Plan Year 2024-2025

Admin/Confidential/Specialty COBRA

Health Insurance

Pacific Source Navigator 100 + Vision		
Self Only	\$1,229.73	
Self and Spouse	\$2,582.78	
Self and Child(ren)	\$2,336.51	
Self and Family	\$3,443.29	
Pacific Source Navigator 200 + Vision		
Self Only	\$1,187.77	
Self and Spouse	\$2,494.64	
Self and Child(ren)	\$2,256.77	
Self and Family	\$3,325.78	
Pacific Source Navigator 1600 HDHI	P + Vision	
Pacific Source Navigator 1600 HDHI Self Only	P + Vision \$689.96	
Self Only	\$689.96	
Self Only Self and Spouse	\$689.96 \$1,449.47	
Self Only Self and Spouse Self and Child(ren) Self and Family	\$689.96 \$1,449.47 \$1,310.91	
Self Only Self and Spouse Self and Child(ren)	\$689.96 \$1,449.47 \$1,310.91	
Self Only Self and Spouse Self and Child(ren) Self and Family	\$689.96 \$1,449.47 \$1,310.91	
Self Only Self and Spouse Self and Child(ren) Self and Family Kaiser EPO (HMO) + Vision	\$689.96 \$1,449.47 \$1,310.91 \$1,931.89	
Self Only Self and Spouse Self and Child(ren) Self and Family Kaiser EPO (HMO) + Vision Self Only	\$689.96 \$1,449.47 \$1,310.91 \$1,931.89 \$858.45	
Self Only Self and Spouse Self and Child(ren) Self and Family Kaiser EPO (HMO) + Vision Self Only Self and Spouse	\$689.96 \$1,449.47 \$1,310.91 \$1,931.89 \$858.45 \$1,716.85	

Dental Insurance

Ameritas Dental	
Self Only	\$69.20
Self + 1	\$134.68
Self + 2 or more	\$212.61
Willamette Dental	
Self Only	\$60.84
Self + 1	\$121.58
Self + 2 or more	\$182.38

Vision Insurance

Ameritas Vision	
Self Only	\$7.14
Self + 1	\$13.42
Self + 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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