## **CLASSIFIED RETIRED 4J EMPLOYEES (52.94% District Contribution)** 2017-18 PLAN YEAR - MONTHLY CONTRIBUTIONS

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

Rate chang	ges will be reflected on October 31st p	ay date and November 5th bank withdr	awals.
	Connexu	s (PPO)	
Delta Dental Plan 5	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
EE	\$512.97	\$465.41	\$408.61
EE+SP	\$1,344.98	\$1,240.36	\$1,115.42
EE+CH	\$1,163.41	\$1,073.06	\$965.17
FAMILY	\$1,999.88	\$1,852.48	\$1,676.43
Delta Dental Plan 6	Birch	Cedar	Dogwood
(No Ortho)	\$800 Deductible	\$1200 Deductible	\$1600 Deductible
EE (113 STEIIS)	\$498.72	\$451.16	\$394.36
EE+SP	\$1,316.71	\$1,212.09	\$1,087.15
EE+CH	\$1,123.85	\$1,033.50	\$925.61
FAMILY	\$1,945.26	\$1,797.86	\$1,621.81
Willamette Dental	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
EE	\$499.16	\$451.60	\$394.80
EE+SP	\$1,317.59	\$1,212.97	\$1,088.03
EE+CH	\$1,128.89	\$1,038.54	\$930.65
FAMILY	\$1,950.73	\$1,803.33	\$1,627.28
*Waive Dental	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
EE	\$456.41	\$408.85	\$352.05
EE+SP	\$1,232.94	\$1,128.32	\$1,003.38
EE+CH	\$1,038.82	\$948.47	\$840.58
FAMILY	\$1,815.37	\$1 667 Q7	\$1,491.92
	Ψ1,616.67	\$1,667.97	Ψ1,491.92
	Synergy		ψ1,+σ1.32
Delta Dental Plan 5			Dogwood \$1600 Deductible
	Synergy Birch	(CCM)	Dogwood
Delta Dental Plan 5	Synergy  Birch  \$800 Deductible  \$ 450.13 \$ 1,206.75	(CCM)  Cedar  \$1200 Deductible	Dogwood \$1600 Deductible
Delta Dental Plan 5  EE EE+SP EE+CH	Synergy  Birch \$800 Deductible  \$ 450.13 \$ 1,206.75 \$ 1,044.02	Cedar \$1200 Deductible \$ 407.33 \$ 1,112.60 \$ 962.72	Dogwood \$1600 Deductible \$ 356.23 \$ 1,000.17 \$ 865.63
Delta Dental Plan 5  EE EE+SP EE+CH FAMILY	Synergy  Birch  \$800 Deductible  \$ 450.13 \$ 1,206.75	Cedar \$1200 Deductible \$ 407.33 \$ 1,112.60	Dogwood \$1600 Deductible \$ 356.23 \$ 1,000.17
Delta Dental Plan 5  EE EE+SP EE+CH FAMILY Delta Dental Plan 6	Synergy  Birch \$800 Deductible  \$ 450.13 \$ 1,206.75 \$ 1,044.02 \$ 1,805.09  Birch	Cedar \$1200 Deductible \$ 407.33 \$ 1,112.60 \$ 962.72 \$ 1,672.46	Dogwood \$1600 Deductible \$ 356.23 \$ 1,000.17 \$ 865.63 \$ 1,514.00
Delta Dental Plan 5  EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho)	Synergy  Birch \$800 Deductible  \$ 450.13 \$ 1,206.75 \$ 1,044.02 \$ 1,805.09  Birch \$800 Deductible	Cedar \$1200 Deductible \$ 407.33 \$ 1,112.60 \$ 962.72 \$ 1,672.46 Cedar \$1200 Deductible	Dogwood \$1600 Deductible \$ 356.23 \$ 1,000.17 \$ 865.63 \$ 1,514.00 Dogwood \$1600 Deductible
Delta Dental Plan 5  EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE	Synergy  Birch \$800 Deductible  \$ 450.13 \$ 1,206.75 \$ 1,044.02 \$ 1,805.09  Birch \$800 Deductible \$ 435.88	Cedar \$1200 Deductible  \$ 407.33 \$ 1,112.60 \$ 962.72 \$ 1,672.46  Cedar \$1200 Deductible \$ 393.08	Dogwood \$1600 Deductible \$ 356.23 \$ 1,000.17 \$ 865.63 \$ 1,514.00 Dogwood \$1600 Deductible \$ 341.98
