

.5 FTE - 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	1060.08	834.09	1895.66
	Dental	147.20	0.00	147.20
POS/TPO & Willamette	Health	1060.08	834.09	1895.66
	Dental	115.75	0.00	115.75
POS/TPO & No Dental	Health	1060.08	834.09	1895.66

POS/TPO= Point of Service/Triple Option

Health Net		Employee Paid	Employer Paid	Total
PPO 100 & Ameritas	Health	1059.54	834.09	1893.63
	Dental	147.20	0.00	147.20
PPO 100 & Willamette	Health	1059.54	834.09	1893.63
	Dental	115.75	0.00	115.75
PPO 100 & No Dental	Health	1059.54	834.09	1893.63

PPO=Preferred Provider Organization

Health Net		Employee Paid	Employer Paid	Total
PPO 200 & Ameritas	Health	895.64	834.09	1729.73
	Dental	147.20	0.00	147.20
PPO 200 & Willamette	Health	895.64	834.09	1729.73
	Dental	115.75	0.00	115.75
PPO 200 & No Dental	Health	895.64	834.09	1729.73

PPO=Preferred Provider Organization

Health Net		Employee Paid	Employer Paid	Total
HDHP & Ameritas	Health	262.59	834.09	1096.68
	Dental	147.20	0.00	147.20
HDHP & Willamette	Health	262.59	834.09	1096.68
	Dental	115.75	0.00	115.75
HDHP & No Dental	Health	262.59	834.09	1096.68

HDHP=High Deductible Health Plan

Kaiser		Employee Paid	Employer Paid	Total
EPO & Ameritas	Health	536.90	834.09	1370.99
	Dental	147.20	0.00	147.20
EPO & Willamette	Health	536.90	834.09	1370.99
	Dental	115.75	0.00	115.75
EPO & No Dental	Health	536.90	834.09	1370.99

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

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

.6 FTE - 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	894.33	1001.33	1895.66
	Dental	147.20	0.00	147.20
POS/TPO & Willamette	Health	894.33	1001.33	1895.66
	Dental	115.75	0.00	115.75
POS/TPO & No Dental	Health	894.33	1001.33	1895.66

POS/TPO= Point of Service/Triple Option

Health Net		Employee Paid	Employer Paid	Total
PPO 100 & Ameritas	Health	892.30	1001.33	1893.63
	Dental	147.20	0.00	147.20
PPO 100 & Willamette	Health	892.30	1001.33	1893.63
	Dental	115.75	0.00	115.75
PPO 100 & No Dental	Health	892.30	1001.33	1893.63

PPO=Preferred Provider Organization

Health Net		Employee Paid	Employer Paid	Total
PPO 200 & Ameritas	Health	728.40	1001.33	1729.73
	Dental	147.20	0.00	147.20
PPO 200 & Willamette	Health	728.40	1001.33	1729.73
	Dental	115.75	0.00	115.75
PPO 200 & No Dental	Health	728.40	1001.33	1729.73

PPO=Preferred Provider Organization

Health Net		Employee Paid	Employer Paid	Total
HDHP & Ameritas	Health	95.35	1001.33	1096.68
	Dental	147.20	0.00	147.20
HDHP & Willamette	Health	95.35	1001.33	1096.68
	Dental	115.75	0.00	115.75
HDHP & No Dental	Health	95.35	1001.33	1096.68

HDHP=High Deductible Health Plan

Kaiser		Employee Paid	Employer Paid	Total
EPO & Ameritas	Health	369.66	1001.33	1370.99
	Dental	147.20	0.00	147.20
EPO & Willamette	Health	369.66	1001.33	1370.99
	Dental	115.75	0.00	115.75
EPO & No Dental	Health	369.66	1001.33	1370.99

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

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

.7 FTE - 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	727.09	1168.57	1895.66
	Dental	147.20	0.00	147.20
POS/TPO & Willamette	Health	727.09	1168.57	1895.66
	Dental	115.75	0.00	115.75
POS/TPO & No Dental	Health	727.09	1168.57	1895.66

