# PacificSource \$3200 QHDHP Navigator Network with VSP

	2024-25	CCL Cost	Employee Cost	Employee Cost
	Monthly Premium	Per Month	Per Month	Per Pay Period
Employee	\$867.70	\$737.55	\$130.16	\$65.08
Employee & Spouse	\$1,991.98	\$737.56	\$1,254.42	\$627.21
Employee & Child(ren)	\$1,595.39	\$737.55	\$857.84	\$428.92
Employee & Family	\$2,531.95	\$737.55	\$1,794.40	\$897.20

# PacificSource \$2500 Navigator Network with VSP

	2024-25	CCL Cost	Employee Cost	Employee Cost
	Monthly Premium	Per Month	Per Month	Per Pay Period
Employee	\$1,006.81	\$805.45	\$201.36	\$100.68
Employee & Spouse	\$2,311.96	\$805.46	\$1,506.50	\$753.25
Employee & Child(ren)	\$1,851.40	\$805.46	\$1,045.94	\$522.97
Employee & Family	\$2,938.17	\$805.45	\$2,132.72	\$1,066.36

## Kaiser \$2500 Medical, Rx, Vision

	2024-25	CCL Cost	Employee Cost	Employee Cost
	Monthly Premium	Per Month	Per Month	Per Pay Period
Employee	\$714.08	\$571.26	\$142.82	\$71.41
Employee & Spouse	\$1,428.16	\$571.26	\$856.90	\$428.45
Employee & Child(ren)	\$1,285.27	\$571.27	\$714.00	\$357.00
Employee & Family	\$2,142.16	\$571.26	\$1,570.90	\$785.45

## Kaiser \$3200 Medical, Rx, Vision

	2024-25	CCL Cost	Employee Cost	Employee Cost
	Monthly Premium	Per Month	Per Month	Per Pay Period
Employee	\$554.18	\$471.05	\$83.13	\$41.56
Employee & Spouse	\$1,108.40	\$471.06	\$637.34	\$318.67
Employee & Child(ren)	\$997.49	\$471.05	\$526.44	\$263.22
Employee & Family	\$1,662.52	\$471.06	\$1,191.46	\$595.73

### Willamette Dental

	2024-25	CCL Cost	Employee Cost	Employee Cost
	Monthly Premium	Per Month	Per Month	Per Pay Period
Employee	\$43.85	\$37.27	\$6.58	\$3.29
Employee & Spouse	\$86.30	\$37.28	\$49.02	\$24.51
Employee & Child(ren)	\$83.00	\$37.28	\$45.72	\$22.86
Employee & Family	\$147.55	\$37.27	\$110.28	\$55.14

#### 2024-25 **CCL Cost Employee Cost Employee Cost** Per Month **Per Pay Period Monthly Premium Per Month** Employee \$30.72 \$5.42 \$2.71 \$36.14 **Employee & Spouse** \$72.46 \$30.72 \$41.74 \$20.87 **Employee & Child(ren)** \$42.96 \$21.48 \$73.68 \$30.72 **Employee & Family** \$68.90 \$34.45 \$99.62 \$30.72

CCL pays 80% of Employee Premium (working 30+ hours per week) +funds a Health Reimbursement Account (HRA) for all employees (and dependents) enrolled in CCL's Medical Plan!

### **MetLife Dental**