

**CLASSIFIED ACTIVE 4J EMPLOYEES - SYNERGY - 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.

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	\$ 554.77	\$ 114.73	\$ 64.92
	EE+CH	\$ 429.06	\$ 86.57	\$ 46.68
	FAMILY	\$ 1,020.10	\$ 221.26	\$ 136.17
6-6-99 HR	EE	\$ 0.00	\$ 0.00	\$ 0.00
	EE+SP	\$ 372.97	\$ 69.28	\$ 30.83
	EE+CH	\$ 247.26	\$ 41.12	\$ 12.59
	FAMILY	\$ 838.30	\$ 175.81	\$ 102.08
7-8 HR	EE	\$ 0.00	\$ 0.00	\$ 0.00
	EE+SP	\$ 248.97	\$ 38.28	\$ 7.58
	EE+CH	\$ 123.26	\$ 10.12	\$ 0.00
	FAMILY	\$ 714.30	\$ 144.81	\$ 78.83
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	\$ 538.58	\$ 110.68	\$ 61.88
	EE+CH	\$ 406.11	\$ 80.84	\$ 42.38
	FAMILY	\$ 988.52	\$ 213.37	\$ 130.25
6-6-99 HR	EE	\$ 0.00	\$ 0.00	\$ 0.00
	EE+SP	\$ 356.78	\$ 65.23	\$ 27.79
	EE+CH	\$ 224.31	\$ 35.39	\$ 8.29
	FAMILY	\$ 806.72	\$ 167.92	\$ 96.16
7-8 HR	EE	\$ 0.00	\$ 0.00	\$ 0.00
	EE+SP	\$ 232.78	\$ 34.23	\$ 4.54
	EE+CH	\$ 100.31	\$ 4.39	\$ 0.00
	FAMILY	\$ 682.72	\$ 136.92	\$ 72.91
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	\$ 472.15	\$ 94.08	\$ 49.43
	EE+CH	\$ 335.43	\$ 63.17	\$ 29.13
	FAMILY	\$ 882.30	\$ 186.81	\$ 110.33
6-6-99 HR	EE	\$ 0.00	\$ 0.00	\$ 0.00
	EE+SP	\$ 290.35	\$ 48.63	\$ 15.34
	EE+CH	\$ 153.63	\$ 17.72	\$ 0.00
	FAMILY	\$ 700.50	\$ 141.36	\$ 76.25
7-8 HR	EE	\$ 0.00	\$ 0.00	\$ 0.00
	EE+SP	\$ 166.35	\$ 17.63	\$ 0.00
	EE+CH	\$ 29.63	\$ 0.00	\$ 0.00
	FAMILY	\$ 576.50	\$ 110.36	\$ 53.00

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.