POS/TPO= Point of Service/Triple Option

Health Net		Employee Paid	Employer Paid	Total
PPO 100 & Ameritas	Health	725.06	1168.57	1893.63
	Dental	147.20	0.00	147.20
PPO 100 & Willamette	Health	725.06	1168.57	1893.63
	Dental	115.75	0.00	115.75
PPO 100 & No Dental	Health	725.06	1168.57	1893.63

PPO=Preferred Provider Organization

Health Net		Employee Paid	Employer Paid	Total
PPO 200 & Ameritas	Health	561.16	1168.57	1729.73
	Dental	147.20	0.00	147.20
PPO 200 & Willamette	Health	561.16	1168.57	1729.73
	Dental	115.75	0.00	115.75
PPO 200 & No Dental	Health	561.16	1168.57	1729.73

PPO=Preferred Provider Organization

Health Net		Employee Paid	Employer Paid	Total
HDHP & Ameritas	Health	0.00	1096.68	1096.68
	Dental	75.31	71.89	147.20
HDHP & Willamette	Health	0.00	1096.68	1096.68
	Dental	43.86	71.89	115.75
HDHP & No Dental	Health	0.00	1096.68	1096.68

HDHP=High Deductible Health Plan

Kaiser		Employee Paid	Employer Paid	Total
EPO & Ameritas	Health	202.42	1168.57	1370.99
	Dental	147.20	0.00	147.20
EPO & Willamette	Health	202.42	1168.57	1370.99
	Dental	115.75	0.00	115.75
EPO & No Dental	Health	202.42	1168.57	1370.99

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

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

.75 FTE - 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	643.47	1252.19	1895.66
	Dental	147.20	0.00	147.20
POS/TPO & Willamette	Health	643.47	1252.19	1895.66
	Dental	115.75	0.00	115.75
POS/TPO & No Dental	Health	643.47	1252.19	1895.66

POS/TPO= Point of Service/Triple Option

Health Net		Employee Paid	Employer Paid	Total
PPO 100 & Ameritas	Health	641.44	1252.19	1893.63
	Dental	147.20	0.00	147.20
PPO 100 & Willamette	Health	641.44	1252.19	1893.63
	Dental	115.75	0.00	115.75
PPO 100 & No Dental	Health	641.44	1252.19	1893.63

PPO=Preferred Provider Organization

Health Net		Employee Paid	Employer Paid	Total
PPO 200 & Ameritas	Health	477.54	1252.19	1729.73
	Dental	147.20	0.00	147.20
PPO 200 & Willamette	Health	477.54	1252.19	1729.73
	Dental	115.75	0.00	115.75
PPO 200 & No Dental	Health	477.54	1252.19	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
EPO & Ameritas	Health	118.80	1252.19	1370.99
	Dental	147.20	0.00	147.20
EPO & Willamette	Health	118.80	1252.19	1370.99
	Dental	115.75	0.00	115.75
EPO & No Dental	Health	118.80	1252.19	1370.99

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

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

.8 FTE - 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	559.85	1335.81	1895.66
	Dental	147.20	0.00	147.20
POS/TPO & Willamette	Health	559.85	1335.81	1895.66
	Dental	115.75	0.00	115.75
POS/TPO & No Dental	Health	559.85	1335.81	1895.66

POS/TPO= Point of Service/Triple Option

Health Net		Employee Paid	Employer Paid	Total
PPO 100 & Ameritas	Health	557.82	1335.81	1893.63
	Dental	147.20	0.00	147.20
PPO 100 & Willamette	Health	557.82	1335.81	1893.63
	Dental	115.75	0.00	115.75
PPO 100 & No Dental	Health	557.82	1335.81	1893.63

PPO=Preferred Provider Organization

Health Net		Employee Paid	Employer Paid	Total
PPO 200 & Ameritas	Health	393.92	1335.81	1729.73
	Dental	147.20	0.00	147.20
PPO 200 & Willamette	Health	393.92	1335.81	1729.73
	Dental	115.75	0.00	115.75
PPO 200 & No Dental	Health	393.92	1335.81	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
EPO & Ameritas	Health	35.18	1335.81	1370.99
	Dental	147.20	0.00	147.20
EPO & Willamette	Health	35.18	1335.81	1370.99
	Dental	115.75	0.00	115.75
EPO & No Dental	Health	35.18	1335.81	1370.99

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

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