

Plan Year 2020-2021

CAPS

Full Time Classified Employees **\$ 1,323.00**

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

Pacific Source	Employer Paid	Employee Paid	Total
Pathfinder 100	1,323.00	655.52	1,978.52
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
Pathfinder 1600	1,323.00	103.21	1,426.21
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
Pathfinder Voyager 100	1,323.00	31.76	1,354.76
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
Pathfinder 1600 HDHP	1,226.76	-	1,226.76
Dental Options			
Ameritas	96.24	21.28	117.52
Kaiser	96.24	141.42	237.66
Willamette	96.24	19.51	115.75

*** WLWVSD will contribute 70% of the remaining cap to an HSA**

Kaiser	Employer Paid	Employee Paid	Total
EPO (HMO) + Vision	1,315.52	-	1,315.52
Dental Options			
Ameritas	7.48	110.04	117.52
Kaiser	7.48	230.18	237.66
Willamette	7.48	108.27	115.75

Ameritas Vision	Employer Paid	Employee Paid	Total
Employee Only	-	6.88	6.88
Employee + Spouse	-	13.08	13.08
Employee + Child	-	13.76	13.76
Full Family	-	20.20	20.20

***Vision Insurance is included in Kaiser Medical plan**

Dental Only (No Medical)	Employer Paid	Employee Paid	Total
Ameritas	117.52	-	117.52
Kaiser	237.66	-	237.66
Willamette	115.75	-	115.75

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6-6.99 Hours/day Classified Employees \$ 1,323.00 x 80% = \$ **1,058.40**

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

Pacific Source	Employer Paid	Employee Paid	Total
Pathfinder 100	1,058.40	920.12	1,978.52
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
Pathfinder 1600	1,058.40	367.81	1,426.21
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
Pathfinder Voyager 100	1,058.40	296.36	1,354.76
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
Pathfinder 1600 HDHP	1,058.40	168.36	1,226.76
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Kaiser	Employer Paid	Employee Paid	Total
EPO (HMO) + Vision	1,058.40	257.12	1,315.52
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Ameritas Vision	Employer Paid	Employee Paid	Total
Employee Only	-	6.88	6.88
Employee + Spouse	-	13.08	13.08
Employee + Child	-	13.76	13.76
Full Family	-	20.20	20.20

***Vision Insurance is included in Kaiser Medical plan**

Dental Only (No Medical)	Employer Paid	Employee Paid	Total
Ameritas	117.52	-	117.52
Kaiser	237.66	-	237.66
Willamette	115.75	-	115.75

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CAPS

4-5.99 Hours/day Classified Employees \$ 1,323.00 x 60% = \$ 793.80

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

Pacific Source	Employer Paid	Employee Paid	Total
Pathfinder 100	793.80	1,184.72	1,978.52
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
Pathfinder 1600	793.80	632.41	1,426.21
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
Pathfinder Voyager 100	793.80	560.96	1,354.76
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Pacific Source	Employer Paid	Employee Paid	Total
Pathfinder 1600 HDHP	793.80	432.96	1,226.76
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Kaiser	Employer Paid	Employee Paid	Total
EPO (HMO) + Vision	793.80	521.72	1,315.52
Dental Options			
Ameritas	-	117.52	117.52
Kaiser	-	237.66	237.66
Willamette	-	115.75	115.75

Ameritas Vision	Employer Paid	Employee Paid	Total
Employee Only	-	6.88	6.88
Employee + Spouse	-	13.08	13.08
Employee + Child	-	13.76	13.76
Full Family	-	20.20	20.20

***Vision Insurance is included in Kaiser Medical plan**

Dental Only (No Medical)	Employer Paid	Employee Paid	Total
Ameritas	117.52	-	117.52
Kaiser	237.66	-	237.66
Willamette	115.75	-	115.75