Plan Year 2022-2023

Classified COBRA

Health Insurance

| Pacific Source Navigator 100 Self Only \$1,095.39 Self and Spouse \$2,300.33 Self and Child(ren) \$2,081.22 Self and Family \$3,067.07 Pacific Source Navigator 1600 \$789.59 Self and Spouse \$1,658.19 Self and Child(ren) \$1,500.25 Self and Family \$2,210.90 Pacific Source Navigator Voyager 100 \$750.06 Self Only \$750.06 Self and Spouse \$1,575.12 Self and Child(ren) \$1,425.08 Self and Family \$2,100.12 Pacific Source Navigator 1600 HDHP \$679.19 Self and Family \$1,290.43 Self and Child(ren) \$1,290.43 Self and Family \$1,290.43 Self and Family \$1,290.43 Self and Family \$1,901.71 Kaiser EPO (HMO) + Vision \$554.02 | | |
|--|---------------------------------------|------------|
| Self and Spouse $\$2,300.33$ Self and Child(ren) $\$2,081.22$ Self and Family $\$3,067.07$ Pacific Source Navigator 1600Self Only $\$789.59$ Self and Spouse $\$1,658.19$ Self and Child(ren) $\$1,500.25$ Self and Family $\$2,210.90$ Pacific Source Navigator Voyager 100Self Only $\$750.06$ Self and Spouse $\$1,575.12$ Self and Spouse $\$1,575.12$ Self and Child(ren) $\$1,425.08$ Self and Family $\$2,100.12$ Pacific Source Navigator 1600 HDHPSelf Only $\$679.19$ Self and Spouse $\$1,426.30$ Self and Spouse $\$1,426.30$ Self and Child(ren) $\$1,290.43$ Self and Child(ren) $\$1,901.71$ Kaiser EPO (HMO) + Vision | | |
| Self and Child(ren) \$2,081.22 Self and Family \$3,067.07 Pacific Source Navigator 1600 \$789.59 Self Only \$789.59 Self and Spouse \$1,658.19 Self and Child(ren) \$1,500.25 Self and Family \$2,210.90 Pacific Source Navigator Voyager 100 \$750.06 Self and Spouse \$1,575.12 Self and Child(ren) \$1,425.08 Self and Child(ren) \$1,425.08 Self and Family \$2,100.12 Pacific Source Navigator 1600 HDHP \$679.19 Self and Spouse \$1,426.30 Self and Child(ren) \$1,290.43 Self and Child(ren) \$1,290.43 Self and Family \$1,901.71 Kaiser EPO (HMO) + Vision \$1,901.71 | · · · · · · · · · · · · · · · · · · · | - |
| Self and Family\$3,067.07Pacific Source Navigator 1600Self Only\$789.59Self and Spouse\$1,658.19Self and Child(ren)\$1,500.25Self and Family\$2,210.90Pacific Source Navigator Voyager 100Self Only\$750.06Self and Spouse\$1,575.12Self and Child(ren)\$1,425.08Self and Family\$2,100.12Pacific Source Navigator 1600 HDHPSelf and Family\$2,100.12Pacific Source Navigator 1600 HDHPSelf Only\$679.19Self and Spouse\$1,426.30Self and Child(ren)\$1,290.43Self and Family\$1,901.71Kaiser EPO (HMO) + Vision\$1,901.71 | | \$2,300.33 |
| Pacific Source Navigator 1600Self Only\$789.59Self and Spouse\$1,658.19Self and Child(ren)\$1,500.25Self and Family\$2,210.90Pacific Source Navigator Voyager 100Self Only\$750.06Self and Spouse\$1,575.12Self and Child(ren)\$1,425.08Self and Family\$2,100.12Pacific Source Navigator 1600 HDHPSelf only\$679.19Self Only\$679.19Self and Spouse\$1,426.30Self and Child(ren)\$1,290.43Self and Family\$1,901.71Kaiser EPO (HMO) + Vision\$1,901.71 | Self and Child(ren) | \$2,081.22 |
