

PacificSource \$3200 QHDHP Navigator Network with VSP

	2024-25 Monthly Premium	CCL Cost Per Month	Employee Cost Per Month	Employee Cost 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 Monthly Premium	CCL Cost Per Month	Employee Cost Per Month	Employee Cost 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

MetLife Dental

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

***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!***