CLASSIFIED RETIRED 4J EMPLOYEES (56.25% District Contribution) 2017-18 PLAN YEAR - MONTHLY CONTRIBUTIONS

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

Rate chan	iges will be reflected on October 31st	pay date and November 5th bank withd	rawals.
	Connexu	ıs (PPO)	
	Birch	Cedar	Dogwood
Delta Dental Plan 5	\$800 Deductible	\$1200 Deductible	\$1600 Deductible
EE	\$499.73		\$395.37
EE+SP	\$1,331.74	'	\$1,102.18
EE+CH	\$1,150.17		\$951.93
FAMILY	\$1,130.17 \$1,986.64		'
			\$1,663.19
Delta Dental Plan 6	Birch	Cedar	Dogwood
(No Ortho)	\$800 Deductible	\$1200 Deductible	\$1600 Deductible
EE	\$485.48	\$437.92	\$381.12
EE+SP	\$1,303.47	\$1,198.85	\$1,073.91
EE+CH	\$1,110.61	\$1,020.26	
FAMILY	\$1,932.02	\$1,784.62	\$1,608.57
Willemette Dentel	Birch	Cedar	Dogwood
Willamette Dental	\$800 Deductible	\$1200 Deductible	\$1600 Deductible
EE	\$485.92		·
EE+SP	\$1,304.35		\$1,074.79
EE+CH	\$1,115.65	\$1,025.30	\$917.41
FAMILY	\$1,937.49	\$1,790.09	\$1,614.04
	Birch	Cedar	Dogwood
*Waive Dental	\$800 Deductible	\$1200 Deductible	\$1600 Deductible
EE	\$443.17	•	
EE+SP	\$1,219.70		
EE+CH	\$1,025.58		\$827.34
FAMILY	\$1,802.13		
		(2.2.1)	
	Synergy	(CCM)	
	Birch	Cedar	Dogwood
Delta Dental Plan 5	\$800 Deductible	\$1200 Deductible	\$1600 Deductible
EE OR	\$ 436.89	\$ 394.09	\$ 342.99
EE+SP EE+CH	\$ 1,193.51	\$ 1,099.36 \$ 949.48	\$ 986.93
FAMILY	\$ 1,030.78 \$ 1,791.85	\$ 949.48 \$ 1,659.22	\$ 852.39 \$ 1,500.76
	ų 1,791.83	\$ 1,039.22	ψ 1,500.70
Delta Dental Plan 6	Birch	Cedar	Dogwood
(No Ortho)	\$800 Deductible	\$1200 Deductible	\$1600 Deductible
EE	\$ 422.64	\$ 379.84	\$ 328.74
EE+SP	\$ 1,165.24	\$ 1,071.09	\$ 958.66
EE+CH		\$ 909.92	
	\$ 991.22		01/-03
FAMILY	\$ 991.22 \$ 1.737.23		\$ 812.83 \$ 1.446.14
FAMILY	\$ 1,737.23	\$ 1,604.60	\$ 1,446.14
FAMILY Willamette Dental	\$ 1,737.23 Birch	\$ 1,604.60 Cedar	\$ 1,446.14 Dogwood
Willamette Dental	\$ 1,737.23 Birch \$800 Deductible	\$ 1,604.60 Cedar \$1200 Deductible	\$ 1,446.14 Dogwood \$1600 Deductible
Willamette Dental	\$ 1,737.23 Birch \$800 Deductible \$ 423.08	\$ 1,604.60 Cedar \$1200 Deductible \$ 380.28	\$ 1,446.14 Dogwood \$1600 Deductible \$ 329.18
Willamette Dental EE EE+SP	\$ 1,737.23 Birch \$800 Deductible \$ 423.08 \$ 1,166.12	\$ 1,604.60 Cedar \$1200 Deductible \$ 380.28 \$ 1,071.97	\$ 1,446.14 Dogwood \$1600 Deductible \$ 329.18 \$ 959.54
Willamette Dental EE EE+SP EE+CH	\$ 1,737.23 Birch \$800 Deductible \$ 423.08 \$ 1,166.12 \$ 996.26	\$ 1,604.60 Cedar \$1200 Deductible \$ 380.28 \$ 1,071.97 \$ 914.96	\$ 1,446.14 Dogwood \$1600 Deductible \$ 329.18 \$ 959.54 \$ 817.87
Willamette Dental EE EE+SP	\$ 1,737.23 Birch \$800 Deductible \$ 423.08 \$ 1,166.12 \$ 996.26 \$ 1,742.70	\$ 1,604.60 Cedar \$1200 Deductible \$ 380.28 \$ 1,071.97 \$ 914.96 \$ 1,610.07	\$ 1,446.14 Dogwood \$1600 Deductible \$ 329.18 \$ 959.54 \$ 817.87 \$ 1,451.61
Willamette Dental EE EE+SP EE+CH	\$ 1,737.23 Birch \$800 Deductible \$ 423.08 \$ 1,166.12 \$ 996.26 \$ 1,742.70 Birch	\$ 1,604.60 Cedar \$1200 Deductible \$ 380.28 \$ 1,071.97 \$ 914.96 \$ 1,610.07 Cedar	\$ 1,446.14 Dogwood \$1600 Deductible \$ 329.18 \$ 959.54 \$ 817.87 \$ 1,451.61 Dogwood
Willamette Dental EE EE+SP EE+CH FAMILY *Waive Dental	\$ 1,737.23 Birch \$800 Deductible \$ 423.08 \$ 1,166.12 \$ 996.26 \$ 1,742.70 Birch \$800 Deductible	\$ 1,604.60 Cedar \$1200 Deductible \$ 380.28 \$ 1,071.97 \$ 914.96 \$ 1,610.07 Cedar \$1200 Deductible	\$ 1,446.14 Dogwood \$1600 Deductible \$ 329.18 \$ 959.54 \$ 817.87 \$ 1,451.61 Dogwood \$1600 Deductible
Willamette Dental EE EE+SP EE+CH FAMILY	\$ 1,737.23 Birch \$800 Deductible \$ 423.08 \$ 1,166.12 \$ 996.26 \$ 1,742.70 Birch	\$ 1,604.60 Cedar \$1200 Deductible \$ 380.28 \$ 1,071.97 \$ 914.96 \$ 1,610.07 Cedar \$1200 Deductible	\$ 1,446.14 Dogwood \$1600 Deductible \$ 329.18 \$ 959.54 \$ 817.87 \$ 1,451.61 Dogwood \$1600 Deductible

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

\$

EE+CH

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.

906.19

1,607.34

\$

\$

824.89

1,474.71

\$

\$

727.80

1,316.25