Classified Cobra

Health Insurance

Health Net Community Care	
Employee Only	\$545.71
Employee and Spouse	\$1,146.00
Employee and Child(ren)	\$1,036.84
Employee and Family	\$1,527.96
Health Net EPO (HMO)	
Employee Only	\$796.96
Employee and Spouse	\$1,673.64
Employee and Child(ren)	\$1,514.21
Employee and Family	\$2,231.47
Health Net PPO 1500	
Employee Only	\$574.48
Employee and Spouse	\$1,206.44
Employee and Child(ren)	\$1,091.52
Employee and Family	\$1,608.56
Health Net HDHP	
Employee Only	\$494.15
Employee and Spouse	\$1,037.72
Employee and Child(ren)	\$938.87
Employee and Family	\$1,383.61
Kaiser EPO (HMO)*	
Employee Only	\$566.20
Employee and Spouse	\$1,132.40
Employee and Child(ren)	\$1,019.16
Employee and Family	\$1,698.61

If you have any questions please contact: Payroll & Benefits <u>PR-Ben@wlwv.k12.or.us</u>

Dental Insurance

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

Vision Insurance

\$7.02
\$13.34
\$14.04
\$20.60

*Vision is included in Kaiser Medical