| Self Only \$789.59 Self and Spouse \$1,658.19 Self and Child(ren) \$1,500.25 Self and Family \$2,210.90 Pacific Source Navigator Voyager 100 Self Only \$750.06 Self and Spouse \$1,575.12 Self and Child(ren) \$1,425.08 Self and Family \$2,100.12 Pacific Source Navigator 1600 HDHP \$679.19 Self Only \$679.19 Self and Spouse \$1,426.30 Self and Child(ren) \$1,290.43 Self and Family \$1,901.71 Kaiser EPO (HMO) + Vision \$1,901.71 | Self and Family | \$3,067.07 |
| Self Only \$789.59 Self and Spouse \$1,658.19 Self and Child(ren) \$1,500.25 Self and Family \$2,210.90 Pacific Source Navigator Voyager 100 Self Only \$750.06 Self and Spouse \$1,575.12 Self and Child(ren) \$1,425.08 Self and Family \$2,100.12 Pacific Source Navigator 1600 HDHP Self Only \$679.19 Self and Spouse \$1,426.30 Self and Child(ren) \$1,290.43 Self and Family \$1,901.71 Kaiser EPO (HMO) + Vision \$1,901.71 | | |
| Self and Spouse\$1,658.19Self and Child(ren)\$1,500.25Self and Family\$2,210.90Pacific Source Navigator Voyager 100Self Only\$750.06Self and Spouse\$1,575.12Self and Child(ren)\$1,425.08Self and Family\$2,100.12Pacific Source Navigator 1600 HDHPSelf Only\$679.19Self and Spouse\$1,426.30Self and Child(ren)\$1,290.43Self and Child(ren)\$1,290.43Self and Family\$1,901.71Kaiser EPO (HMO) + Vision | Pacific Source Navigator 1600 | |
| Self and Child(ren)\$1,500.25Self and Family\$2,210.90Pacific Source Navigator Voyager 100Self Only\$750.06Self and Spouse\$1,575.12Self and Child(ren)\$1,425.08Self and Family\$2,100.12Pacific Source Navigator 1600 HDHPSelf Only\$679.19Self and Spouse\$1,426.30Self and Child(ren)\$1,290.43Self and Family\$1,901.71Kaiser EPO (HMO) + Vision\$1,901.71 | Self Only | \$789.59 |
| Self and Family\$2,210.90Pacific Source Navigator Voyager 100Self Only\$750.06Self and Spouse\$1,575.12Self and Child(ren)\$1,425.08Self and Family\$2,100.12Pacific Source Navigator 1600 HDHPSelf Only\$679.19Self and Spouse\$1,426.30Self and Child(ren)\$1,290.43Self and Family\$1,901.71Kaiser EPO (HMO) + Vision\$1,901.71 | Self and Spouse | \$1,658.19 |
| Pacific Source Navigator Voyager 100 Self Only \$750.06 Self and Spouse \$1,575.12 Self and Child(ren) \$1,425.08 Self and Family \$2,100.12 Pacific Source Navigator 1600 HDHP \$679.19 Self and Spouse \$1,426.30 Self and Child(ren) \$1,290.43 Self and Family \$1,901.71 Kaiser EPO (HMO) + Vision \$1,901.71 | Self and Child(ren) | \$1,500.25 |
| Self Only \$750.06 Self and Spouse \$1,575.12 Self and Child(ren) \$1,425.08 Self and Family \$2,100.12 Pacific Source Navigator 1600 HDHP Self Only \$679.19 Self and Spouse \$1,426.30 Self and Child(ren) \$1,290.43 Self and Family \$1,901.71 Kaiser EPO (HMO) + Vision | Self and Family | \$2,210.90 |
