

**ADMINISTRATIVE ACTIVE 4J EMPLOYEES
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) on the left and follow the row to the plan you choose. These are composite rates, meaning the rate is the same regardless of how many dependents you cover on the plan. You can cover just yourself or your entire family for the same price. The amount show is the employee cost AFTER the District contribution of up to \$1,200 per employee, per month based on FTE.

Connexus (PPO) is formerly called Statewide			
Connexus (PPO) Medical, Vision, Rx and MODA DENTAL	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
.500 to .749	\$ 900.42	\$ 756.40	\$ 527.07
.750 to .874	\$ 660.42	\$ 516.40	\$ 287.07
.875 to 1.00	\$ 480.42	\$ 336.40	\$ 107.07
Connexus (PPO) Medical, Vision, Rx and WILLAMETTE DENTAL	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
.500 to .749	\$ 878.77	\$ 734.75	\$ 505.42
.750 to .874	\$ 638.77	\$ 494.75	\$ 265.42
.875 to 1.00	\$ 458.77	\$ 314.75	\$ 85.42
Connexus (PPO) Medical, Vision, Rx and WAIVED DENTAL*	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
.500 to .749	\$ 772.10	\$ 628.08	\$ 398.75
.750 to .874	\$ 532.10	\$ 388.08	\$ 158.75
.875 to 1.00	\$ 352.10	\$ 208.08	\$ 0.00

SYNERGY (CCM)			
Synergy (CCM) Medical, Vision, Rx and MODA DENTAL	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
.500 to .749	\$ 754.52	\$ 624.91	\$ 412.51
.750 to .874	\$ 514.52	\$ 384.91	\$ 172.51
.875 to 1.00	\$ 334.52	\$ 204.91	\$ 0.00
Synergy (CCM) Medical, Vision, Rx and WILLAMETTE DENTAL	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
.500 to .749	\$ 732.87	\$ 603.26	\$ 390.86
.750 to .874	\$ 492.87	\$ 363.26	\$ 150.86
.875 to 1.00	\$ 312.87	\$ 183.26	\$ 0.00
Synergy (CCM) Medical, Vision, Rx and WAIVED DENTAL*	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
.500 to .749	\$ 626.20	\$ 496.59	\$ 284.19
.750 to .874	\$ 386.20	\$ 256.59	\$ 44.19
.875 to 1.00	\$ 206.20	\$ 76.59	\$ 0.00

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/or their qualified dependents who do not enroll in a dental plan when originally 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.