## **CLASSIFIED RETIRED 4J EMPLOYEES (70.59% 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 withdo	awals.
	Connexu	s (PPO)	
Dolto Dontol Blon 5	Birch	Cedar	Dogwood
Delta Dental Plan 5	\$800 Deductible	\$1200 Deductible	\$1600 Deductible
EE	\$442.37	\$394.81	\$338.01
EE+SP	\$1,274.38	\$1,169.76	\$1,044.82
EE+CH	\$1,092.81	\$1,002.46	\$894.57
FAMILY	\$1,929.28	\$1,781.88	\$1,605.83
Delta Dental Plan 6	Birch		
		Cedar	Dogwood
(No Ortho)	\$800 Deductible	\$1200 Deductible	\$1600 Deductible
EE	\$428.12	\$380.56	\$323.76
EE+SP	\$1,246.11	\$1,141.49	\$1,016.55
EE+CH FAMILY	\$1,053.25 \$4,974.66	\$962.90 \$4.737.36	\$855.01
FAMILT	\$1,874.66	\$1,727.26	\$1,551.21
Willamette Dental	Birch	Cedar	Dogwood
	\$800 Deductible	\$1200 Deductible	\$1600 Deductible
EE	\$428.56	\$381.00	\$324.20
EE+SP EE+CH	\$1,246.99	\$1,142.37	\$1,017.43
FAMILY	\$1,058.29 \$1,880.13	\$967.94 \$1,732.73	\$860.05 \$1,556.68
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*Waive Dental	Birch	Cedar	Dogwood
	\$800 Deductible	\$1200 Deductible	\$1600 Deductible
EE	\$385.81	\$338.25	\$281.45
EE+SP EE+CH	\$1,162.34 \$968.22	\$1,057.72 \$877.87	\$932.78 \$769.98
FAMILY	\$1,744.77	\$1,597.37	\$1,421.32
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	Synergy		¥ ,
Dolta Dontal Plan 5			Dogwood
Delta Dental Plan 5	Synergy	(CCM)	
Delta Dental Plan 5	Synergy Birch \$800 Deductible	(CCM)  Cedar \$1200 Deductible	Dogwood \$1600 Deductible
	Synergy Birch \$800 Deductible	(CCM)	Dogwood
EE	Synergy  Birch  \$800 Deductible  \$ 379.53	Cedar \$1200 Deductible \$ 336.73	Dogwood \$1600 Deductible \$ 285.63
EE EE+SP	Synergy  Birch  \$800 Deductible  \$ 379.53 \$ 1,136.15	Cedar \$1200 Deductible \$ 336.73 \$ 1,042.00	Dogwood \$1600 Deductible \$ 285.63 \$ 929.57
EE EE+SP EE+CH FAMILY	Synergy  Birch \$800 Deductible  \$ 379.53 \$ 1,136.15 \$ 973.42 \$ 1,734.49	Cedar \$1200 Deductible \$ 336.73 \$ 1,042.00 \$ 892.12 \$ 1,601.86	Dogwood \$1600 Deductible \$ 285.63 \$ 929.57 \$ 795.03 \$ 1,443.40
EE EE+SP EE+CH FAMILY Delta Dental Plan 6	Synergy  Birch \$800 Deductible  \$ 379.53 \$ 1,136.15 \$ 973.42 \$ 1,734.49  Birch	Cedar \$1200 Deductible \$ 336.73 \$ 1,042.00 \$ 892.12 \$ 1,601.86	Dogwood \$1600 Deductible \$ 285.63 \$ 929.57 \$ 795.03 \$ 1,443.40
EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho)	Synergy  Birch \$800 Deductible  \$ 379.53 \$ 1,136.15 \$ 973.42 \$ 1,734.49  Birch \$800 Deductible	Cedar \$1200 Deductible  \$ 336.73 \$ 1,042.00 \$ 892.12 \$ 1,601.86  Cedar \$1200 Deductible	Dogwood \$1600 Deductible \$ 285.63 \$ 929.57 \$ 795.03 \$ 1,443.40 Dogwood \$1600 Deductible
EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE	Synergy  Birch \$800 Deductible  \$ 379.53 \$ 1,136.15 \$ 973.42 \$ 1,734.49  Birch \$800 Deductible \$ 365.28	Cedar \$1200 Deductible  \$ 336.73 \$ 1,042.00 \$ 892.12 \$ 1,601.86  Cedar \$1200 Deductible \$ 322.48	Dogwood \$1600 Deductible \$ 285.63 \$ 929.57 \$ 795.03 \$ 1,443.40 Dogwood \$1600 Deductible \$ 271.38
EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE EE+SP	Synergy  Birch \$800 Deductible  \$ 379.53 \$ 1,136.15 \$ 973.42 \$ 1,734.49  Birch \$800 Deductible \$ 365.28 \$ 1,107.88	Cedar \$1200 Deductible  \$ 336.73 \$ 1,042.00 \$ 892.12 \$ 1,601.86  Cedar \$1200 Deductible  \$ 322.48 \$ 1,013.73	Dogwood \$1600 Deductible \$ 285.63 \$ 929.57 \$ 795.03 \$ 1,443.40 Dogwood \$1600 Deductible \$ 271.38 \$ 901.30
EE EE+SP EE+CH FAMILY  Delta Dental Plan 6 (No Ortho) EE EE+SP EE+CH	Synergy  Birch \$800 Deductible  \$ 379.53 \$ 1,136.15 \$ 973.42 \$ 1,734.49  Birch \$800 Deductible  \$ 365.28 \$ 1,107.88 \$ 933.86	Cedar \$1200 Deductible  \$ 336.73 \$ 1,042.00 \$ 892.12 \$ 1,601.86  Cedar \$1200 Deductible  \$ 322.48 \$ 1,013.73 \$ 852.56	Dogwood \$1600 Deductible \$ 285.63 \$ 929.57 \$ 795.03 \$ 1,443.40 Dogwood \$1600 Deductible \$ 271.38 \$ 901.30 \$ 755.47
EE EE+SP EE+CH FAMILY Delta Dental Plan 6 (No Ortho) EE EE+SP	Synergy  Birch \$800 Deductible  \$ 379.53 \$ 1,136.15 \$ 973.42 \$ 1,734.49  Birch \$800 Deductible  \$ 365.28 \$ 1,107.88 \$ 933.86 \$ 1,679.87	Cedar \$1200 Deductible  \$ 336.73 \$ 1,042.00 \$ 892.12 \$ 1,601.86  Cedar \$1200 Deductible  \$ 322.48 \$ 1,013.73 \$ 852.56 \$ 1,547.24	Dogwood \$1600 Deductible \$ 285.63 \$ 929.57 \$ 795.03 \$ 1,443.40 Dogwood \$1600 Deductible \$ 271.38 \$ 901.30 \$ 755.47 \$ 1,388.78
EE EE+SP EE+CH FAMILY  Delta Dental Plan 6 (No Ortho)  EE EE+SP EE+CH FAMILY	Synergy  Birch \$800 Deductible  \$ 379.53 \$ 1,136.15 \$ 973.42 \$ 1,734.49  Birch \$800 Deductible  \$ 365.28 \$ 1,107.88 \$ 933.86 \$ 1,679.87  Birch	Cedar \$1200 Deductible  \$ 336.73 \$ 1,042.00 \$ 892.12 \$ 1,601.86  Cedar \$1200 Deductible  \$ 322.48 \$ 1,013.73 \$ 852.56 \$ 1,547.24  Cedar	Dogwood \$1600 Deductible \$ 285.63 \$ 929.57 \$ 795.03 \$ 1,443.40 Dogwood \$1600 Deductible \$ 271.38 \$ 901.30 \$ 755.47 \$ 1,388.78
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  \$ 336.73 \$ 1,042.00 \$ 892.12 \$ 1,601.86  Cedar \$1200 Deductible  \$ 322.48 \$ 1,013.73 \$ 852.56 \$ 1,547.24  Cedar \$1200 Deductible	Dogwood \$1600 Deductible \$ 285.63 \$ 929.57 \$ 795.03 \$ 1,443.40 Dogwood \$1600 Deductible \$ 271.38 \$ 901.30 \$ 755.47 \$ 1,388.78 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  \$ 379.53 \$ 1,136.15 \$ 973.42 \$ 1,734.49  