## **CLASSIFIED RETIRED 4J EMPLOYEES (61.02% District Contribution)** 2017-18 PLAN YEAR - MONTHLY CONTRIBUTIONS

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

Rate chan	ges will be reflected on October 31s	pay date and November 5th bank withd	rawals.
	Connex	us (PPO)	
Delta Dental Plan 5	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
EE	\$480.6	5 \$433.09	\$376.29
EE+SP	\$1,312.6	6 \$1,208.04	\$1,083.10
EE+CH	\$1,131.0	9 \$1,040.74	\$932.85
FAMILY	\$1,967.5	6 \$1,820.16	\$1,644.11
Delta Dental Plan 6	Birch	Cedar	Dogwood
(No Ortho)	\$800 Deductible	\$1200 Deductible	\$1600 Deductible
EE+SP	\$466.4 \$1,284.3		\$362.04 \$1,054.83
EE+CH	\$1,091.5		
FAMILY	\$1,912.9		\$1,589.49
	Birch	Cedar	Dogwood
Willamette Dental	\$800 Deductible	\$1200 Deductible	\$1600 Deductible
EE	\$466.8		•
EE+SP	\$1,285.2	•	·
EE+CH	\$1,096.5		\$898.33
FAMILY	\$1,918.4		\$1,594.96
*Maior Doutel	Birch	Cedar	Dogwood
*Waive Dental	\$800 Deductible	\$1200 Deductible	\$1600 Deductible
EE	\$424.0		
EE+SP	\$1,200.6		
EE+CH	\$1,006.5		
FAMILY	\$1,783.0	5 \$1,635.65	\$1,459.60
Synergy (CCM)			
	Synerg	y (CCM)	
Dolta Dontal Plan 5	Synerg Birch	Cedar	Dogwood
Delta Dental Plan 5	Birch \$800 Deductible	Cedar \$1200 Deductible	\$1600 Deductible
EE	Birch \$800 Deductible \$ 417.8	Cedar \$1200 Deductible \$ 375.01	\$1600 Deductible \$ 323.91
EE EE+SP	Birch \$800 Deductible \$ 417.8° \$ 1,174.4°	Cedar \$1200 Deductible \$ 375.01 \$ 1,080.28	\$1600 Deductible  \$ 323.91 \$ 967.85
EE EE+SP EE+CH	Birch \$800 Deductible \$ 417.8° \$ 1,174.4° \$ 1,011.70	Cedar \$1200 Deductible \$ 375.01 \$ 1,080.28 \$ 930.40	\$1600 Deductible  \$ 323.91 \$ 967.85 \$ 833.31
EE EE+SP	Birch \$800 Deductible \$ 417.80 \$ 1,174.40 \$ 1,011.70 \$ 1,772.70	Cedar \$1200 Deductible \$ 375.01 \$ 1,080.28 9 \$ 930.40 7 \$ 1,640.14	\$ 323.91 \$ 967.85 \$ 833.31 \$ 1,481.68
EE EE+SP EE+CH FAMILY Delta Dental Plan 6	Birch \$800 Deductible \$ 417.8 \$ 1,174.4 \$ 1,011.7 \$ 1,772.7	Cedar \$1200 Deductible \$ 375.01 \$ 1,080.28 0 \$ 930.40 7 \$ 1,640.14 Cedar	\$1600 Deductible  \$ 323.91 \$ 967.85 \$ 833.31 \$ 1,481.68  Dogwood
EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho)	Birch \$800 Deductible \$ 417.8 \$ 1,174.4 \$ 1,011.7 \$ 1,772.7 Birch \$800 Deductible	Cedar \$1200 Deductible \$ 375.01 \$ 1,080.28 \$ 930.40 \$ 1,640.14 Cedar \$1200 Deductible	\$1600 Deductible  \$ 323.91 \$ 967.85 \$ 833.31 \$ 1,481.68  Dogwood \$1600 Deductible
EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE	Birch \$800 Deductible \$ 417.8 \$ 1,174.4 \$ 1,011.7 \$ 1,772.7 Birch \$800 Deductible \$ 403.5	Cedar \$1200 Deductible \$ 375.01 \$ 1,080.28 \$ 930.40 \$ 1,640.14 Cedar \$1200 Deductible \$ 360.76	\$1600 Deductible  \$ 323.91 \$ 967.85 \$ 833.31 \$ 1,481.68  Dogwood \$1600 Deductible \$ 309.66
EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE EE+SP	Birch \$800 Deductible \$ 417.8 \$ 1,174.4 \$ 1,011.7 \$ 1,772.7 Birch \$800 Deductible \$ 403.5 \$ 1,146.1	Cedar \$1200 Deductible \$ 375.01 \$ 1,080.28 \$ 930.40 \$ 1,640.14 Cedar \$1200 Deductible \$ \$ 360.76 \$ \$ 1,052.01	\$1600 Deductible  \$ 323.91 \$ 967.85 \$ 833.31 \$ 1,481.68  Dogwood \$1600 Deductible  \$ 309.66 \$ 939.58
EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE EE+SP EE+CH	Birch \$800 Deductible \$ 417.8 \$ 1,174.4 \$ 1,011.7 \$ 1,772.7 Birch \$800 Deductible \$ 403.5 \$ 1,146.1 \$ 972.1	Cedar \$1200 Deductible \$ 375.01 \$ 1,080.28 \$ 930.40 \$ 1,640.14 Cedar \$1200 Deductible \$ \$ 360.76 \$ 1,052.01 \$ 890.84	\$1600 Deductible  \$ 323.91 \$ 967.85 \$ 833.31 \$ 1,481.68  Dogwood \$1600 Deductible  \$ 309.66 \$ 939.58 \$ 793.75
EE EE+SP EE+CH FAMILY  Delta Dental Plan 6 (No Ortho)  EE EE+SP EE+CH FAMILY	Birch \$800 Deductible \$ 417.8 \$ 1,174.4 \$ 1,011.7 \$ 1,772.7 Birch \$800 Deductible \$ 403.5 \$ 1,146.1	Cedar \$1200 Deductible \$ 375.01 \$ 1,080.28 \$ 930.40 \$ 1,640.14 Cedar \$1200 Deductible \$ \$ 360.76 \$ 1,052.01 \$ 890.84	\$1600 Deductible  \$ 323.91 \$ 967.85 \$ 833.31 \$ 1,481.68  Dogwood \$1600 Deductible  \$ 309.66 \$ 939.58 \$ 793.75 \$ 1,427.06
EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE EE+SP EE+CH FAMILY Willamette Dental	Birch \$800 Deductible \$ 417.8 \$ 1,174.4 \$ 1,011.7 \$ 1,772.7 Birch \$800 Deductible \$ 403.5 \$ 1,146.1 \$ 972.1 \$ 1,718.1	Cedar \$1200 Deductible \$ 375.01 \$ 1,080.28 \$ 930.40 \$ 1,640.14 Cedar \$1200 Deductible \$ \$ 360.76 \$ 1,052.01 \$ 890.84 \$ 1,585.52	\$ 323.91 \$ 967.85 \$ 833.31 \$ 1,481.68 Dogwood \$1600 Deductible \$ 309.66 \$ 939.58 \$ 793.75 \$ 1,427.06 Dogwood \$1600 Deductible
EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE EE+SP EE+CH FAMILY Willamette Dental EE	Birch \$800 Deductible \$ 417.8 \$ 1,174.4 \$ 1,772.7 \$ Birch \$800 Deductible \$ 403.5 \$ 1,146.1 \$ 972.1 \$ Birch \$800 Deductible \$ 403.5 \$ 404.0 \$ \$ 404.0 \$	Cedar \$1200 Deductible  \$ 375.01  \$ 1,080.28  \$ 930.40  \$ 1,640.14  Cedar \$1200 Deductible  \$ 360.76  \$ 1,052.01  \$ 890.84  \$ 1,585.52  Cedar \$1200 Deductible  \$ 361.20	\$ 323.91 \$ 967.85 \$ 833.31 \$ 1,481.68  Dogwood \$1600 Deductible \$ 309.66 \$ 939.58 \$ 793.75 \$ 1,427.06  Dogwood \$1600 Deductible \$ 310.10
