employee Paid	Monthly Total
<b>Kaiser Permanente EPO &amp; Ameritas Dental</b>	Health	1,615.58	-	1,615.58
	Dental	147.20	-	147.20
<b>Kaiser Permanente EPO &amp; Willamette Dental</b>	Health	1,615.58	-	1,615.58
	Dental	115.75	-	115.75
<b>Kaiser Permanente EPO &amp; No Dental</b>	Health	1,615.58	-	1,615.58

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

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
<b>Ameritas Vision</b>	Vision	13.68	-	13.68
<b>Ameritas Dental</b>	Dental	147.20	-	147.20
<b>Willamette Dental</b>	Dental	115.75	-	115.75





# Plan Year 2023 - 2024

**No Pooling - Part Time** **0.4 FTE** **Monthly CAP** **\$716.00**

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

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$713.89**

\* 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
<b>Pacific Source Navigator Voyager 100 &amp; Ameritas Dental</b>	Health	713.89	1,891.61	2,605.50
	Dental	-	147.20	147.20
<b>Pacific Source Navigator Voyager 100 &amp; Willamette Dental</b>	Health	713.89	1,891.61	2,605.50
	Dental	-	115.75	115.75
<b>Pacific Source Navigator Voyager 100 &amp; No Dental</b>	Health	713.89	1,891.61	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 300 &amp; Ameritas Dental</b>	Health	713.89	1,663.54	2,377.43
	Dental	-	147.20	147.20
<b>Pacific Source Navigator 300 &amp; Willamette Dental</b>	Health	713.89	1,663.54	2,377.43
	Dental	-	115.75	115.75
<b>Pacific Source Navigator 300 &amp; No Dental</b>	Health	713.89	1,663.54	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 1600 HDHP &amp; Ameritas Dental</b>	Health	713.89	793.44	1,507.33
	Dental	-	147.20	147.20
<b>Pacific Source Navigator 1600 HDHP &amp; Willamette Dental</b>	Health	713.89	793.44	1,507.33
	Dental	-	115.75	115.75
<b>Pacific Source Navigator 1600 HDHP &amp; No Dental</b>	Health	713.89	793.44	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; Ameritas Dental</b>	Health	713.89	793.44	1,507.33
	Dental	-	147.20	147.20
	HSA	-	-	-
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; Willamette Dental</b>	Health	713.89	793.44	1,507.33
	Dental	-	115.75	115.75
	HSA	-	-	-
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; No Dental</b>	Health	713.89	793.44	1,507.33
	HSA	-	-	-

**\*Health Saving Accounts (HSA)**

Employee is to email paper form to [PR-Ben@wlwv.k12.or.us](mailto:PR-Ben@wlwv.k12.or.us) to elect employee contribution.

	2023 IRS Annual Limit	Single	Family
		3850	7750
HSA Fee	\$3.50		

PLAN E		Employer Paid	Employee Paid	Monthly Total
<b>Kaiser Permanente EPO &amp; Ameritas Dental</b>	Health	713.89	901.69	1,615.58
	Dental	-	147.20	147.20
<b>Kaiser Permanente EPO &amp; Willamette Dental</b>	Health	713.89	901.69	1,615.58
	Dental	-	115.75	115.75
<b>Kaiser Permanente EPO &amp; No Dental</b>	Health	713.89	901.69	1,615.58

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

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
<b>Ameritas Vision</b>	Vision	13.68	-	13.68
<b>Ameritas Dental</b>	Dental	147.20	-	147.20
<b>Willamette Dental</b>	Dental	115.75	-	115.75

# Plan Year 2023 - 2024

**No Pooling - Part Time** **0.33 FTE** **Monthly CAP** **\$590.70**

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

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$588.59**

\* 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
<b>Pacific Source Navigator Voyager 100 &amp; Ameritas Dental</b>	Health	588.59	2,016.91	2,605.50
	Dental	-	147.20	147.20
<b>Pacific Source Navigator Voyager 100 &amp; Willamette Dental</b>	Health	588.59	2,016.91	2,605.50
	Dental	-	115.75	115.75
<b>Pacific Source Navigator Voyager 100 &amp; No Dental</b>	Health	588.59	2,016.91	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 300 &amp; Ameritas Dental</b>	Health	588.59	1,788.84	2,377.43
	Dental	-	147.20	147.20
<b>Pacific Source Navigator 300 &amp; Willamette Dental</b>	Health	588.59	1,788.84	2,377.43
	Dental	-	115.75	115.75
<b>Pacific Source Navigator 300 &amp; No Dental</b>	Health	588.59	1,788.84	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 1600 HDHP &amp; Ameritas Dental</b>	Health	588.59	918.74	1,507.33
	Dental	-	147.20	147.20
<b>Pacific Source Navigator 1600 HDHP &amp; Willamette Dental</b>	Health	588.59	918.74	1,507.33
	Dental	-	115.75	115.75
<b>Pacific Source Navigator 1600 HDHP &amp; No Dental</b>	Health	588.59	918.74	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; Ameritas Dental</b>	Health	588.59	918.74	1,507.33
	Dental	-	147.20	147.20
	HSA	-	-	-
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; Willamette Dental</b>	Health	588.59	918.74	1,507.33
	Dental	-	115.75	115.75
	HSA	-	-	-
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; No Dental</b>	Health	588.59	918.74	1,507.33
	HSA	-	-	-

**\*Health Saving Accounts (HSA)**

Employee is to email paper form to [PR-Ben@wlwv.k12.or.us](mailto:PR-Ben@wlwv.k12.or.us) to elect employee contribution.

