

**CLASSIFIED ACTIVE 4J EMPLOYEES - SYNERGY - 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.

Synergy (CCM) Medical, Vision, Rx and MODA DENTAL		Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
4-5.99 HR	EE	\$ 0.00	\$ 0.00	\$ 0.00
	EE+SP	\$ 665.72	\$ 137.68	\$ 77.90
	EE+CH	\$ 514.87	\$ 103.89	\$ 56.02
	FAMILY	\$ 1,224.12	\$ 265.51	\$ 163.40
6-6.99 HR	EE	\$ 0.00	\$ 0.00	\$ 0.00
	EE+SP	\$ 447.56	\$ 83.14	\$ 37.00
	EE+CH	\$ 296.71	\$ 49.35	\$ 15.11
	FAMILY	\$ 1,005.96	\$ 210.97	\$ 122.50
7-8 HR	EE	\$ 0.00	\$ 0.00	\$ 0.00
	EE+SP	\$ 298.76	\$ 45.94	\$ 9.10
	EE+CH	\$ 147.91	\$ 12.15	\$ 0.00
	FAMILY	\$ 857.16	\$ 173.77	\$ 94.60

Synergy (CCM) Medical, Vision, Rx and WILLAMETTE DENTAL		Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
4-5.99 HR	EE	\$ 0.00	\$ 0.00	\$ 0.00
	EE+SP	\$ 646.29	\$ 132.82	\$ 74.26
	EE+CH	\$ 487.33	\$ 97.00	\$ 50.85
	FAMILY	\$ 1,186.22	\$ 256.04	\$ 156.30
6-6.99 HR	EE	\$ 0.00	\$ 0.00	\$ 0.00
	EE+SP	\$ 428.13	\$ 78.28	\$ 33.35
	EE+CH	\$ 269.17	\$ 42.46	\$ 9.95
	FAMILY	\$ 968.06	\$ 201.50	\$ 115.39
7-8 HR	EE	\$ 0.00	\$ 0.00	\$ 0.00
	EE+SP	\$ 279.33	\$ 41.08	\$ 5.45
	EE+CH	\$ 120.37	\$ 5.26	\$ 0.00
	FAMILY	\$ 819.26	\$ 164.30	\$ 87.49

Synergy (CCM) Medical, Vision, Rx and WAIVED DENTAL*		Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
4-5.99 HR	EE	\$ 0.00	\$ 0.00	\$ 0.00
	EE+SP	\$ 566.58	\$ 112.89	\$ 59.31
	EE+CH	\$ 402.52	\$ 75.80	\$ 34.95
	FAMILY	\$ 1,058.76	\$ 224.18	\$ 132.40
6-6.99 HR	EE	\$ 0.00	\$ 0.00	\$ 0.00
	EE+SP	\$ 348.42	\$ 58.35	\$ 18.41
	EE+CH	\$ 184.36	\$ 21.26	\$ 0.00
	FAMILY	\$ 840.60	\$ 169.64	\$ 91.50
7-8 HR	EE	\$ 0.00	\$ 0.00	\$ 0.00
	EE+SP	\$ 199.62	\$ 21.15	\$ 0.00
	EE+CH	\$ 35.56	\$ 0.00	\$ 0.00
	FAMILY	\$ 691.80	\$ 132.44	\$ 63.60

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 OEBB dental coverage due to loss of other OEBB coverage.