| Self Only \$750.06 Self and Spouse \$1,575.12 Self and Child(ren) \$1,425.08 Self and Family \$2,100.12 Pacific Source Navigator 1600 HDHP Self Only \$679.19 Self and Spouse \$1,426.30 Self and Child(ren) \$1,290.43 Self and Family \$1,901.71 Kaiser EPO (HMO) + Vision | | |
| Self and Spouse \$1,575.12 Self and Child(ren) \$1,425.08 Self and Family \$2,100.12 Pacific Source Navigator 1600 HDHP Self Only \$679.19 Self and Spouse \$1,426.30 Self and Child(ren) \$1,290.43 Self and Family \$1,901.71 Kaiser EPO (HMO) + Vision | Pacific Source Navigator Voyager 100 | |
| Self and Child(ren)\$1,425.08Self and Family\$2,100.12Pacific Source Navigator 1600 HDHPSelf Only\$679.19Self and Spouse\$1,426.30Self and Child(ren)\$1,290.43Self and Family\$1,901.71Kaiser EPO (HMO) + Vision | Self Only | \$750.06 |
| Self and Family\$2,100.12Pacific Source Navigator 1600 HDHPSelf Only\$679.19Self and Spouse\$1,426.30Self and Child(ren)\$1,290.43Self and Family\$1,901.71Kaiser EPO (HMO) + Vision | Self and Spouse | \$1,575.12 |
| Pacific Source Navigator 1600 HDHPSelf Only\$679.19Self and Spouse\$1,426.30Self and Child(ren)\$1,290.43Self and Family\$1,901.71Kaiser EPO (HMO) + Vision | Self and Child(ren) | \$1,425.08 |
| Self Only \$679.19 Self and Spouse \$1,426.30 Self and Child(ren) \$1,290.43 Self and Family \$1,901.71 | Self and Family | \$2,100.12 |
| Self Only \$679.19 Self and Spouse \$1,426.30 Self and Child(ren) \$1,290.43 Self and Family \$1,901.71 | | |
| Self and Spouse\$1,426.30Self and Child(ren)\$1,290.43Self and Family\$1,901.71Kaiser EPO (HMO) + Vision | Pacific Source Navigator 1600 HDHP | |
| Self and Child(ren)\$1,290.43Self and Family\$1,901.71Kaiser EPO (HMO) + Vision | Self Only | \$679.19 |
| Self and Family \$1,901.71 Kaiser EPO (HMO) + Vision | Self and Spouse | \$1,426.30 |
| Kaiser EPO (HMO) + Vision | Self and Child(ren) | \$1,290.43 |
| | Self and Family | \$1,901.71 |
| | | |
| Salf Only \$554.03 | Kaiser EPO (HMO) + Vision | |
| 5en Only \$554.05 | Self Only | \$554.03 |
| Self and Spouse \$1,108.08 | Self and Spouse | \$1,108.08 |
| Self and Child(ren) \$997.26 | Self and Child(ren) | |
| Self and Family \$1.662.11 | Self and Family | \$1,662.11 |
| 501 and 1 anny \$1,002.11 | | |

Dental Insurance

| Ameritas Dental | |
|--------------------|----------|
| Self Only | \$57.81 |
| Self + 1 | \$112.36 |
| Self $+ 2$ or more | \$178.01 |
| | |
| Willamette Dental | |
| Self Only | \$60.84 |
| Self + 1 | \$121.58 |
| Self $+ 2$ or more | \$182.38 |
| | |
| Kaiser Dental | |
| Self Only | \$91.45 |
| Self + 1 | \$182.91 |
| Self + 2 or more | \$256.05 |
| | |

Vision Insurance

| Ameritas Vision | |
|-----------------|---------|
| Self Only | \$7.02 |
| Self + Spouse | \$13.34 |
| Self + Child | \$14.04 |
| Full Family | \$20.60 |
| | |

*Vision Insurance is included in Kaiser Medical plan

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

1193 Royvonne Ave SE #22, Salem, OR 97302 Phone: (503) - 371 -7622 Fax: (503) - 364 - 6901 Email: info@profben.com