	2023 IRS Annual Limit	Single	Family
		3850	7750
HSA Fee	\$3.50		

PLAN E		Employer Paid	Employee Paid	Monthly Total
<b>Kaiser Permanente EPO &amp; Ameritas Dental</b>	Health	588.59	1,026.99	1,615.58
	Dental	-	147.20	147.20
<b>Kaiser Permanente EPO &amp; Willamette Dental</b>	Health	588.59	1,026.99	1,615.58
	Dental	-	115.75	115.75
<b>Kaiser Permanente EPO &amp; No Dental</b>	Health	588.59	1,026.99	1,615.58

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

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
<b>Ameritas Vision</b>	Vision	13.68	-	13.68
<b>Ameritas Dental</b>	Dental	147.20	-	147.20
<b>Willamette Dental</b>	Dental	115.75	-	115.75

# Plan Year 2023 - 2024

**No Pooling - Part Time** **0.3 FTE** **Monthly CAP** **\$537.00**

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

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$534.89**

\* 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
<b>Pacific Source Navigator Voyager 100 &amp; Ameritas Dental</b>	Health	534.89	2,070.61	2,605.50
	Dental	-	147.20	147.20
<b>Pacific Source Navigator Voyager 100 &amp; Willamette Dental</b>	Health	534.89	2,070.61	2,605.50
	Dental	-	115.75	115.75
<b>Pacific Source Navigator Voyager 100 &amp; No Dental</b>	Health	534.89	2,070.61	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 300 &amp; Ameritas Dental</b>	Health	534.89	1,842.54	2,377.43
	Dental	-	147.20	147.20
<b>Pacific Source Navigator 300 &amp; Willamette Dental</b>	Health	534.89	1,842.54	2,377.43
	Dental	-	115.75	115.75
<b>Pacific Source Navigator 300 &amp; No Dental</b>	Health	534.89	1,842.54	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 1600 HDHP &amp; Ameritas Dental</b>	Health	534.89	972.44	1,507.33
	Dental	-	147.20	147.20
<b>Pacific Source Navigator 1600 HDHP &amp; Willamette Dental</b>	Health	534.89	972.44	1,507.33
	Dental	-	115.75	115.75
<b>Pacific Source Navigator 1600 HDHP &amp; No Dental</b>	Health	534.89	972.44	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; Ameritas Dental</b>	Health	534.89	972.44	1,507.33
	Dental	-	147.20	147.20
	HSA	-	-	-
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; Willamette Dental</b>	Health	534.89	972.44	1,507.33
	Dental	-	115.75	115.75
	HSA	-	-	-
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; No Dental</b>	Health	534.89	972.44	1,507.33
	HSA	-	-	-

*Health Saving Accounts (HSA)	2023 IRS Annual Limit	Single	Family
Employee is to email paper form to PR-Ben@wlwv.k12.or.us to elect employee contribution.		3850	7750
	HSA Fee	\$3.50	

PLAN E		Employer Paid	Employee Paid	Monthly Total
<b>Kaiser Permanente EPO &amp; Ameritas Dental</b>	Health	534.89	1,080.69	1,615.58
	Dental	-	147.20	147.20
<b>Kaiser Permanente EPO &amp; Willamette Dental</b>	Health	534.89	1,080.69	1,615.58
	Dental	-	115.75	115.75
<b>Kaiser Permanente EPO &amp; No Dental</b>	Health	534.89	1,080.69	1,615.58

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

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
<b>Ameritas Vision</b>	Vision	13.68	-	13.68
<b>Ameritas Dental</b>	Dental	147.20	-	147.20
<b>Willamette Dental</b>	Dental	115.75	-	115.75

