



Plan Year 2020-2021

Licensed COBRA

Health Insurance

Pacific Source Pathfinder Voyager 100 + Vision	
Employee Only	\$967.33
Employee and Spouse	\$2,031.60
Employee and Child(ren)	\$1,837.93
Employee and Family	\$2,708.51
Pacific Source Pathfinder 200 + Vision	
Employee Only	\$966.29
Employee and Spouse	\$2,029.43
Employee and Child(ren)	\$1,835.97
Employee and Family	\$2,705.61
Pacific Source Pathfinder 300 + Vision	
Employee Only	\$882.66
Employee and Spouse	\$1,853.80
Employee and Child(ren)	\$1,677.06
Employee and Family	\$2,471.45
Pacific Source Pathfinder 1600 HDHP + Vision	
Employee Only	\$559.65
Employee and Spouse	\$1,175.46
Employee and Child(ren)	\$1,063.33
Employee and Family	\$1,567.03
Kaiser EPO (HMO) + Vision	
Employee Only	\$659.90
Employee and Spouse	\$1,319.81
Employee and Child(ren)	\$1,187.82
Employee and Family	\$1,979.70

Dental Insurance

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

Vision Only Insurance

Ameritas Vision	
Employee Only	\$7.14
Employee + Spouse	\$13.42
Employee + 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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