

Insurance Rates
July 1, 2018 - September 30, 2019

PacificSource PSN Network \$800 Medical Deductible + Rx + Vision

w/ Moda Dental Dental								
	Medical	Vision	Dental	Total	LCC Contribution	Employee Cost		
						Monthly	Paycheck	
EE Only	\$ 908.23	\$ 14.54	\$ 63.34	\$986.11	\$824.48	\$161.63	\$80.82	
E + One	\$ 2,088.90	\$ 33.42	\$ 120.17	\$2,242.49	\$1,770.99	\$471.50	\$235.75	
Full Family	\$ 2,561.17	\$ 40.92	\$ 193.91	\$2,796.00	\$2,209.60	\$586.40	\$293.20	
w/ Willamette Dental								
	Medical	Vision	Dental	Total	LCC Contribution	Employee Cost		
						Monthly	Paycheck	
EE Only	\$908.23	\$ 14.54	\$ 51.44	\$974.21	\$824.48	\$149.73	\$74.87	
E + One	\$2,088.90	\$ 33.42	\$ 98.15	\$2,220.47	\$1,770.99	\$449.48	\$224.74	
Full Family	\$2,561.17	\$ 40.92	\$ 158.12	\$2,760.21	\$2,209.60	\$550.61	\$275.31	

PacificSource SmartChoice Network \$800 Medical Deductible + Rx + Vision

w/ Moda Dental Dental								
	Medical	Vision	Dental	Total	LCC Contribution	Employee Cost		
						Monthly	Paycheck	
EE Only	\$ 850.71	\$ 14.54	\$ 63.34	\$928.59	\$824.48	\$104.11	\$52.06	
E + One	\$ 1,956.60	\$ 33.42	\$ 120.17	\$ 2,110.19	\$1,770.99	\$339.20	\$169.60	
Full Family	\$ 2,398.94	\$ 40.92	\$ 193.91	\$ 2,633.77	\$2,209.60	\$424.17	\$212.09	
w/ Willamette Dental								
	Medical	Vision	Dental	Total	LCC Contribution	Employee Cost		
						Monthly	Paycheck	
EE Only	\$850.71	\$ 14.54	\$ 51.44	\$916.69	\$824.48	\$92.21	\$46.11	
E + One	\$1,956.60	\$ 33.42	\$ 98.15	\$2,088.17	\$1,770.99	\$317.18	\$158.59	
Full Family	\$2,398.94	\$ 40.92	\$ 158.12	\$2,597.98	\$2,209.60	\$388.38	\$194.19	

PacificSource SmartChoice Network \$1200 Medical Deductible + Rx + Vision

w/ Moda Dental Dental								
	Medical	Vision	Dental	Total	LCC Contribution	Employee Cost		
						Monthly	Paycheck	
EE Only	\$ 799.70	\$ 14.54	\$ 63.34	\$877.58	\$824.48	\$53.10	\$26.55	
E + One	\$ 1,839.25	\$ 33.42	\$ 120.17	\$1,992.84	\$1,770.99	\$221.85	\$110.93	
Full Family	\$ 2,255.09	\$ 40.92	\$ 193.91	\$2,489.92	\$2,209.60	\$280.32	\$140.16	
w/ Willamette Dental								
	Medical	Vision	Dental	Total	LCC Contribution	Employee Cost		
						Monthly	Paycheck	
EE Only	\$799.70	\$ 14.54	\$ 51.44	\$865.68	\$824.48	\$41.20	\$20.60	
E + One	\$1,839.25	\$ 33.42	\$ 98.15	\$1,970.82	\$1,770.99	\$199.83	\$99.92	
Full Family	\$2,255.09	\$ 40.92	\$ 158.12	\$2,454.13	\$2,209.60	\$244.53	\$122.27	

PacificSource SmartChoice Network \$1800 Medical Deductible + Rx + Vision

w/ Moda Dental Dental								
	Medical	Vision	Dental	Total	LCC Contribution	Employee Cost		
						Monthly	Paycheck	
EE Only	\$ 746.11	\$ 14.54	\$ 63.34	\$823.99	\$823.99	\$0.00	\$0.00	
E + One	\$ 1,716.02	\$ 33.42	\$ 120.17	\$1,869.61	\$1,770.99	\$98.62	\$49.31	
Full Family	\$ 2,104.00	\$ 40.92	\$ 193.91	\$2,338.83	\$2,209.60	\$129.23	\$64.62	
w/ Willamette Dental								
	Medical	Vision	Dental	Total	LCC Contribution	Employee Cost		
						Monthly	Paycheck	
EE Only	\$746.11	\$ 14.54	\$ 51.44	\$812.09	\$812.09	\$0.00	\$0.00	
E + One	\$1,716.02	\$ 33.42	\$ 98.15	\$1,847.59	\$1,770.99	\$76.60	\$38.30	
Full Family	\$2,104.00	\$ 40.92	\$ 158.12	\$2,303.04	\$2,209.60	\$93.44	\$46.72	