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  \$ 417.8' \$ 1,174.4' \$ 1,011.7' \$ 1,772.7'  Birch \$800 Deductible  \$ 403.5' \$ 1,146.1' \$ 972.1. \$ 1,718.1! Birch \$800 Deductible  \$ 404.0' \$ 1,147.0.	Cedar \$1200 Deductible  \$ 375.01  \$ 1,080.28  \$ 930.40  \$ 1,640.14  Cedar \$1200 Deductible  \$ 360.76  \$ 1,052.01  \$ 890.84  \$ 1,585.52  Cedar \$1200 Deductible  \$ 361.20  \$ 361.20  \$ 1,052.89	\$ 323.91 \$ 967.85 \$ 833.31 \$ 1,481.68  Dogwood \$1600 Deductible \$ 309.66 \$ 939.58 \$ 793.75 \$ 1,427.06  Dogwood \$1600 Deductible \$ 309.66 \$ 939.58
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	Birch \$800 Deductible  \$ 417.8' \$ 1,174.4' \$ 1,011.7' \$ 1,772.7'  Birch \$800 Deductible  \$ 403.5' \$ 1,146.1' \$ 972.1.4' \$ 1,718.1! Birch \$800 Deductible  \$ 404.0' \$ 977.18' \$ 977.18'	Cedar \$1200 Deductible  \$ 375.01  \$ 1,080.28  \$ 930.40  \$ 1,640.14  Cedar \$1200 Deductible  \$ 360.76  \$ 1,052.01  \$ 890.84  \$ 1,585.52  Cedar \$1200 Deductible  \$ 1,585.52  Cedar \$1,052.89  \$ 361.20  \$ 895.88	\$ 323.91 \$ 967.85 \$ 833.31 \$ 1,481.68  Dogwood \$1600 Deductible \$ 309.66 \$ 939.58 \$ 793.75 \$ 1,427.06 Dogwood \$1600 Deductible \$ 309.66 \$ 939.58
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  \$ 417.8' \$ 1,174.4' \$ 1,011.7' \$ 1,772.7'  Birch \$800 Deductible  \$ 403.5' \$ 1,146.10 \$ 972.14 \$ 1,718.15  Birch \$800 Deductible  \$ 404.00 \$ 1,147.04 \$ 977.11 \$ 1,723.65	Cedar \$1200 Deductible  \$ 375.01  \$ 1,080.28  \$ 930.40  \$ 1,640.14  Cedar \$1200 Deductible  \$ 360.76  \$ 1,052.01  \$ 890.84  \$ 1,585.52  Cedar \$1200 Deductible  \$ 1,585.52  Cedar \$1,052.89  \$ 361.20  \$ 361.20  \$ 1,052.89  \$ 1,590.99	\$ 323.91 \$ 967.85 \$ 967.85 \$ 833.31 \$ 1,481.68  Dogwood \$1600 Deductible \$ 309.66 \$ 939.58 \$ 793.75 \$ 1,427.06  Dogwood \$1600 Deductible \$ 310.10 \$ 940.46 \$ 798.79 \$ 1,432.53
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	Birch \$800 Deductible  \$ 417.8' \$ 1,174.4' \$ 1,011.7' \$ 1,772.7'  Birch \$800 Deductible  \$ 403.5' \$ 1,146.1' \$ 972.1.4' \$ 1,718.1! Birch \$800 Deductible  \$ 404.0' \$ 977.18' \$ 977.18'	Cedar \$1200 Deductible  \$ 375.01  \$ 1,080.28  \$ 930.40  \$ 1,640.14  Cedar \$1200 Deductible  \$ 360.76  \$ 1,052.01  \$ 890.84  \$ 1,585.52  Cedar \$1200 Deductible  \$ 1,585.52  Cedar \$1,052.89  \$ 361.20  \$ 895.88	\$ 323.91 \$ 967.85 \$ 833.31 \$ 1,481.68  Dogwood \$1600 Deductible \$ 309.66 \$ 939.58 \$ 793.75 \$ 1,427.06 Dogwood \$1600 Deductible \$ 309.66 \$ 939.58
