

Plan Year 2024-2025

Licensed COBRA

Health Insurance

Pacific Source Navigator Voyager 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 HDHP + Vision	
Self Only	\$683.45
Self and Spouse	\$1,435.47
Self and Child(ren)	\$1,298.53
Self and Family	\$1,913.64
Kaiser EPO (HMO) + Vision	
Self Only	\$815.59
Self and Spouse	\$1,631.18
Self and Child(ren)	\$1,468.07
Self and Family	\$2,446.78

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 Only Insurance

Ameritas Vision	
Self Only	\$7.14
Self + Spouse	\$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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