Plan Year 2022-2023

Licensed COBRA

Health Insurance

Pacific Source Navigator Voyag	ger 100 + Vision
Self Only	\$1,181.29
Self and Spouse	\$2,480.98
Self and Child(ren)	\$2,244.47
Self and Family	\$3,307.62
Pacific Source Navigator 300 + Vision	
Self Only	\$1,077.90
Self and Spouse	\$2,263.85
Self and Child(ren)	\$2,048.03
Self and Family	\$3,018.13
Pacific Source Navigator 1600 I	HDHP + Vision
5	
Self Only	\$683.45
Self Only	\$683.45
Self Only Self and Spouse	\$683.45 \$1,435.47
Self Only Self and Spouse Self and Child(ren)	\$683.45 \$1,435.47 \$1,298.53
Self Only Self and Spouse Self and Child(ren)	\$683.45 \$1,435.47 \$1,298.53
Self Only Self and Spouse Self and Child(ren) Self and Family	\$683.45 \$1,435.47 \$1,298.53
Self Only Self and Spouse Self and Child(ren) Self and Family Kaiser EPO (HMO) + Vision	\$683.45 \$1,435.47 \$1,298.53 \$1,913.64
Self Only Self and Spouse Self and Child(ren) Self and Family Kaiser EPO (HMO) + Vision Self Only	\$683.45 \$1,435.47 \$1,298.53 \$1,913.64 \$652.79
Self Only Self and Spouse Self and Child(ren) Self and Family Kaiser EPO (HMO) + Vision Self Only Self and Spouse	\$683.45 \$1,435.47 \$1,298.53 \$1,913.64 \$652.79 \$1,305.57

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Dental Insurance

Ameritas Dental	
Self Only	\$65.89
Self + 1	\$128.28
Self $+ 2$ or more	\$202.45
Willamette Dental	
Willamette Dental Self Only	\$60.84
Self Only	\$60.84 \$121.58 \$182.38

Vision Only Insurance

\$7.14
\$13.42
\$18.28

*Vision insurance is included in all 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