

4J LICENSED SUBSTITUTES (100.00% District Contribution)

2017-2018 PLAN YEAR - MONTHLY CONTRIBUTIONS

EFFECTIVE 10/01/2017 through 09/30/2018

To determine your monthly payroll deduction, find your coverage tier and follow the row across to the enrollment you elect. All rates include medical, vision, pharmacy, and dental where noted.

Connexus (PPO)			
Delta Dental 5	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
EE	\$364.73	\$317.17	\$260.37
EE+SP/DP	\$1,196.74	\$1,092.12	\$967.18
EE+CH	\$1,015.17	\$924.82	\$816.93
FAMILY	\$1,851.64	\$1,704.24	\$1,528.19
Delta Dental 6 (No Ortho)	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
EE	\$329.43	\$281.87	\$225.07
EE+SP/DP	\$1,147.42	\$1,042.80	\$917.86
EE+CH	\$954.56	\$864.21	\$756.32
FAMILY	\$1,775.97	\$1,628.57	\$1,452.52
Willamette Dental	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
EE	\$350.92	\$303.36	\$246.56
EE+SP/DP	\$1,169.35	\$1,064.73	\$939.79
EE+CH	\$980.65	\$890.30	\$782.41
FAMILY	\$1,802.49	\$1,655.09	\$1,479.04
*Waive Dental	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
EE	\$308.17	\$260.61	\$203.81
EE+SP/DP	\$1,084.70	\$980.08	\$855.14
EE+CH	\$890.58	\$800.23	\$692.34
FAMILY	\$1,667.13	\$1,519.73	\$1,343.68

SYNERGY (CCM)			
Delta Dental 5	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
EE	\$301.89	\$259.09	\$207.99
EE+SP/DP	\$1,058.51	\$964.36	\$851.93
EE+CH	\$895.78	\$814.48	\$717.39
FAMILY	\$1,656.85	\$1,524.22	\$1,365.76
Delta Dental 6 (No Ortho)	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
EE	\$266.59	\$223.79	\$172.69
EE+SP/DP	\$1,009.19	\$915.04	\$802.61
EE+CH	\$835.17	\$753.87	\$656.78
FAMILY	\$1,581.18	\$1,448.55	\$1,290.09
Willamette Dental	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
EE	\$288.08	\$245.28	\$194.18
EE+SP/DP	\$1,031.12	\$936.97	\$824.54
EE+CH	\$861.26	\$779.96	\$682.87
FAMILY	\$1,607.70	\$1,475.07	\$1,316.61
*Waive Dental	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
EE	\$245.33	\$202.53	\$151.43
EE+SP/DP	\$946.47	\$852.32	\$739.89
EE+CH	\$771.19	\$689.89	\$592.80
FAMILY	\$1,472.34	\$1,339.71	\$1,181.25

*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, and you will not be able to re-enroll in dental coverage for the remainder of the plan 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 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.