# Plan Year 2023 - 2024

# **Licensed Self-Paid Retiree**

### **Health Insurance**

| Pacific Source Navigator Voyager 100 + Vision |            |
|-----------------------------------------------|------------|
| Retiree Only                                  | \$1,181.29 |
| Retiree and Spouse                            | \$2,480.98 |
| Retiree and Child(ren)                        | \$2,244.47 |
| Retiree and Family                            | \$3,307.62 |
|                                               |            |
| Pacific Source Navigator 300 + Vi             | ision      |
| Retiree Only                                  | \$1,077.90 |
| Retiree and Spouse                            | \$2,263.85 |
| Retiree and Child(ren)                        | \$2,048.03 |
| Retiree and Family                            | \$3,018.13 |
|                                               |            |
| Pacific Source Navigator 1600 HDHP + Vision   |            |
| Retiree Only                                  | \$683.45   |
| Retiree and Spouse                            | \$1,435.47 |
| Retiree and Child(ren)                        | \$1,298.53 |
| Retiree and Family                            | \$1,913.64 |
|                                               |            |
| Kaiser EPO (HMO) + Vision                     |            |
| Retiree Only                                  | \$1,070.65 |
| Retiree and Spouse                            | \$2,141.30 |
| Retiree and Child(ren)                        | \$1,927.17 |
| Retiree and Family                            | \$3,211.95 |
|                                               |            |

## **Dental Insurance**

| Ameritas Dental             |                     |
|-----------------------------|---------------------|
| Retiree Only                | \$65.89             |
| Retiree + 1                 | \$128.28            |
| Retiree + 2 or more         | \$202.45            |
|                             |                     |
| Willamette Dental           |                     |
|                             |                     |
| Retiree Only                | \$60.84             |
| Retiree Only<br>Retiree + 1 | \$60.84<br>\$121.58 |
| •                           |                     |

# **Vision Only Insurance**

| Ameritas Vision     |         |
|---------------------|---------|
| Retiree Only        | \$7.14  |
| Retiree + 1         | \$13.42 |
| Retiree + 2 or more | \$18.28 |

\*Vision insurance is included in all Medical plans

Professional Benefit Services is COBRA/Retiree Administration for West Linn Wilsonville School District If you have any questions, please contact: Professional Benefit Services

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