CLASSIFIED RETIRED 4J EMPLOYEES (50.70% District Contribution) 2017-18 PLAN YEAR - MONTHLY CONTRIBUTIONS

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

	iges will be reflected on October a	31st pay da	ate and November 5th bank withdr	awals.
	Conne	xus (PPO)	
Delta Dental Plan 5	Birch \$800 Deductible		Cedar \$1200 Deductible	Dogwood \$1600 Deductible
EE	·	1.93	\$474.37	\$417.57
EE+SP	\$1,35	3.94	\$1,249.32	\$1,124.38
EE+CH	\$1,172	2.37	\$1,082.02	\$974.13
FAMILY	\$2,00	8.84	\$1,861.44	\$1,685.39
Delta Dental Plan 6	Birch		Cedar	Dogwood
	\$800 Deductible		\$1200 Deductible	\$1600 Deductible
(No Ortho)	·	7.00		
EE+SP	\$1,32	7.68	\$460.12 \$1,221.05	\$403.32 \$1,096.11
EE+CH	\$1,13		\$1,042.46	\$934.57
FAMILY	\$1,95		\$1,806.82	\$1,630.77
	Birch	1.22	Cedar	Dogwood
Willamette Dental	\$800 Deductible		\$1200 Deductible	\$1600 Deductible
EE		8.12	\$460.56	\$403.76
EE+SP	\$1,32		\$1,221.93	\$1,096.99
EE+CH	\$1,13		\$1,047.50	\$939.61
FAMILY	\$1,959		\$1,812.29	\$1,636.24
	Birch		Cedar	Dogwood
*Waive Dental	\$800 Deductible		\$1200 Deductible	\$1600 Deductible
EE	\$46	F 27	\$1200 Deductible \$417.81	\$1600 Deductible \$361.01
EE+SP	\$1,24		\$1,137.28	\$1,012.34
EE+CH	\$1,04		\$957.43	\$849.54
FAMILY	\$1,82		\$1,676.93	\$1,500.88
	Syne	rgy (C	CM)	
Delta Dental Plan 5	Birch		Cedar	Dogwood
	\$800 Deductible		\$1200 Deductible	\$1600 Deductible
EE	\$ 459		416.29	\$1600 Deductible \$ 365.19
EE+SP	\$ 459 \$ 1,215	5.71 \$	416.29 1,121.56	\$1600 Deductible \$ 365.19 \$ 1,009.13
EE+SP EE+CH	\$ 459 \$ 1,215 \$ 1,052	5.71 \$ 2.98 \$	416.29 1,121.56 971.68	\$1600 Deductible \$ 365.19 \$ 1,009.13 \$ 874.59
EE+SP EE+CH FAMILY	\$ 459 \$ 1,215	5.71 \$ 2.98 \$	416.29 1,121.56	\$1600 Deductible \$ 365.19 \$ 1,009.13
EE+SP EE+CH	\$ 459 \$ 1,215 \$ 1,052	5.71 \$ 2.98 \$	416.29 1,121.56 971.68	\$ 1600 Deductible \$ 365.19 \$ 1,009.13 \$ 874.59 \$ 1,522.96
EE+SP EE+CH FAMILY Delta Dental Plan 6	\$ 459 \$ 1,215 \$ 1,052 \$ 1,814	5.71 \$ 2.98 \$	416.29 1,121.56 971.68 1,681.42	\$1600 Deductible \$ 365.19 \$ 1,009.13 \$ 874.59
EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho)	\$ 459 \$ 1,215 \$ 1,052 \$ 1,814 Birch \$800 Deductible	5.71 \$ 2.98 \$ 4.05 \$	416.29 1,121.56 971.68 1,681.42 Cedar \$1200 Deductible	\$1600 Deductible \$ 365.19 \$ 1,009.13 \$ 874.59 \$ 1,522.96 Dogwood \$1600 Deductible
EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE	\$ 459 \$ 1,215 \$ 1,052 \$ 1,814 Birch \$800 Deductible \$ 444	5.71 \$ 2.98 \$ 4.05 \$	416.29 1,121.56 971.68 1,681.42 Cedar \$1200 Deductible 402.04	\$1600 Deductible \$ 365.19 \$ 1,009.13 \$ 874.59 \$ 1,522.96 Dogwood \$1600 Deductible \$ 350.94
EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE EE+SP	\$ 459 \$ 1,215 \$ 1,052 \$ 1,814 Birch \$800 Deductible \$ 444 \$ 1,187	5.71 \$ 2.98 \$ 4.05 \$ 4.84 \$ 7.44 \$	416.29 1,121.56 971.68 1,681.42 Cedar \$1200 Deductible 402.04 1,093.29	\$1600 Deductible \$ 365.19 \$ 1,009.13 \$ 874.59 \$ 1,522.96 Dogwood \$1600 Deductible \$ 350.94 \$ 980.86
EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE	\$ 459 \$ 1,215 \$ 1,052 \$ 1,814 Birch \$800 Deductible \$ 444 \$ 1,187 \$ 1,013	5.71 \$ 2.98 \$ 4.05 \$ 4.84 \$ 7.44 \$ 3.42 \$	416.29 1,121.56 971.68 1,681.42 Cedar \$1200 Deductible 402.04	\$1600 Deductible \$ 365.19 \$ 1,009.13 \$ 874.59 \$ 1,522.96 Dogwood \$1600 Deductible \$ 350.94 \$ 980.86 \$ 835.03
EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE EE+SP EE+CH FAMILY	\$ 459 \$ 1,215 \$ 1,052 \$ 1,814 Birch \$800 Deductible \$ 444 \$ 1,187 \$ 1,013 \$ 1,759 Birch	5.71 \$ 2.98 \$ 4.05 \$ 4.84 \$ 7.44 \$ 3.42 \$	416.29 1,121.56 971.68 1,681.42 Cedar \$1200 Deductible 402.04 1,093.29 932.12 1,626.80 Cedar	\$1600 Deductible \$ 365.19 \$ 1,009.13 \$ 874.59 \$ 1,522.96 Dogwood \$1600 Deductible \$ 350.94 \$ 980.86 \$ 835.03 \$ 1,468.34 Dogwood
EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE EE+SP EE+CH FAMILY Willamette Dental	\$ 459 \$ 1,215 \$ 1,052 \$ 1,814 Birch \$800 Deductible \$ 444 \$ 1,187 \$ 1,013 \$ 1,759 Birch \$800 Deductible	5.71 \$ 2.98 \$ 1.05 \$ 1.84 \$ 7.44 \$ 3.42 \$ 9.43 \$	416.29 1,121.56 971.68 1,681.42 Cedar \$1200 Deductible 402.04 1,093.29 932.12 1,626.80 Cedar \$1200 Deductible	\$ 365.19 \$ 1,009.13 \$ 874.59 \$ 1,522.96 Dogwood \$1600 Deductible \$ 350.94 \$ 980.86 \$ 835.03 \$ 1,468.34 Dogwood \$1600 Deductible
EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE EE+SP EE+CH FAMILY Willamette Dental EE	\$ 459 \$ 1,215 \$ 1,052 \$ 1,814 Birch \$800 Deductible \$ 444 \$ 1,187 \$ 1,013 \$ 1,759 Birch \$800 Deductible	5.71 \$ 2.98 \$ 4.05 \$ 4.84 \$ 7.44 \$ 8.42 \$ 9.43 \$ 5.28 \$	416.29 1,121.56 971.68 1,681.42 Cedar \$1200 Deductible 402.04 1,093.29 932.12 1,626.80 Cedar \$1200 Deductible 402.48	\$ 1600 Deductible \$ 365.19 \$ 1,009.13 \$ 874.59 \$ 1,522.96 Dogwood \$1600 Deductible \$ 350.94 \$ 980.86 \$ 835.03 \$ 1,468.34 Dogwood \$1600 Deductible \$ 351.38
EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE EE+SP EE+CH FAMILY Willamette Dental EE EE+SP	\$ 459 \$ 1,215 \$ 1,052 \$ 1,814 Birch \$800 Deductible \$ 444 \$ 1,187 \$ 1,013 \$ 1,759 Birch \$800 Deductible \$ 445 \$ 1,188	5.71 \$ 2.98 \$ 4.05 \$ 4.84 \$ 7.44 \$ 8.42 \$ 9.43 \$ 6.28 \$ 8.32 \$	416.29 1,121.56 971.68 1,681.42 Cedar \$1200 Deductible 402.04 1,093.29 932.12 1,626.80 Cedar \$1200 Deductible 402.48 1,094.17	\$ 1600 Deductible \$ 365.19 \$ 1,009.13 \$ 874.59 \$ 1,522.96 Dogwood \$1600 Deductible \$ 350.94 \$ 980.86 \$ 835.03 \$ 1,468.34 Dogwood \$1600 Deductible \$ 351.38 \$ 981.74
EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE EE+SP EE+CH FAMILY Willamette Dental EE EE+SP EE+SP EE+CH	\$ 459 \$ 1,215 \$ 1,052 \$ 1,814 Birch \$800 Deductible \$ 444 \$ 1,187 \$ 1,013 \$ 1,759 Birch \$800 Deductible \$ 445 \$ 1,188 \$ 1,188	5.71 \$ 2.98 \$ 4.05 \$ 4.84 \$ 7.44 \$ 8.42 \$ 9.43 \$ 6.28 \$ 8.32 \$ 8.46 \$	416.29 1,121.56 971.68 1,681.42 Cedar \$1200 Deductible 402.04 1,093.29 932.12 1,626.80 Cedar \$1200 Deductible 402.48 1,094.17 937.16	\$ 365.19 \$ 1,009.13 \$ 874.59 \$ 1,522.96 Dogwood \$1600 Deductible \$ 350.94 \$ 980.86 \$ 835.03 \$ 1,468.34 Dogwood \$1600 Deductible \$ 835.138 \$ 981.74 \$ 840.07
EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE EE+SP EE+CH FAMILY Willamette Dental EE EE+SP	\$ 459 \$ 1,215 \$ 1,052 \$ 1,814 Birch \$800 Deductible \$ 444 \$ 1,187 \$ 1,013 \$ 1,759 Birch \$800 Deductible \$ 445 \$ 1,188 \$ 1,188 \$ 1,018	5.71 \$ 2.98 \$ 4.05 \$ 4.84 \$ 7.44 \$ 8.42 \$ 9.43 \$ 6.28 \$ 8.32 \$ 8.46 \$	416.29 1,121.56 971.68 1,681.42 Cedar \$1200 Deductible 402.04 1,093.29 932.12 1,626.80 Cedar \$1200 Deductible 402.48 1,094.17 937.16 1,632.27	\$ 365.19 \$ 1,009.13 \$ 874.59 \$ 1,522.96 Dogwood \$1600 Deductible \$ 350.94 \$ 980.86 \$ 835.03 \$ 1,468.34 Dogwood \$1600 Deductible \$ 835.138 \$ 981.74 \$ 840.07 \$ 1,473.81
EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE EE+SP EE+CH FAMILY Willamette Dental EE EE+SP EE+SP EE+CH	\$ 459 \$ 1,215 \$ 1,052 \$ 1,814 Birch \$800 Deductible \$ 444 \$ 1,187 \$ 1,759 Birch \$800 Deductible \$ 445 \$ 1,188 \$ 1,188 \$ 1,018 \$ 1,764 Birch \$800 Deductible	5.71 \$ 2.98 \$ 4.05 \$ 4.84 \$ 7.44 \$ 8.42 \$ 9.43 \$ 6.28 \$ 8.32 \$ 8.46 \$	416.29 1,121.56 971.68 1,681.42 Cedar \$1200 Deductible 402.04 1,093.29 932.12 1,626.80 Cedar \$1200 Deductible 402.48 1,094.17 937.16	\$ 365.19 \$ 1,009.13 \$ 874.59 \$ 1,522.96 Dogwood \$1600 Deductible \$ 350.94 \$ 980.86 \$ 835.03 \$ 1,468.34 Dogwood \$1600 Deductible \$ 835.138 \$ 981.74 \$ 840.07

^{\$} * If you waive dental coverage, you cannot re-enroll in the future.

\$

EE+SP

EE+CH

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.

1,103.67 \$

\$

928.39

1,629.54

1,009.52

847.09

\$

1,496.91

897.09

750.00

1,338.45