

Full Time - Post Pooling West Linn-Wilsonville SD 2019-20

WWEA Insurance Deductions

* Employer contribution includes medical, dental, life and dependent life premium

* Date of hire and date of enrollment may cause your 1st deduction to be doubled or tripled

Health Net		Employee Paid	Employer Paid	Total
POS/TPO & Ameritas	Health	225.36	1670.30	1895.66
	Dental	147.20	0.00	147.20
POS/TPO & Willamette	Health	225.36	1670.30	1895.66
	Dental	115.75	0.00	115.75
POS/TPO & No Dental	Health	225.36	1670.30	1895.66

POS/TPO= Point of Service/Triple Option

Health Net		Employee Paid	Employer Paid	Total
PPO 100 & Ameritas	Health	223.33	1670.30	1893.63
	Dental	147.20	0.00	147.20
PPO 100 & Willamette	Health	223.33	1670.30	1893.63
	Dental	115.75	0.00	115.75
PPO 100 & No Dental	Health	223.33	1670.30	1893.63

PPO=Preferred Provider Organization

Health Net		Employee Paid	Employer Paid	Total
PPO 200 & Ameritas	Health	59.43	1670.30	1729.73
	Dental	147.20	0.00	147.20
PPO 200 & Willamette	Health	59.43	1670.30	1729.73
	Dental	115.75	0.00	115.75
PPO 200 & No Dental	Health	59.43	1670.30	1729.73

PPO=Preferred Provider Organization

Health Net		Employee Paid	Employer Paid	Total
HDHP & Ameritas	Health	0.00	1096.68	1096.68
	Dental	0.00	147.20	147.20
HDHP & Willamette	Health	0.00	1096.68	1096.68
	Dental	0.00	115.75	115.75
HDHP & No Dental	Health	0.00	1096.68	1096.68

HDHP=High Deductible Health Plan

Kaiser		Employee Paid	Employer Paid	Total
HMO & Ameritas	Health	0.00	1370.99	1370.99
	Dental	0.00	147.20	147.20
HMO & Willamette	Health	0.00	1370.99	1370.99
	Dental	0.00	115.75	115.75
HMO & No Dental	Health	0.00	1370.99	1370.99

HMO=Health maintenance Organization

No Medical		Employee Paid	Employer Paid	Total
Ameritas	Vision	0.00	13.68	13.68
Ameritas	Dental	0.00	147.20	147.20
Willamette	Dental	0.00	115.75	115.75