

**CLASSIFIED ACTIVE 4J EMPLOYEES - CONNEXUS (PPO) - 10 CHECK  
2016-2017 PLAN YEAR - MONTHLY EMPLOYEE CONTRIBUTIONS**

EFFECTIVE 10/01/2016 through 09/30/2017

To determine your monthly payroll deduction, find your enrollment status (FTE). Choose the tier (EE, EE+SP, EE+CH, or FAMILY) within your enrollment status and dental choice. Then follow the line to the plan with the deduction amount you choose.

**Connexus (PPO) is formerly called Statewide**

<b>Connexus (PPO) Medical, Vision, Rx and MODA DENTAL</b>		<b>Birch \$800 Deductible</b>	<b>Cedar \$1200 Deductible</b>	<b>Dogwood \$1600 Deductible</b>
4-5.99 HR	EE	\$ 19.26	\$ 0.00	\$ 0.00
	EE+SP	\$ 795.19	\$ 166.85	\$ 96.96
	EE+CH	\$ 626.70	\$ 129.08	\$ 72.48
	FAMILY	\$ 1,406.55	\$ 306.62	\$ 190.26
6-6.99 HR	EE	\$ 0.00	\$ 0.00	\$ 0.00
	EE+SP	\$ 577.03	\$ 112.31	\$ 56.05
	EE+CH	\$ 408.54	\$ 74.54	\$ 31.57
	FAMILY	\$ 1,188.39	\$ 252.08	\$ 149.36
7-8 HR	EE	\$ 0.00	\$ 0.00	\$ 0.00
	EE+SP	\$ 428.23	\$ 75.11	\$ 28.15
	EE+CH	\$ 259.74	\$ 37.34	\$ 3.67
	FAMILY	\$ 1,039.59	\$ 214.88	\$ 121.46

<b>Connexus (PPO) Medical, Vision, Rx and WILLAMETTE DENTAL</b>		<b>Birch \$800 Deductible</b>	<b>Cedar \$1200 Deductible</b>	<b>Dogwood \$1600 Deductible</b>
4-5.99 HR	EE	\$ 9.46	\$ 0.00	\$ 0.00
	EE+SP	\$ 775.76	\$ 161.99	\$ 93.32
	EE+CH	\$ 599.16	\$ 122.20	\$ 67.32
	FAMILY	\$ 1,368.66	\$ 297.15	\$ 183.16
6-6.99 HR	EE	\$ 0.00	\$ 0.00	\$ 0.00
	EE+SP	\$ 557.60	\$ 107.45	\$ 52.41
	EE+CH	\$ 381.00	\$ 67.66	\$ 26.41
	FAMILY	\$ 1,150.50	\$ 242.61	\$ 142.25
7-8 HR	EE	\$ 0.00	\$ 0.00	\$ 0.00
	EE+SP	\$ 408.80	\$ 70.25	\$ 24.51
	EE+CH	\$ 232.20	\$ 30.46	\$ 0.00
	FAMILY	\$ 1,001.70	\$ 205.41	\$ 114.35

<b>Connexus (PPO) Medical, Vision, Rx and WAIVED DENTAL*</b>		<b>Birch \$800 Deductible</b>	<b>Cedar \$1200 Deductible</b>	<b>Dogwood \$1600 Deductible</b>
4-5.99 HR	EE	\$ 0.00	\$ 0.00	\$ 0.00
	EE+SP	\$ 696.05	\$ 142.06	\$ 78.37
	EE+CH	\$ 514.35	\$ 100.99	\$ 51.41
	FAMILY	\$ 1,241.20	\$ 265.28	\$ 159.26
6-6.99 HR	EE	\$ 0.00	\$ 0.00	\$ 0.00
	EE+SP	\$ 477.89	\$ 87.52	\$ 37.47
	EE+CH	\$ 296.19	\$ 46.45	\$ 10.51
	FAMILY	\$ 1,023.04	\$ 210.74	\$ 118.35
7-8 HR	EE	\$ 0.00	\$ 0.00	\$ 0.00
	EE+SP	\$ 329.09	\$ 50.32	\$ 9.57
	EE+CH	\$ 147.39	\$ 9.25	\$ 0.00
	FAMILY	\$ 874.24	\$ 173.54	\$ 90.45

You have the option to waive dental coverage and thereby reduce your out-of-pocket insurance cost. You may only waive dental coverage during annual enrollment or upon initial eligibility. You will not be able to re-enroll in dental coverage for the remainder of the year unless you lose eligibility for other group dental coverage and provide proof of the loss within 31 days.

\* Members and their qualified dependents who do not enroll in a dental plan when initially eligible and elect to enroll during a future open enrollment will be subject to "waiting period" restrictions - meaning, for the first 12 months, the dental coverage will only allow preventative services and no orthodontia. The 12-month waiting period does not apply for members who enroll in OEGB dental coverage due to loss of other OEGB coverage.