## Plan Year 2023 - 2024

**No Pooling - Part Time** **0.2 FTE** **Monthly CAP** **\$358.00**

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

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$355.89**

\* 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
<b>Pacific Source Navigator Voyager 100 &amp; Ameritas Dental</b>	Health	355.89	2,249.61	2,605.50
	Dental	-	147.20	147.20
<b>Pacific Source Navigator Voyager 100 &amp; Willamette Dental</b>	Health	355.89	2,249.61	2,605.50
	Dental	-	115.75	115.75
<b>Pacific Source Navigator Voyager 100 &amp; No Dental</b>	Health	355.89	2,249.61	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 300 &amp; Ameritas Dental</b>	Health	355.89	2,021.54	2,377.43
	Dental	-	147.20	147.20
<b>Pacific Source Navigator 300 &amp; Willamette Dental</b>	Health	355.89	2,021.54	2,377.43
	Dental	-	115.75	115.75
<b>Pacific Source Navigator 300 &amp; No Dental</b>	Health	355.89	2,021.54	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 1600 HDHP &amp; Ameritas Dental</b>	Health	355.89	1,151.44	1,507.33
	Dental	-	147.20	147.20
<b>Pacific Source Navigator 1600 HDHP &amp; Willamette Dental</b>	Health	355.89	1,151.44	1,507.33
	Dental	-	115.75	115.75
<b>Pacific Source Navigator 1600 HDHP &amp; No Dental</b>	Health	355.89	1,151.44	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; Ameritas Dental</b>	Health	355.89	1,151.44	1,507.33
	Dental	-	147.20	147.20
	HSA	-	-	-
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; Willamette Dental</b>	Health	355.89	1,151.44	1,507.33
	Dental	-	115.75	115.75
	HSA	-	-	-
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; No Dental</b>	Health	355.89	1,151.44	1,507.33
	HSA	-	-	-

### \*Health Saving Accounts (HSA)

	2023 IRS Annual Limit	Single	Family
<b>Employee is to email paper form to PR-Ben@wlwv.k12.or.us to elect employee contribution.</b>		3850	7750
<i>HSA Fee</i>	\$3.50		

PLAN E		Employer Paid	Employee Paid	Monthly Total
<b>Kaiser Permanente EPO &amp; Ameritas Dental</b>	Health	355.89	1,259.69	1,615.58
	Dental	-	147.20	147.20
<b>Kaiser Permanente EPO &amp; Willamette Dental</b>	Health	355.89	1,259.69	1,615.58
	Dental	-	115.75	115.75
<b>Kaiser Permanente EPO &amp; No Dental</b>	Health	355.89	1,259.69	1,615.58

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

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
<b>Ameritas Vision</b>	Vision	13.68	-	13.68
<b>Ameritas Dental</b>	Dental	147.20	-	147.20
<b>Willamette Dental</b>	Dental	115.75	-	115.75

## Plan Year 2023 - 2024

**No Pooling - Part Time** **0.17 FTE** **Monthly CAP** **\$304.30**

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

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$302.19**

\* 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
<b>Pacific Source Navigator Voyager 100 &amp; Ameritas Dental</b>	Health	302.19	2,303.31	2,605.50
	Dental	-	147.20	147.20
<b>Pacific Source Navigator Voyager 100 &amp; Willamette Dental</b>	Health	302.19	2,303.31	2,605.50
	Dental	-	115.75	115.75
<b>Pacific Source Navigator Voyager 100 &amp; No Dental</b>	Health	302.19	2,303.31	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 300 &amp; Ameritas Dental</b>	Health	302.19	2,075.24	2,377.43
	Dental	-	147.20	147.20
<b>Pacific Source Navigator 300 &amp; Willamette Dental</b>	Health	302.19	2,075.24	2,377.43
	Dental	-	115.75	115.75
<b>Pacific Source Navigator 300 &amp; No Dental</b>	Health	302.19	2,075.24	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 1600 HDHP &amp; Ameritas Dental</b>	Health	302.19	1,205.14	1,507.33
	Dental	-	147.20	147.20
<b>Pacific Source Navigator 1600 HDHP &amp; Willamette Dental</b>	Health	302.19	1,205.14	1,507.33
	Dental	-	115.75	115.75
<b>Pacific Source Navigator 1600 HDHP &amp; No Dental</b>	Health	302.19	1,205.14	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; Ameritas Dental</b>	Health	302.19	1,205.14	1,507.33
	Dental	-	147.20	147.20
	HSA	-	-	-
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; Willamette Dental</b>	Health	302.19	1,205.14	1,507.33
	Dental	-	115.75	115.75
	HSA	-	-	-
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; No Dental</b>	Health	302.19	1,205.14	1,507.33
	HSA	-	-	-

*Health Saving Accounts (HSA)	2023 IRS Annual Limit	Single	Family
Employee is to email paper form to PR-Ben@wlwv.k12.or.us to elect employee contribution.		3850	7750
	HSA Fee	\$3.50	

PLAN E		Employer Paid	Employee Paid	Monthly Total
<b>Kaiser Permanente EPO &amp; Ameritas Dental</b>	Health	302.19	1,313.39	1,615.58
	Dental	-	147.20	147.20
<b>Kaiser Permanente EPO &amp; Willamette Dental</b>	Health	302.19	1,313.39	1,615.58
	Dental	-	115.75	115.75
<b>Kaiser Permanente EPO &amp; No Dental</b>	Health	302.19	1,313.39	1,615.58

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

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
<b>Ameritas Vision</b>	Vision	13.68	-	13.68
<b>Ameritas Dental</b>	Dental	147.20	-	147.20
<b>Willamette Dental</b>	Dental	115.75	-	115.75