Delta Dental Plan 5  EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho)  EE EE+SP	Synergy  Birch \$800 Deductible  \$ 450.13 \$ 1,206.75 \$ 1,044.02 \$ 1,805.09  Birch \$800 Deductible  \$ 435.88 \$ 1,178.48	Cedar \$1200 Deductible  \$ 407.33 \$ 1,112.60 \$ 962.72 \$ 1,672.46  Cedar \$1200 Deductible  \$ 393.08 \$ 1,084.33	Dogwood \$1600 Deductible \$ 356.23 \$ 1,000.17 \$ 865.63 \$ 1,514.00 Dogwood \$1600 Deductible \$ 341.98 \$ 971.90
Delta Dental Plan 5  EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE	Synergy  Birch \$800 Deductible  \$ 450.13 \$ 1,206.75 \$ 1,044.02 \$ 1,805.09  Birch \$800 Deductible  \$ 435.88 \$ 1,178.48 \$ 1,004.46	Cedar \$1200 Deductible  \$ 407.33 \$ 1,112.60 \$ 962.72 \$ 1,672.46  Cedar \$1200 Deductible  \$ 393.08 \$ 1,084.33 \$ 923.16	Dogwood \$1600 Deductible \$ 356.23 \$ 1,000.17 \$ 865.63 \$ 1,514.00 Dogwood \$1600 Deductible \$ 341.98 \$ 971.90 \$ 826.07
Delta Dental Plan 5  EE EE+SP EE+CH FAMILY  Delta Dental Plan 6 (No Ortho)  EE EE+SP EE+CH	Synergy  Birch \$800 Deductible  \$ 450.13 \$ 1,206.75 \$ 1,044.02 \$ 1,805.09  Birch \$800 Deductible  \$ 435.88 \$ 1,178.48 \$ 1,004.46	Cedar \$1200 Deductible  \$ 407.33 \$ 1,112.60 \$ 962.72 \$ 1,672.46  Cedar \$1200 Deductible  \$ 393.08 \$ 1,084.33	Dogwood \$1600 Deductible \$ 356.23 \$ 1,000.17 \$ 865.63 \$ 1,514.00 Dogwood \$1600 Deductible \$ 341.98 \$ 971.90 \$ 826.07
Delta Dental Plan 5  EE EE+SP EE+CH FAMILY  Delta Dental Plan 6 (No Ortho)  EE EE+SP EE+CH FAMILY  Willamette Dental	### Synergy    Birch	Cedar \$1200 Deductible  \$ 407.33 \$ 1,112.60 \$ 962.72 \$ 1,672.46  Cedar \$1200 Deductible  \$ 393.08 \$ 1,084.33 \$ 923.16 \$ 1,617.84  Cedar \$1200 Deductible	Dogwood \$1600 Deductible \$ 356.23 \$ 1,000.17 \$ 865.63 \$ 1,514.00 Dogwood \$1600 Deductible \$ 341.98 \$ 971.90 \$ 826.07 \$ 1,459.38 Dogwood \$1600 Deductible
Delta Dental Plan 5  EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho)  EE EE+SP EE+CH FAMILY	Birch \$800 Deductible  \$ 450.13 \$ 1,206.75 \$ 1,044.02 \$ 1,805.09  Birch \$800 Deductible  \$ 435.88 \$ 1,178.48 \$ 1,004.46 \$ 1,750.47  Birch \$800 Deductible \$ 436.32	Cedar \$1200 Deductible  \$ 407.33 \$ 1,112.60 \$ 962.72 \$ 1,672.46  Cedar \$1200 Deductible  \$ 393.08 \$ 1,084.33 \$ 923.16 \$ 1,617.84  Cedar	Dogwood \$1600 Deductible  \$ 356.23 \$ 1,000.17 \$ 865.63 \$ 1,514.00  Dogwood \$1600 Deductible  \$ 341.98 \$ 971.90 \$ 826.07 \$ 1,459.38  Dogwood \$1600 Deductible \$ 342.42
Delta Dental Plan 5  EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho)  EE EE+SP EE+CH FAMILY Willamette Dental EE	Birch \$800 Deductible  \$ 450.13 \$ 1,206.75 \$ 1,044.02 \$ 1,805.09  Birch \$800 Deductible  \$ 435.88 \$ 1,178.48 \$ 1,004.46 \$ 1,750.47  Birch \$800 Deductible  \$ 436.32 \$ 1,179.36 \$ 1,009.50	Cedar \$1200 Deductible  \$ 407.33 \$ 1,112.60 \$ 962.72 \$ 1,672.46  Cedar \$1200 Deductible  \$ 393.08 \$ 1,084.33 \$ 923.16 \$ 1,617.84  Cedar \$1200 Deductible \$ 393.52	Dogwood \$1600 Deductible  \$ 356.23 \$ 1,000.17 \$ 865.63 \$ 1,514.00  Dogwood \$1600 Deductible  \$ 341.98 \$ 971.90 \$ 826.07 \$ 1,459.38  Dogwood \$1600 Deductible \$ 342.42
