

CLASSIFIED RETIRED 4J EMPLOYEES (83.72% District Contribution)

2017-18 PLAN YEAR - MONTHLY CONTRIBUTIONS

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

Rate changes will be reflected on October 31st pay date and November 5th bank withdrawals.

Connexus (PPO)			
Delta Dental Plan 5	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
EE	\$389.85	\$342.29	\$285.49
EE+SP	\$1,221.86	\$1,117.24	\$992.30
EE+CH	\$1,040.29	\$949.94	\$842.05
FAMILY	\$1,876.76	\$1,729.36	\$1,553.31
Delta Dental Plan 6 (No Ortho)	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
EE	\$375.60	\$328.04	\$271.24
EE+SP	\$1,193.59	\$1,088.97	\$964.03
EE+CH	\$1,000.73	\$910.38	\$802.49
FAMILY	\$1,822.14	\$1,674.74	\$1,498.69
Willamette Dental	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
EE	\$376.04	\$328.48	\$271.68
EE+SP	\$1,194.47	\$1,089.85	\$964.91
EE+CH	\$1,005.77	\$915.42	\$807.53
FAMILY	\$1,827.61	\$1,680.21	\$1,504.16
*Waive Dental	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
EE	\$333.29	\$285.73	\$228.93
EE+SP	\$1,109.82	\$1,005.20	\$880.26
EE+CH	\$915.70	\$825.35	\$717.46
FAMILY	\$1,692.25	\$1,544.85	\$1,368.80

Synergy (CCM)			
Delta Dental Plan 5	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
EE	\$ 327.01	\$ 284.21	\$ 233.11
EE+SP	\$ 1,083.63	\$ 989.48	\$ 877.05
EE+CH	\$ 920.90	\$ 839.60	\$ 742.51
FAMILY	\$ 1,681.97	\$ 1,549.34	\$ 1,390.88
Delta Dental Plan 6 (No Ortho)	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
EE	\$ 312.76	\$ 269.96	\$ 218.86
EE+SP	\$ 1,055.36	\$ 961.21	\$ 848.78
EE+CH	\$ 881.34	\$ 800.04	\$ 702.95
FAMILY	\$ 1,627.35	\$ 1,494.72	\$ 1,336.26
Willamette Dental	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
EE	\$ 313.20	\$ 270.40	\$ 219.30
EE+SP	\$ 1,056.24	\$ 962.09	\$ 849.66
EE+CH	\$ 886.38	\$ 805.08	\$ 707.99
FAMILY	\$ 1,632.82	\$ 1,500.19	\$ 1,341.73
*Waive Dental	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
EE	\$ 270.45	\$ 227.65	\$ 176.55
EE+SP	\$ 971.59	\$ 877.44	\$ 765.01
EE+CH	\$ 796.31	\$ 715.01	\$ 617.92
FAMILY	\$ 1,497.46	\$ 1,364.83	\$ 1,206.37

* If you waive dental coverage, you cannot re-enroll in the future.

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.