Birch \$800 Deductible  \$ 365.28 \$ 1,107.88 \$ 933.86 \$ 1,679.87  Birch \$800 Deductible \$ 365.28	Cedar \$1200 Deductible  \$ 336.73 \$ 1,042.00 \$ 892.12 \$ 1,601.86  Cedar \$1200 Deductible  \$ 322.48 \$ 1,013.73 \$ 852.56 \$ 1,547.24  Cedar \$1200 Deductible \$ 322.92	Dogwood \$1600 Deductible  \$ 285.63 \$ 929.57 \$ 795.03 \$ 1,443.40  Dogwood \$1600 Deductible  \$ 271.38 \$ 901.30 \$ 755.47 \$ 1,388.78 Dogwood \$1600 Deductible \$ 271.82
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  \$ 379.53 \$ 1,136.15 \$ 973.42 \$ 1,734.49  Birch \$800 Deductible  \$ 365.28 \$ 1,107.88 \$ 933.86 \$ 1,679.87  Birch \$800 Deductible  \$ 365.72 \$ 1,108.76	Cedar \$1200 Deductible  \$ 336.73 \$ 1,042.00 \$ 892.12 \$ 1,601.86  Cedar \$1200 Deductible  \$ 322.48 \$ 1,013.73 \$ 852.56 \$ 1,547.24  Cedar \$1200 Deductible  \$ 322.92 \$ 1,014.61	Dogwood \$1600 Deductible  \$ 285.63 \$ 929.57 \$ 795.03 \$ 1,443.40  Dogwood \$1600 Deductible  \$ 271.38 \$ 901.30 \$ 755.47 \$ 1,388.78 Dogwood \$1600 Deductible  \$ 271.82 \$ 902.18
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  \$ 379.53 \$ 1,136.15 \$ 973.42 \$ 1,734.49  Birch \$800 Deductible  \$ 365.28 \$ 1,107.88 \$ 933.86 \$ 1,679.87  Birch \$800 Deductible  \$ 365.72 \$ 365.72 \$ 1,108.76 \$ 938.90	Cedar \$1200 Deductible  \$ 336.73 \$ 1,042.00 \$ 892.12 \$ 1,601.86  Cedar \$1200 Deductible  \$ 322.48 \$ 1,013.73 \$ 852.56 \$ 1,547.24 Cedar \$1200 Deductible  \$ 322.92 \$ 1,014.61 \$ 857.60	Dogwood \$1600 Deductible  \$ 285.63 \$ 929.57 \$ 795.03 \$ 1,443.40  Dogwood \$1600 Deductible  \$ 271.38 \$ 901.30 \$ 755.47 \$ 1,388.78 Dogwood \$1600 Deductible \$ 271.82 \$ 902.18 \$ 760.51
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  \$ 379.53 \$ 1,136.15 \$ 973.42 \$ 1,734.49  Birch \$800 Deductible  \$ 365.28 \$ 1,107.88 \$ 933.86 \$ 1,679.87  Birch \$800 Deductible  \$ 365.72 \$ 1,108.76 \$ 938.90 \$ 1,685.34	Cedar \$1200 Deductible  \$ 336.73 \$ 1,042.00 \$ 892.12 \$ 1,601.86  Cedar \$1200 Deductible  \$ 322.48 \$ 1,013.73 \$ 852.56 \$ 1,547.24  Cedar \$1200 Deductible  \$ 322.92 \$ 1,014.61 \$ 857.60 \$ 1,552.71	Dogwood \$1600 Deductible  \$ 285.63 \$ 929.57 \$ 795.03 \$ 1,443.40  Dogwood \$1600 Deductible  \$ 271.38 \$ 901.30 \$ 755.47 \$ 1,388.78  Dogwood \$1600 Deductible  \$ 271.82 \$ 902.18 \$ 760.51 \$ 1,394.25
