

**CLASSIFIED ACTIVE 4J EMPLOYEES - CONNEXUS (PPO) - 12 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

Connexus (PPO) Medical, Vision, Rx and MODA DENTAL		Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
4-5.99 HR	EE	\$ 16.05	\$ 0.00	\$ 0.00
	EE+SP	\$ 662.66	\$ 139.04	\$ 80.80
	EE+CH	\$ 522.25	\$ 107.57	\$ 60.40
	FAMILY	\$ 1,172.13	\$ 255.52	\$ 158.55
6-6.99 HR	EE	\$ 0.00	\$ 0.00	\$ 0.00
	EE+SP	\$ 480.86	\$ 93.59	\$ 46.71
	EE+CH	\$ 340.45	\$ 62.12	\$ 26.31
	FAMILY	\$ 990.33	\$ 210.07	\$ 124.46
7-8 HR	EE	\$ 0.00	\$ 0.00	\$ 0.00
	EE+SP	\$ 356.86	\$ 62.59	\$ 23.46
	EE+CH	\$ 216.45	\$ 31.12	\$ 3.06
	FAMILY	\$ 866.33	\$ 179.07	\$ 101.21

Connexus (PPO) Medical, Vision, Rx and WILLAMETTE DENTAL		Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
4-5.99 HR	EE	\$ 7.88	\$ 0.00	\$ 0.00
	EE+SP	\$ 646.46	\$ 134.99	\$ 77.76
	EE+CH	\$ 499.30	\$ 101.83	\$ 56.10
	FAMILY	\$ 1,140.55	\$ 247.62	\$ 152.63
6-6.99 HR	EE	\$ 0.00	\$ 0.00	\$ 0.00
	EE+SP	\$ 464.66	\$ 89.54	\$ 43.68
	EE+CH	\$ 317.50	\$ 56.38	\$ 22.01
	FAMILY	\$ 958.75	\$ 202.17	\$ 118.54
7-8 HR	EE	\$ 0.00	\$ 0.00	\$ 0.00
	EE+SP	\$ 340.66	\$ 58.54	\$ 20.43
	EE+CH	\$ 193.50	\$ 25.38	\$ 0.00
	FAMILY	\$ 834.75	\$ 171.17	\$ 95.29

Connexus (PPO) 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	\$ 580.04	\$ 118.38	\$ 65.31
	EE+CH	\$ 428.62	\$ 84.16	\$ 42.84
	FAMILY	\$ 1,034.34	\$ 221.07	\$ 132.72
6-6.99 HR	EE	\$ 0.00	\$ 0.00	\$ 0.00
	EE+SP	\$ 398.24	\$ 72.93	\$ 31.22
	EE+CH	\$ 246.82	\$ 38.71	\$ 8.76
	FAMILY	\$ 852.54	\$ 175.62	\$ 98.63
7-8 HR	EE	\$ 0.00	\$ 0.00	\$ 0.00
	EE+SP	\$ 274.24	\$ 41.93	\$ 7.97
	EE+CH	\$ 122.82	\$ 7.71	\$ 0.00
	FAMILY	\$ 728.54	\$ 144.62	\$ 75.38

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.