CLASSIFIED RETIRED 4J EMPLOYEES (54.55% District Contribution) 2017-18 PLAN YEAR - MONTHLY CONTRIBUTIONS

EFFECTIVE 10/01/2017 through 09/30/2018

Rate change	ges will be reflected on October 31st p	ay date and November 5th bank withdo	rawals.
	Connexu	s (PPO)	
Dalla David Dlav 5	Birch	Cedar	Dogwood
Delta Dental Plan 5	\$800 Deductible	\$1200 Deductible	\$1600 Deductible
EE	\$506.53	\$458.97	\$402.17
EE+SP	\$1,338.54	\$1,233.92	\$1,108.98
EE+CH	\$1,156.97	\$1,066.62	\$958.73
FAMILY	\$1,993.44	\$1,846.04	\$1,669.99
Delta Dental Plan 6	Birch	Cedar	Dogwood
(No Ortho)	\$800 Deductible	\$1200 Deductible	\$1600 Deductible
EE	\$492.28	\$444.72	\$387.92
EE+SP	\$1,310.27	\$1,205.65	\$1,080.71
EE+CH	\$1,117.41	\$1,027.06	\$919.17
FAMILY	\$1,938.82	\$1,791.42	\$1,615.37
Willamette Dental	Birch	Cedar	Dogwood
Willamette Dental	\$800 Deductible	\$1200 Deductible	\$1600 Deductible
EE	\$492.72	\$445.16	\$388.36
EE+SP	\$1,311.15	\$1,206.53	\$1,081.59
EE+CH	\$1,122.45	\$1,032.10	\$924.21
FAMILY	\$1,944.29	\$1,796.89	\$1,620.84
data to the same of the	Birch	Cedar	Dogwood
*Waive Dental	\$800 Deductible	\$1200 Deductible	\$1600 Deductible
EE	\$449.97	\$402.41	\$345.61
EE+SP	\$1,226.50	\$1,121.88	\$996.94
EE+CH	\$1,032.38	\$942.03	\$834.14
FAMILY	\$1,808.93	\$1,661.53	\$1,485.48
	-		
	Synergy	(CCM)	
			Dogwood
Delta Dental Plan 5	Birch	Cedar	Dogwood \$1600 Dodustible
Delta Dental Plan 5			Dogwood \$1600 Deductible
EE	Birch \$800 Deductible \$ 443.69	Cedar \$1200 Deductible \$ 400.89	\$1600 Deductible \$ 349.79
EE EE+SP	Birch \$800 Deductible \$ 443.69 \$ 1,200.31	Cedar \$1200 Deductible \$ 400.89 \$ 1,106.16	\$1600 Deductible \$ 349.79 \$ 993.73
EE+SP EE+CH	Birch \$800 Deductible \$ 443.69 \$ 1,200.31 \$ 1,037.58	Cedar \$1200 Deductible \$ 400.89 \$ 1,106.16 \$ 956.28	\$1600 Deductible \$ 349.79 \$ 993.73 \$ 859.19
EE EE+SP	Birch \$800 Deductible \$ 443.69 \$ 1,200.31	Cedar \$1200 Deductible \$ 400.89 \$ 1,106.16	\$1600 Deductible \$ 349.79 \$ 993.73
EE EE+SP EE+CH FAMILY	Birch \$800 Deductible \$ 443.69 \$ 1,200.31 \$ 1,037.58 \$ 1,798.65	Cedar \$1200 Deductible \$ 400.89 \$ 1,106.16 \$ 956.28 \$ 1,666.02	\$1600 Deductible \$ 349.79 \$ 993.73 \$ 859.19 \$ 1,507.56
EE EE+SP EE+CH FAMILY Delta Dental Plan 6	Birch \$800 Deductible \$ 443.69 \$ 1,200.31 \$ 1,037.58 \$ 1,798.65	Cedar \$1200 Deductible \$ 400.89 \$ 1,106.16 \$ 956.28 \$ 1,666.02	\$1600 Deductible \$ 349.79 \$ 993.73 \$ 859.19 \$ 1,507.56 Dogwood
EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho)	Birch \$800 Deductible \$ 443.69 \$ 1,200.31 \$ 1,037.58 \$ 1,798.65 Birch \$800 Deductible	Cedar \$1200 Deductible \$ 400.89 \$ 1,106.16 \$ 956.28 \$ 1,666.02 Cedar \$1200 Deductible	\$1600 Deductible \$ 349.79 \$ 993.73 \$ 859.19 \$ 1,507.56 Dogwood \$1600 Deductible
EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE	Birch \$800 Deductible \$ 443.69 \$ 1,200.31 \$ 1,037.58 \$ 1,798.65 Birch \$800 Deductible \$ 429.44	Cedar \$1200 Deductible \$ 400.89 \$ 1,106.16 \$ 956.28 \$ 1,666.02 Cedar \$1200 Deductible \$ 386.64	\$1600 Deductible \$ 349.79 \$ 993.73 \$ 859.19 \$ 1,507.56 Dogwood \$1600 Deductible \$ 335.54
EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE EE+SP	Birch \$800 Deductible \$ 443.69 \$ 1,200.31 \$ 1,037.58 \$ 1,798.65 Birch \$800 Deductible \$ 429.44 \$ 1,172.04	Cedar \$1200 Deductible \$ 400.89 \$ 1,106.16 \$ 956.28 \$ 1,666.02 Cedar \$1200 Deductible \$ 386.64 \$ 1,077.89	\$1600 Deductible \$ 349.79 \$ 993.73 \$ 859.19 \$ 1,507.56 Dogwood \$1600 Deductible \$ 335.54 \$ 965.46
EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE EE+SP EE+CH	Birch \$800 Deductible \$ 443.69 \$ 1,200.31 \$ 1,037.58 \$ 1,798.65 Birch \$800 Deductible \$ 429.44 \$ 1,172.04 \$ 998.02	Cedar \$1200 Deductible \$ 400.89 \$ 1,106.16 \$ 956.28 \$ 1,666.02 Cedar \$1200 Deductible \$ 386.64 \$ 1,077.89 \$ 916.72	\$1600 Deductible \$ 349.79 \$ 993.73 \$ 859.19 \$ 1,507.56 Dogwood \$1600 Deductible \$ 335.54 \$ 965.46 \$ 819.63
EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE EE+SP	Birch \$800 Deductible \$ 443.69 \$ 1,200.31 \$ 1,037.58 \$ 1,798.65 Birch \$800 Deductible \$ 429.44 \$ 1,172.04 \$ 998.02 \$ 1,744.03	Cedar \$1200 Deductible \$ 400.89 \$ 1,106.16 \$ 956.28 \$ 1,666.02 Cedar \$1200 Deductible \$ 386.64 \$ 1,077.89 \$ 916.72 \$ 1,611.40	\$1600 Deductible \$ 349.79 \$ 993.73 \$ 859.19 \$ 1,507.56 Dogwood \$1600 Deductible \$ 335.54 \$ 965.46 \$ 819.63 \$ 1,452.94
EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE EE+SP EE+CH FAMILY	Birch \$800 Deductible \$ 443.69 \$ 1,200.31 \$ 1,037.58 \$ 1,798.65 Birch \$800 Deductible \$ 429.44 \$ 1,172.04 \$ 998.02 \$ 1,744.03 Birch	Cedar \$1200 Deductible \$ 400.89 \$ 1,106.16 \$ 956.28 \$ 1,666.02 Cedar \$1200 Deductible \$ 386.64 \$ 1,077.89 \$ 916.72 \$ 1,611.40 Cedar	\$1600 Deductible \$ 349.79 \$ 993.73 \$ 859.19 \$ 1,507.56 Dogwood \$1600 Deductible \$ 335.54 \$ 965.46 \$ 819.63 \$ 1,452.94 Dogwood
EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE EE+SP EE+CH FAMILY Willamette Dental	Birch \$800 Deductible \$ 443.69 \$ 1,200.31 \$ 1,037.58 \$ 1,798.65 Birch \$800 Deductible \$ 429.44 \$ 1,172.04 \$ 998.02 \$ 1,744.03 Birch \$800 Deductible	Cedar \$1200 Deductible \$ 400.89 \$ 1,106.16 \$ 956.28 \$ 1,666.02 Cedar \$1200 Deductible \$ 386.64 \$ 1,077.89 \$ 916.72 \$ 1,611.40 Cedar \$1200 Deductible	\$1600 Deductible \$ 349.79 \$ 993.73 \$ 859.19 \$ 1,507.56 Dogwood \$1600 Deductible \$ 335.54 \$ 965.46 \$ 819.63 \$ 1,452.94 Dogwood \$1600 Deductible
EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE EE+SP EE+CH FAMILY Willamette Dental EE	Birch \$800 Deductible \$ 443.69 \$ 1,200.31 \$ 1,037.58 \$ 1,798.65 Birch \$800 Deductible \$ 429.44 \$ 1,172.04 \$ 998.02 \$ 1,744.03 Birch \$800 Deductible \$ 429.88	Cedar \$1200 Deductible \$ 400.89 \$ 1,106.16 \$ 956.28 \$ 1,666.02 Cedar \$1200 Deductible \$ 386.64 \$ 1,077.89 \$ 916.72 \$ 1,611.40 Cedar \$1200 Deductible \$ 387.08	\$1600 Deductible \$ 349.79 \$ 993.73 \$ 859.19 \$ 1,507.56 Dogwood \$1600 Deductible \$ 335.54 \$ 965.46 \$ 819.63 \$ 1,452.94 Dogwood \$1600 Deductible \$ 335.98
EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE EE+SP EE+CH FAMILY Willamette Dental EE EE+SP	Birch \$800 Deductible \$ 443.69 \$ 1,200.31 \$ 1,037.58 \$ 1,798.65 Birch \$800 Deductible \$ 429.44 \$ 1,172.04 \$ 998.02 \$ 1,744.03 Birch \$800 Deductible \$ 429.88 \$ 1,172.92	Cedar \$1200 Deductible \$ 400.89 \$ 1,106.16 \$ 956.28 \$ 1,666.02 Cedar \$1200 Deductible \$ 386.64 \$ 1,077.89 \$ 916.72 \$ 1,611.40 Cedar \$1200 Deductible \$ 387.08 \$ 387.08	\$1600 Deductible \$ 349.79 \$ 993.73 \$ 859.19 \$ 1,507.56 Dogwood \$1600 Deductible \$ 335.54 \$ 965.46 \$ 819.63 \$ 1,452.94 Dogwood \$1600 Deductible \$ 335.98 \$ 966.34
EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE EE+SP EE+CH FAMILY Willamette Dental EE EE+SP EE+SP EE+CH	Birch \$800 Deductible \$ 443.69 \$ 1,200.31 \$ 1,037.58 \$ 1,798.65 Birch \$800 Deductible \$ 429.44 \$ 1,172.04 \$ 998.02 \$ 1,744.03 Birch \$800 Deductible \$ 429.88 \$ 1,172.92 \$ 1,003.06	Cedar \$1200 Deductible \$ 400.89 \$ 1,106.16 \$ 956.28 \$ 1,666.02 Cedar \$1200 Deductible \$ 386.64 \$ 1,077.89 \$ 916.72 \$ 1,611.40 Cedar \$1200 Deductible \$ 387.08 \$ 1,078.77 \$ 921.76	\$1600 Deductible \$ 349.79 \$ 993.73 \$ 859.19 \$ 1,507.56 Dogwood \$1600 Deductible \$ 335.54 \$ 965.46 \$ 819.63 \$ 1,452.94 Dogwood \$1600 Deductible \$ 335.98 \$ 966.34 \$ 824.67
EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE EE+SP EE+CH FAMILY Willamette Dental EE EE+SP	Birch \$800 Deductible \$ 443.69 \$ 1,200.31 \$ 1,037.58 \$ 1,798.65 Birch \$800 Deductible \$ 429.44 \$ 1,172.04 \$ 998.02 \$ 1,744.03 Birch \$800 Deductible \$ 429.88 \$ 1,172.92 \$ 1,003.06 \$ 1,749.50	Cedar \$1200 Deductible \$ 400.89 \$ 1,106.16 \$ 956.28 \$ 1,666.02 Cedar \$1200 Deductible \$ 386.64 \$ 1,077.89 \$ 916.72 \$ 1,611.40 Cedar \$1200 Deductible \$ 387.08 \$ 1,078.77 \$ 921.76 \$ 1,616.87	\$1600 Deductible \$ 349.79 \$ 993.73 \$ 859.19 \$ 1,507.56 Dogwood \$1600 Deductible \$ 335.54 \$ 965.46 \$ 819.63 \$ 1,452.94 Dogwood \$1600 Deductible \$ 335.98 \$ 966.34 \$ 824.67 \$ 1,458.41
EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE EE+SP EE+CH FAMILY Willamette Dental EE EE+SP EE+CH FAMILY	Birch \$800 Deductible \$ 443.69 \$ 1,200.31 \$ 1,037.58 \$ 1,798.65 Birch \$800 Deductible \$ 429.44 \$ 1,172.04 \$ 998.02 \$ 1,744.03 Birch \$800 Deductible \$ 429.88 \$ 1,172.92 \$ 1,003.06 \$ 1,749.50 Birch	Cedar \$1200 Deductible \$ 400.89 \$ 1,106.16 \$ 956.28 \$ 1,666.02 Cedar \$1200 Deductible \$ 386.64 \$ 1,077.89 \$ 916.72 \$ 1,611.40 Cedar \$1200 Deductible \$ 387.08 \$ 1,078.77 \$ 921.76 \$ 1,616.87	\$ 1600 Deductible \$ 349.79 \$ 993.73 \$ 859.19 \$ 1,507.56 Dogwood \$1600 Deductible \$ 335.54 \$ 965.46 \$ 819.63 \$ 1,452.94 Dogwood \$1600 Deductible \$ 335.98 \$ 966.34 \$ 924.67 \$ 1,458.41 Dogwood
EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE EE+SP EE+CH FAMILY Willamette Dental EE EE+SP EE+SP EE+CH	Birch \$800 Deductible \$ 443.69 \$ 1,200.31 \$ 1,037.58 \$ 1,798.65 Birch \$800 Deductible \$ 429.44 \$ 1,172.04 \$ 998.02 \$ 1,744.03 Birch \$800 Deductible \$ 429.88 \$ 1,172.92 \$ 1,003.06 \$ 1,749.50	Cedar \$1200 Deductible \$ 400.89 \$ 1,106.16 \$ 956.28 \$ 1,666.02 Cedar \$1200 Deductible \$ 386.64 \$ 1,077.89 \$ 916.72 \$ 1,611.40 Cedar \$1200 Deductible \$ 387.08 \$ 1,078.77 \$ 921.76 \$ 1,616.87	\$1600 Deductible \$ 349.79 \$ 993.73 \$ 859.19 \$ 1,507.56 Dogwood \$1600 Deductible \$ 335.54 \$ 965.46 \$ 819.63 \$ 1,452.94 Dogwood \$1600 Deductible \$ 335.98 \$ 966.34 \$ 824.67 \$ 1,458.41
EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE EE+SP EE+CH FAMILY Willamette Dental EE EE+SP EE+CH FAMILY *Waive Dental EE	Birch \$800 Deductible \$ 443.69 \$ 1,200.31 \$ 1,037.58 \$ 1,798.65 Birch \$800 Deductible \$ 429.44 \$ 1,172.04 \$ 998.02 \$ 1,744.03 Birch \$800 Deductible \$ 429.88 \$ 1,172.92 \$ 1,003.06 \$ 1,749.50 Birch \$800 Deductible \$ 387.13	Cedar \$1200 Deductible \$ 400.89 \$ 1,106.16 \$ 956.28 \$ 1,666.02 Cedar \$1200 Deductible \$ 386.64 \$ 1,077.89 \$ 916.72 \$ 1,611.40 Cedar \$1200 Deductible \$ 387.08 \$ 1,078.77 \$ 921.76 \$ 1,616.87	\$1600 Deductible \$ 349.79 \$ 993.73 \$ 859.19 \$ 1,507.56 Dogwood \$1600 Deductible \$ 965.46 \$ 819.63 \$ 1,452.94 Dogwood \$1600 Deductible \$ 335.98 \$ 966.34 \$ 923.23
EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE EE+SP EE+CH FAMILY Willamette Dental EE EE+SP EE+CH FAMILY *Waive Dental	Birch \$800 Deductible \$ 443.69 \$ 1,200.31 \$ 1,037.58 \$ 1,798.65 Birch \$800 Deductible \$ 429.44 \$ 1,172.04 \$ 998.02 \$ 1,744.03 Birch \$800 Deductible \$ 429.88 \$ 1,172.92 \$ 1,003.06 \$ 1,749.50 Birch \$800 Deductible	Cedar \$1200 Deductible \$ 400.89 \$ 1,106.16 \$ 956.28 \$ 1,666.02 Cedar \$1200 Deductible \$ 386.64 \$ 1,077.89 \$ 916.72 \$ 1,611.40 Cedar \$1200 Deductible \$ 387.08 \$ 1,078.77 \$ 921.76 \$ 1,616.87 Cedar \$1200 Deductible	\$1600 Deductible \$ 349.79 \$ 993.73 \$ 859.19 \$ 1,507.56 Dogwood \$1600 Deductible \$ 335.54 \$ 965.46 \$ 819.63 \$ 1,452.94 Dogwood \$1600 Deductible \$ 335.98 \$ 966.34 \$ 966.34 \$ 1,458.41 Dogwood \$1600 Deductible

^{\$} * If you waive dental coverage, you cannot re-enroll in the future.

\$

EE+CH

FAMILY

The amounts shown above reflect the premium for which you will be responsible, after any applicable District Contribution has been applied. The withdrawal on the 5th of the month will pay for the prior month's premium.

912.99

1,614.14

831.69

1,481.51

734.60

1,323.05