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  \$ 379.53 \$ 1,136.15 \$ 973.42 \$ 1,734.49  Birch \$800 Deductible  \$ 365.28 \$ 1,107.88 \$ 933.86 \$ 1,679.87  Birch \$800 Deductible  \$ 365.72 \$ 365.72 \$ 1,108.76 \$ 938.90	Cedar \$1200 Deductible  \$ 336.73 \$ 1,042.00 \$ 892.12 \$ 1,601.86  Cedar \$1200 Deductible  \$ 322.48 \$ 1,013.73 \$ 852.56 \$ 1,547.24  Cedar \$1200 Deductible  \$ 322.92 \$ 1,014.61 \$ 857.60 \$ 1,552.71  Cedar	Dogwood \$1600 Deductible  \$ 285.63 \$ 929.57 \$ 795.03 \$ 1,443.40  Dogwood \$1600 Deductible  \$ 271.38 \$ 901.30 \$ 755.47 \$ 1,388.78 Dogwood \$1600 Deductible \$ 271.82 \$ 902.18 \$ 760.51
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 \$ 379.53 \$ 1,136.15 \$ 973.42 \$ 1,734.49 \$ Birch \$800 Deductible \$ 365.28 \$ 1,107.88 \$ 933.86 \$ 1,679.87 \$ Birch \$800 Deductible \$ 365.72 \$ 1,108.76 \$ 938.90 \$ 1,685.34 \$ Birch \$800 Deductible	Cedar \$1200 Deductible  \$ 336.73 \$ 1,042.00 \$ 892.12 \$ 1,601.86  Cedar \$1200 Deductible  \$ 322.48 \$ 1,013.73 \$ 852.56 \$ 1,547.24  Cedar \$1200 Deductible  \$ 322.92 \$ 1,014.61 \$ 857.60 \$ 1,552.71  Cedar \$1200 Deductible	Dogwood \$1600 Deductible  \$ 285.63 \$ 929.57 \$ 795.03 \$ 1,443.40  Dogwood \$1600 Deductible  \$ 271.38 \$ 901.30 \$ 755.47 \$ 1,388.78  Dogwood \$1600 Deductible  \$ 271.82 \$ 902.18 \$ 760.51 \$ 1,394.25  Dogwood \$1600 Deductible
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 \$ 379.53 \$ 1,136.15 \$ 973.42 \$ 1,734.49 \$ Birch \$800 Deductible \$ 365.28 \$ 1,107.88 \$ 933.86 \$ 1,679.87 \$ Birch \$800 Deductible \$ 365.72 \$ 1,108.76 \$ 938.90 \$ 1,685.34 \$ Birch \$800 Deductible \$ 322.97	Cedar \$1200 Deductible  \$ 336.73 \$ 1,042.00 \$ 892.12 \$ 1,601.86  Cedar \$1200 Deductible  \$ 322.48 \$ 1,013.73 \$ 852.56 \$ 1,547.24  Cedar \$1200 Deductible  \$ 322.92 \$ 1,014.61 \$ 857.60 \$ 1,552.71  Cedar \$1200 Deductible \$ 280.17	Dogwood \$1600 Deductible  \$ 285.63 \$ 929.57 \$ 795.03 \$ 1,443.40  Dogwood \$1600 Deductible  \$ 271.38 \$ 901.30 \$ 755.47 \$ 1,388.78  Dogwood \$1600 Deductible  \$ 271.82 \$ 902.18 \$ 760.51 \$ 1,394.25  Dogwood \$1600 Deductible \$ 229.07
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 \$ 379.53 \$ 1,136.15 \$ 973.42 \$ 1,734.49 \$ Birch \$800 Deductible \$ 365.28 \$ 1,107.88 \$ 933.86 \$ 1,679.87 \$ Birch \$800 Deductible \$ 365.72 \$ 1,108.76 \$ 938.90 \$ 1,685.34 \$ Birch \$800 Deductible	Cedar \$1200 Deductible  \$ 336.73 \$ 1,042.00 \$ 892.12 \$ 1,601.86  Cedar \$1200 Deductible  \$ 322.48 \$ 1,013.73 \$ 852.56 \$ 1,547.24  Cedar \$1200 Deductible  \$ 322.92 \$ 1,014.61 \$ 857.60 \$ 1,552.71  Cedar \$1200 Deductible	Dogwood \$1600 Deductible  \$ 285.63 \$ 929.57 \$ 795.03 \$ 1,443.40  Dogwood \$1600 Deductible  \$ 271.38 \$ 901.30 \$ 755.47 \$ 1,388.78  Dogwood \$1600 Deductible  \$ 271.82 \$ 902.18 \$ 760.51 \$ 1,394.25  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.

1,549.98

1,417.35

1,258.89