CLASSIFIED RETIRED 4J EMPLOYEES (53.73% 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.

Connexus (PPO) is formerly called Statewide									
Connexus (PPO) Medical, Vision, Rx		Birch		Cedar		Dogwood			
and MODA DENTAL			\$800 Deductible		\$1200 Deductible		\$1600 Deductible		
CONNEXUS	EE	\$	489.19	\$	428.67	\$	357.50		
	EE+SP	\$	1,297.45	\$	1,164.32	\$	1,007.79		
	EE+CH	\$	1,121.94	\$	1,006.96	\$	871.79		
	FAMILY	\$	1,934.29	\$	1,746.71	\$	1,526.14		
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Connexus (PPO) Medical, Vision, Rx		Birch		Cedar		Dogwood			
and WILLAMETTE DENTAL			\$800 Deductible		\$1200 Deductible		\$1600 Deductible		
CONNEXUS	EE	\$	478.98	\$	418.46	\$	347.29		
	EE+SP	\$	1,277.21	\$	1,144.08	\$	987.55		
	EE+CH	\$	1,093.26	\$	978.28	\$	843.11		
	FAMILY	\$	1,894.82	\$	1,707.24	\$	1,486.67		
Connexus (PPO) Medical, Vision, Rx		Birch		Cedar		Dogwood			
and WAIVED DENTAL*			\$800 Deductible		\$1200 Deductible		\$1600 Deductible		
CONNEXUS	EE	\$	437.05	\$	376.53	\$	305.36		
	EE+SP	\$	1,194.18	\$	1,061.05	\$	904.52		
EX	EE+CH	\$	1,004.91	\$	889.93	\$	754.76		
Sn	FAMILY	\$	1,762.05	\$	1,574.47	\$	1,353.90		

SYNERGY										
Synergy (CCM) Medical, Vision, Rx		Birch		Cedar		Dogwood				
and MODA DENTAL		\$800 Deductible		\$1200 Deductible		\$1600 Deductible				
SYNERGY	EE	\$	427.87	\$	373.41	\$	309.38			
	EE+SP	\$	1,162.59	\$	1,042.78	\$	901.91			
	EE+CH	\$	1,005.45	\$	901.99	\$	780.33			
	FAMILY	\$	1,744.25	\$	1,575.44	\$	1,376.93			
Synergy (CCM) Medical, Vision, Rx		Birch		Cedar		Dogwood				
and WILLAMETTE DENTAL		\$800 Deductible			\$1200 Deductible		\$1600 Deductible			
SYNERGY	EE	\$	417.66	\$	363.20	\$	299.17			
	EE+SP	\$	1,142.35	\$	1,022.54	\$	881.67			
	EE+CH	\$	976.77	\$	873.31	69	751.65			
	FAMILY	\$	1,704.78	\$	1,535.97	\$	1,337.46			
Synergy (CCM) Medical, Vision, Rx		Birch		Cedar		Dogwood				
and WAIVED DENTAL*			\$800 Deductible		\$1200 Deductible		\$1600 Deductible			
SYNERGY	EE	\$	375.73	\$	321.27	\$	257.24			
	EE+SP	\$	1,059.32	\$	939.51	\$	798.64			
	EE+CH	\$	888.42	\$	784.96	\$	663.30			
	FAMILY	\$	1,572.01	\$	1,403.20	\$	1,204.69			

^{*} 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.