

**Insurance Rates**  
**October 1, 2019 - September 30, 2020**

Projection based on 16.5% PacificSource  
 increase & 3.6% Willamette Dental increase.  
 No increase for Moda dental

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

w/ Moda Dental Dental								
	Medical	Vision	Dental	Total	LCC Contribution	Employee Cost		
						Monthly	Paycheck	
EE Only	\$ 1,058.09	\$ 16.94	\$ 63.34	\$1,138.37	\$824.48	\$313.89	\$156.94	
E + One	\$ 2,433.57	\$ 38.93	\$ 120.17	\$2,592.67	\$1,770.99	\$821.68	\$410.84	
Full Family	\$ 2,983.76	\$ 47.67	\$ 193.91	\$3,225.34	\$2,209.60	\$1,015.74	\$507.87	
w/ Willamette Dental								
	Medical	Vision	Dental	Total	LCC Contribution	Employee Cost		
						Monthly	Paycheck	
EE Only	\$1,058.09	\$ 16.94	\$ 53.29	\$1,128.32	\$824.48	\$303.84	\$151.92	
E + One	\$2,433.57	\$ 38.93	\$ 101.68	\$2,574.19	\$1,770.99	\$803.20	\$401.60	
Full Family	\$2,983.76	\$ 47.67	\$ 163.81	\$3,195.25	\$2,209.60	\$985.65	\$492.82	

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

w/ Moda Dental Dental								
	Medical	Vision	Dental	Total	LCC Contribution	Employee Cost		
						Monthly	Paycheck	
EE Only	\$ 991.08	\$ 16.94	\$ 63.34	\$1,071.36	\$824.48	\$246.88	\$123.44	
E + One	\$ 2,279.44	\$ 38.93	\$ 120.17	\$ 2,438.54	\$1,770.99	\$667.55	\$333.78	
Full Family	\$ 2,794.77	\$ 47.67	\$ 193.91	\$ 3,036.35	\$2,209.60	\$826.75	\$413.37	
w/ Willamette Dental								
	Medical	Vision	Dental	Total	LCC Contribution	Employee Cost		
						Monthly	Paycheck	
EE Only	\$991.08	\$ 16.94	\$ 53.29	\$1,061.31	\$824.48	\$236.83	\$118.41	
E + One	\$2,279.44	\$ 38.93	\$ 101.68	\$2,420.06	\$1,770.99	\$649.07	\$324.53	
Full Family	\$2,794.77	\$ 47.67	\$ 163.81	\$3,006.25	\$2,209.60	\$796.65	\$398.32	

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

w/ Moda Dental Dental								
	Medical	Vision	Dental	Total	LCC Contribution	Employee Cost		
						Monthly	Paycheck	
EE Only	\$ 931.65	\$ 16.94	\$ 63.34	\$1,011.93	\$824.48	\$187.45	\$93.72	
E + One	\$ 2,142.73	\$ 38.93	\$ 120.17	\$2,301.83	\$1,770.99	\$530.84	\$265.42	
Full Family	\$ 2,627.18	\$ 47.67	\$ 193.91	\$2,868.76	\$2,209.60	\$659.16	\$329.58	
w/ Willamette Dental								
	Medical	Vision	Dental	Total	LCC Contribution	Employee Cost		
						Monthly	Paycheck	
EE Only	\$931.65	\$ 16.94	\$ 53.29	\$1,001.88	\$824.48	\$177.40	\$88.70	
E + One	\$2,142.73	\$ 38.93	\$ 101.68	\$2,283.34	\$1,770.99	\$512.35	\$256.18	
Full Family	\$2,627.18	\$ 47.67	\$ 163.81	\$2,838.66	\$2,209.60	\$629.06	\$314.53	

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

w/ Moda Dental Dental								
	Medical	Vision	Dental	Total	LCC Contribution	Employee Cost		
						Monthly	Paycheck	
EE Only	\$ 869.22	\$ 16.94	\$ 63.34	\$949.50	\$824.48	\$125.02	\$62.51	
E + One	\$ 1,999.16	\$ 38.93	\$ 120.17	\$2,158.27	\$1,770.99	\$387.28	\$193.64	
Full Family	\$ 2,451.16	\$ 47.67	\$ 193.91	\$2,692.74	\$2,209.60	\$483.14	\$241.57	
w/ Willamette Dental								
	Medical	Vision	Dental	Total	LCC Contribution	Employee Cost		
						Monthly	Paycheck	
EE Only	\$869.22	\$ 16.94	\$ 53.29	\$939.45	\$824.48	\$114.97	\$57.48	
E + One	\$1,999.16	\$ 38.93	\$ 101.68	\$2,139.78	\$1,770.99	\$368.79	\$184.40	
Full Family	\$2,451.16	\$ 47.67	\$ 163.81	\$2,662.64	\$2,209.60	\$453.04	\$226.52	