

# ADMINISTRATIVE RETIRED 4J EMPLOYEES (100.00% 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.

<b>Connexus (PPO) is formerly called Statewide</b>				
<b>Connexus (PPO) Medical, Vision, Rx and MODA DENTAL</b>		Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
<b>CONNEXUS</b>	EE	\$ 440.96	\$ 380.44	\$ 309.27
	EE+SP	\$ 1,249.22	\$ 1,116.09	\$ 959.56
	EE+CH	\$ 1,073.71	\$ 958.73	\$ 823.56
	FAMILY	\$ 1,886.06	\$ 1,698.48	\$ 1,477.91
<b>Connexus (PPO) Medical, Vision, Rx and WILLAMETTE DENTAL</b>		Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
<b>CONNEXUS</b>	EE	\$ 430.75	\$ 370.23	\$ 299.06
	EE+SP	\$ 1,228.98	\$ 1,095.85	\$ 939.32
	EE+CH	\$ 1,045.03	\$ 930.05	\$ 794.88
	FAMILY	\$ 1,846.59	\$ 1,659.01	\$ 1,438.44
<b>Connexus (PPO) Medical, Vision, Rx and WAIVED DENTAL*</b>		Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
<b>CONNEXUS</b>	EE	\$ 388.82	\$ 328.30	\$ 257.13
	EE+SP	\$ 1,145.95	\$ 1,012.82	\$ 856.29
	EE+CH	\$ 956.68	\$ 841.70	\$ 706.53
	FAMILY	\$ 1,713.82	\$ 1,526.24	\$ 1,305.67

<b>SYNERGY</b>				
<b>Synergy (CCM) Medical, Vision, Rx and MODA DENTAL</b>		Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
<b>SYNERGY</b>	EE	\$ 379.64	\$ 325.18	\$ 261.15
	EE+SP	\$ 1,114.36	\$ 994.55	\$ 853.68
	EE+CH	\$ 957.22	\$ 853.76	\$ 732.10
	FAMILY	\$ 1,696.02	\$ 1,527.21	\$ 1,328.70
<b>Synergy (CCM) Medical, Vision, Rx and WILLAMETTE DENTAL</b>		Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
<b>SYNERGY</b>	EE	\$ 369.43	\$ 314.97	\$ 250.94
	EE+SP	\$ 1,094.12	\$ 974.31	\$ 833.44
	EE+CH	\$ 928.54	\$ 825.08	\$ 703.42
	FAMILY	\$ 1,656.55	\$ 1,487.74	\$ 1,289.23
<b>Synergy (CCM) Medical, Vision, Rx and WAIVED DENTAL*</b>		Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
<b>SYNERGY</b>	EE	\$ 327.50	\$ 273.04	\$ 209.01
	EE+SP	\$ 1,011.09	\$ 891.28	\$ 750.41
	EE+CH	\$ 840.19	\$ 736.73	\$ 615.07
	FAMILY	\$ 1,523.78	\$ 1,354.97	\$ 1,156.46

\* 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.