

**CLASSIFIED ACTIVE 4J EMPLOYEES - CONNEXUS (PPO) - 10 CHECK  
2017-18 PLAN YEAR - MONTHLY EMPLOYEE CONTRIBUTIONS**

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

To determine your monthly payroll deduction, choose your dental plan on the left, find your hours worked/day within that dental plan, then follow the line to the plan with the deduction amount you choose. All premiums shown include medical/Rx, vision, and dental.

<b>Connexus (PPO)</b>				
<b>Delta Dental Plan 5</b>		<b>Birch \$800 Deductible</b>	<b>Cedar \$1200 Deductible</b>	<b>Dogwood \$1600 Deductible</b>
4-5.99 HR	EE	\$48.82	\$0.00	\$0.00
	EE+SP	\$1,047.23	\$276.51	\$154.35
	EE+CH	\$829.34	\$216.28	\$118.29
	FAMILY	\$1,833.11	\$496.87	\$288.99
6-6.99 HR	EE	\$0.00	\$0.00	\$0.00
	EE+SP	\$774.53	\$194.70	\$99.81
	EE+CH	\$556.64	\$134.47	\$63.75
	FAMILY	\$1,560.41	\$415.06	\$234.45
7-8 HR	EE	\$0.00	\$0.00	\$0.00
	EE+SP	\$588.53	\$138.90	\$62.61
	EE+CH	\$370.64	\$78.67	\$26.55
	FAMILY	\$1,374.41	\$359.26	\$197.25
<b>Delta Dental Plan 6</b>		<b>Birch \$800 Deductible</b>	<b>Cedar \$1200 Deductible</b>	<b>Dogwood \$1600 Deductible</b>
4-5.99 HR	EE	\$31.72	\$0.00	\$0.00
	EE+SP	\$1,013.30	\$266.33	\$147.57
	EE+CH	\$781.87	\$202.04	\$108.80
	FAMILY	\$1,767.56	\$477.21	\$275.88
6-6.99 HR	EE	\$0.00	\$0.00	\$0.00
	EE+SP	\$740.60	\$184.52	\$93.03
	EE+CH	\$509.17	\$120.23	\$54.26
	FAMILY	\$1,494.86	\$395.40	\$221.34
7-8 HR	EE	\$0.00	\$0.00	\$0.00
	EE+SP	\$554.60	\$128.72	\$55.83
	EE+CH	\$323.17	\$64.43	\$17.06
	FAMILY	\$1,308.86	\$339.60	\$184.14
<b>Willamette Dental</b>		<b>Birch \$800 Deductible</b>	<b>Cedar \$1200 Deductible</b>	<b>Dogwood \$1600 Deductible</b>
4-5.99 HR	EE	\$32.24	\$0.00	\$0.00
	EE+SP	\$1,014.36	\$266.64	\$147.78
	EE+CH	\$787.92	\$203.85	\$110.01
	FAMILY	\$1,774.13	\$479.17	\$277.20
6-6.99 HR	EE	\$0.00	\$0.00	\$0.00
	EE+SP	\$741.66	\$184.83	\$93.24
	EE+CH	\$515.22	\$122.04	\$55.47
	FAMILY	\$1,501.43	\$397.36	\$222.66
7-8 HR	EE	\$0.00	\$0.00	\$0.00
	EE+SP	\$555.66	\$129.03	\$56.04
	EE+CH	\$329.22	\$66.24	\$18.27
	FAMILY	\$1,315.43	\$341.56	\$185.46
<b>*Waive Dental</b>		<b>Birch \$800 Deductible</b>	<b>Cedar \$1200 Deductible</b>	<b>Dogwood \$1600 Deductible</b>
4-5.99 HR	EE	\$0.00	\$0.00	\$0.00
	EE+SP	\$912.78	\$236.17	\$127.46
	EE+CH	\$679.84	\$171.42	\$88.39
	FAMILY	\$1,611.70	\$430.44	\$244.71
6-6.99 HR	EE	\$0.00	\$0.00	\$0.00
	EE+SP	\$640.08	\$154.36	\$72.92
	EE+CH	\$407.14	\$89.61	\$33.85
	FAMILY	\$1,339.00	\$348.63	\$190.17
7-8 HR	EE	\$0.00	\$0.00	\$0.00
	EE+SP	\$454.08	\$98.56	\$35.72
	EE+CH	\$221.14	\$33.81	\$0.00
	FAMILY	\$1,153.00	\$292.83	\$152.97

\*You have the option to waive dental coverage and thereby reduce your out-of-pocket insurance cost. You may only waive dental coverage during annual enrollment or upon initial eligibility. You will not be able to re-enroll in dental coverage for the remainder of the year unless you lose eligibility for other group dental coverage and provide proof of the loss within 31 days.