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 \$ 417.8 \$ 1,174.4 \$ 1,772.7 \$ 1,772.7 \$ Birch \$800 Deductible \$ 403.5 \$ 1,146.1 \$ 972.1 \$ 1,718.1 \$ Birch \$800 Deductible \$ 972.1 \$ 1,718.1 \$ 1,718.1 \$ 1,718.1 \$ 1,723.6 \$ 1,723.6 \$ Birch	Cedar \$1200 Deductible  \$ 375.01 1,080.28 930.40 \$ 1,640.14  Cedar \$1200 Deductible  \$ 360.76 \$ 1,052.01 \$ 890.84 \$ 1,585.52  Cedar \$1200 Deductible  \$ 361.20 \$ 361.20 \$ 1,052.89 \$ 1,590.99  Cedar \$1200 Deductible	\$ 323.91 \$ 967.85 \$ 833.31 \$ 1,481.68  Dogwood \$1600 Deductible \$ 309.66 \$ 939.58 \$ 793.75 \$ 1,427.06  Dogwood \$1600 Deductible \$ 310.10 \$ 940.46 \$ 798.79 \$ 1,432.53  Dogwood
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  EE EE+SP	Birch \$800 Deductible  \$ 417.8   \$ 1,174.4   \$ 1,011.7   \$ 1,772.7    Birch \$800 Deductible  \$ 403.5   \$ 1,146.1   \$ 972.1   \$ 1,718.1   Birch \$800 Deductible  \$ 404.0   \$ 1,147.0   \$ 977.1   \$ 1,723.6   Birch \$800 Deductible  \$ 1,062.3   \$ 361.2   \$ 1,062.3	Cedar \$1200 Deductible  \$ 375.01 1,080.28 930.40 \$ 13,640.14  Cedar \$1200 Deductible  \$ 360.76 \$ 1,052.01 \$ 890.84 \$ 1,585.52  Cedar \$1200 Deductible  \$ 361.20 \$ 1,052.89 \$ 895.88 \$ 1,590.99  Cedar \$1200 Deductible  \$ 318.45	\$ 1600 Deductible  \$ 323.91 \$ 967.85 \$ 833.31 \$ 1,481.68  Dogwood \$1600 Deductible  \$ 309.66 \$ 939.58 \$ 793.75 \$ 1,427.06  Dogwood \$1600 Deductible  \$ 310.10 \$ 940.46 \$ 798.79 \$ 1,432.53  Dogwood \$1600 Deductible  \$ 267.35 \$ 855.81
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  EE	Birch \$800 Deductible  \$ 417.8   \$ 1,174.4   \$ 1,011.7   \$ 1,772.7    Birch \$800 Deductible  \$ 403.5   \$ 1,146.1   \$ 972.1   \$ 1,718.1   Birch \$800 Deductible  \$ 404.0   \$ 1,147.0   \$ 977.1   \$ 1,723.6   Birch \$800 Deductible  \$ 361.2   \$ 361.2	Cedar \$1200 Deductible  \$ 375.01 1,080.28 930.40 \$ 1,640.14  Cedar \$1200 Deductible  \$ 360.76 \$ 1,052.01 \$ 890.84 \$ 1,585.52  Cedar \$1200 Deductible  \$ 361.20 \$ 1,052.89 \$ 1,590.99  Cedar \$1200 Deductible  \$ 318.45 \$ 968.24 \$ 805.81	\$1600 Deductible  \$ 323.91 \$ 967.85 \$ 833.31 \$ 1,481.68  Dogwood \$1600 Deductible  \$ 309.66 \$ 939.58 \$ 793.75 \$ 1,427.06  Dogwood \$1600 Deductible  \$ 310.10 \$ 940.46 \$ 798.79 \$ 1,432.53  Dogwood \$1600 Deductible  \$ 267.35 \$ 855.81 \$ 708.72

<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.

1,588.26

1,455.63

1,297.17