Delta Dental Plan 5  EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho)  EE EE+SP EE+CH FAMILY Willamette Dental EE EE+SP	Birch \$800 Deductible  \$ 450.13 \$ 1,206.75 \$ 1,044.02 \$ 1,805.09  Birch \$800 Deductible  \$ 435.88 \$ 1,178.48 \$ 1,004.46 \$ 1,750.47  Birch \$800 Deductible  \$ 436.32 \$ 1,179.36 \$ 1,009.50 \$ 1,755.94	Cedar \$1200 Deductible  \$ 407.33 \$ 1,112.60 \$ 962.72 \$ 1,672.46  Cedar \$1200 Deductible  \$ 393.08 \$ 1,084.33 \$ 923.16 \$ 1,617.84  Cedar \$1200 Deductible \$ 393.52 \$ 1,085.21 \$ 928.20 \$ 1,623.31	Dogwood \$1600 Deductible  \$ 356.23 \$ 1,000.17 \$ 865.63 \$ 1,514.00  Dogwood \$1600 Deductible  \$ 341.98 \$ 971.90 \$ 826.07 \$ 1,459.38  Dogwood \$1600 Deductible  \$ 342.42 \$ 972.78 \$ 831.11 \$ 1,464.85
Delta Dental Plan 5  EE 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	Birch \$800 Deductible  \$ 450.13 \$ 1,206.75 \$ 1,044.02 \$ 1,805.09  Birch \$800 Deductible  \$ 435.88 \$ 1,178.48 \$ 1,004.46 \$ 1,750.47  Birch \$800 Deductible  \$ 436.32 \$ 1,179.36 \$ 1,009.50	Cedar \$1200 Deductible  \$ 407.33 \$ 1,112.60 \$ 962.72 \$ 1,672.46  Cedar \$1200 Deductible  \$ 393.08 \$ 1,084.33 \$ 923.16 \$ 1,617.84  Cedar \$1200 Deductible \$ 393.52 \$ 1,085.21 \$ 928.20	Dogwood \$1600 Deductible  \$ 356.23 \$ 1,000.17 \$ 865.63 \$ 1,514.00  Dogwood \$1600 Deductible  \$ 341.98 \$ 971.90 \$ 826.07 \$ 1,459.38 Dogwood \$1600 Deductible \$ 342.42 \$ 972.78 \$ 831.11
Delta Dental Plan 5  EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho)  EE EE+SP EE+CH FAMILY Willamette Dental  EE EE+SP EE+CH FAMILY	Birch \$800 Deductible  \$ 450.13 \$ 1,206.75 \$ 1,044.02 \$ 1,805.09  Birch \$800 Deductible  \$ 435.88 \$ 1,178.48 \$ 1,004.46 \$ 1,750.47  Birch \$800 Deductible  \$ 436.32 \$ 1,179.36 \$ 1,009.50 \$ 1,755.94  Birch	Cedar \$1200 Deductible  \$ 407.33 \$ 1,112.60 \$ 962.72 \$ 1,672.46  Cedar \$1200 Deductible  \$ 393.08 \$ 1,084.33 \$ 923.16 \$ 1,617.84  Cedar \$1200 Deductible  \$ 1,617.84  Cedar \$1200 Deductible  \$ 1,623.31  Cedar	Dogwood \$1600 Deductible  \$ 356.23 \$ 1,000.17 \$ 865.63 \$ 1,514.00  Dogwood \$1600 Deductible  \$ 341.98 \$ 971.90 \$ 826.07 \$ 1,459.38  Dogwood \$1600 Deductible  \$ 342.42 \$ 972.78 \$ 831.11 \$ 1,464.85  Dogwood
Delta Dental Plan 5  EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho)  EE EE+SP EE+CH FAMILY Willamette Dental  EE EE+SP EE+CH FAMILY *Waive Dental	Birch \$800 Deductible \$ 450.13 \$ 1,206.75 \$ 1,044.02 \$ 1,805.09 \$ Birch \$800 Deductible \$ 435.88 \$ 1,178.48 \$ 1,004.46 \$ 1,750.47 Birch \$800 Deductible \$ 436.32 \$ 1,179.36 \$ 1,009.50 \$ 1,755.94 Birch \$800 Deductible	Cedar \$1200 Deductible  \$ 407.33 \$ 1,112.60 \$ 962.72 \$ 1,672.46  Cedar \$1200 Deductible  \$ 393.08 \$ 1,084.33 \$ 923.16 \$ 1,617.84  Cedar \$1200 Deductible  \$ 393.52 \$ 1,085.21 \$ 928.20 \$ 1,623.31  Cedar \$1200 Deductible	Dogwood \$1600 Deductible  \$ 356.23 \$ 1,000.17 \$ 865.63 \$ 1,514.00  Dogwood \$1600 Deductible  \$ 341.98 \$ 971.90 \$ 826.07 \$ 1,459.38  Dogwood \$1600 Deductible  \$ 342.42 \$ 972.78 \$ 831.11 \$ 1,464.85  Dogwood \$1600 Deductible

<sup>\$</sup> \* If you waive dental coverage, you cannot re-enroll in the future.

**FAMILY** 

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.

1,620.58

1,487.95

1,329.49