CLASSIFIED RETIRED 4J EMPLOYEES (50.70% District Contribution) 2016-2017 PLAN YEAR - MONTHLY CONTRIBUTIONS

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

Rate changes will be reflected on October 31st pay date and November 5th bank withdrawals.

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		nexi	is (PPO) is formerly c	alle	ed Statewide	1				
Connexus (PPO) Medical, Vision, Rx			Birch		Cedar		Dogwood			
	and MODA DENTAL		\$800 Deductible		\$1200 Deductible		\$1600 Deductible			
cc	EE	\$	501.31	\$	440.79	\$	369.62			
Ň	EE+SP	\$	1,309.57	\$	1,176.44	\$	1,019.91			
CONNEXUS	EE+CH	\$	1,134.06	\$	1,019.08	\$	883.91			
	FAMILY	\$	1,946.41	\$	1,758.83	\$	1,538.26			
Conr	nexus (PPO) Medical, Vision, Rx									
and WILLAMETTE DENTAL			Birch		Cedar		Dogwood			
			\$800 Deductible		\$1200 Deductible		\$1600 Deductible			
CONNEXUS	EE	\$	491.10	\$	430.58	\$	359.41			
N N	EE+SP	\$	1,289.33	\$	1,156.20	\$	999.67			
X	EE+CH	\$	1,105.38	\$	990.40	\$	855.23			
S	FAMILY	\$	1,906.94	\$	1,719.36	\$	1,498.79			
Connexus (PPO) Medical, Vision, Rx			Birch		Cedar		Dogwood			
	and WAIVED DENTAL*		\$800 Deductible		\$1200 Deductible		\$1600 Deductible			
ŝ	EE	\$	449.17	\$	388.65	\$	317.48			
CONNEXUS	EE+SP	\$	1,206.30	\$	1,073.17	\$	916.64			
ĨEX	EE+CH	\$	1,017.03	\$	902.05	\$	766.88			
US	FAMILY	\$	1,774.17	\$	1,586.59	\$	1,366.02			
		1	SYNERGY	r		1				
Syn	ergy (CCM) Medical, Vision, Rx		Birch		Cedar		Dogwood			
	and MODA DENTAL		\$800 Deductible		\$1200 Deductible		\$1600 Deductible			
S	EE	\$	439.99	\$	385.53	\$	321.50			
SYNERGY	EE+SP	\$	1,174.71	\$	1,054.90	\$	914.03			
RG	EE+CH	\$	1,017.57	\$	914.11	\$	792.45			
Ŷ	FAMILY	\$	1,756.37	\$	1,587.56	\$	1,389.05			
		1		-						
Synergy (CCM) Medical, Vision, Rx			Birch		Cedar		Dogwood			
	and WILLAMETTE DENTAL		\$800 Deductible		\$1200 Deductible		\$1600 Deductible			
S	EE	\$	429.78	\$	375.32	\$	311.29			
SYNERGY	EE+SP	\$	1,154.47	\$	1,034.66	\$	893.79			
	EE+CH	\$	988.89	\$	885.43	\$	763.77			
ìΥ	FAMILY	\$	1,716.90	\$	1,548.09	\$	1,349.58			
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Synergy (CCM) Medical, Vision, Rx and WAIVED DENTAL*		Birch \$800 Deductible		Cedar \$1200 Deductible		Dogwood \$1600 Deductible		
SYNERGY	S	EE	\$	387.85	\$	333.39	\$	269.36
		EE+SP	\$	1,071.44	\$	951.63	\$	810.76
	고	EE+CH	\$	900.54	\$	797.08	\$	675.42
	Ϋ́	FAMILY	\$	1,584.13	\$	1,415.32	\$	1,216.81

* If you waive dental coverage, you cannot re-enroll in the future.

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.