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.

Connexus (PPO)				
D	elta Dental Plan 5	Birch	Cedar	Dogwood
	ella Delilai Fiali 5	\$800 Deductible	\$1200 Deductible	\$1600 Deductible
4-5	EE	\$48.82	\$0.00	\$0.00
5.99	EE+SP	\$1,047.23	\$276.51	\$154.35
9 HR	EE+CH	\$829.34	\$216.28	\$118.29
R	FAMILY	\$1,833.11	\$496.87	\$288.99
6-	EE	\$0.00	\$0.00	\$0.00
6-6.99	EE+SP	\$774.53	\$194.70	\$99.81
9 HR	EE+CH	\$556.64	\$134.47	\$63.75
≂	FAMILY	\$1,560.41	\$415.06	\$234.45
	EE	\$0.00	\$0.00	\$0.00
7-8	EE+SP	\$588.53	\$138.90	\$62.61
五	EE+CH	\$370.64	\$78.67	\$26.55
~	FAMILY	\$1,374.41	\$359.26	\$197.25
	de De del Die e o	Birch	Cedar	Dogwood
De	elta Dental Plan 6	\$800 Deductible	\$1200 Deductible	\$1600 Deductible
4	EE	\$31.72	\$0.00	\$0.00
4-5.	EE+SP	\$1,013.30	\$266.33	\$147.57
.99 HR	EE+CH	\$781.87	\$202.04	\$108.80
力	FAMILY	\$1,767.56	\$477.21	\$275.88
	EE	\$0.00	\$0.00	\$0.00
6-6.99 HR	EE+SP	\$740.60	\$184.52	\$93.03
99	EE+CH	\$509.17	\$120.23	\$54.26
五	FAMILY	\$1,494.86	\$395.40	\$221.34
	EE	\$0.00	\$0.00	\$0.00
7	EE+SP	\$554.60	\$128.72	\$55.83
7-8 HR	EE+CH	\$323.17	\$64.43	\$17.06
\mathcal{D}	FAMILY	\$1,308.86	\$339.60	
	IFAIVIII I	31.308.80	.h.3.39.hU	\$184.14
		\$1,308.86 Birch	Cedar	\$184.14 Dogwood
V	/illamette Dental		•	
		Birch	Cedar	Dogwood
	/illamette Dental	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
	/illamette Dental	Birch \$800 Deductible \$32.24	Cedar \$1200 Deductible \$0.00	Dogwood \$1600 Deductible \$0.00
4-5.99 HR	/illamette Dental EE EE+SP	Birch \$800 Deductible \$32.24 \$1,014.36	Cedar \$1200 Deductible \$0.00 \$266.64	Dogwood \$1600 Deductible \$0.00 \$147.78
4-5.99 HR	Villamette Dental EE EE+SP EE+CH	Birch \$800 Deductible \$32.24 \$1,014.36 \$787.92	Cedar \$1200 Deductible \$0.00 \$266.64 \$203.85	Dogwood \$1600 Deductible \$0.00 \$147.78 \$110.01
4-5.99 HR	Villamette Dental EE EE+SP EE+CH FAMILY	### Birch	Cedar \$1200 Deductible \$0.00 \$266.64 \$203.85 \$479.17	Dogwood \$1600 Deductible \$0.00 \$147.78 \$110.01 \$277.20
4-5.99 HR	Villamette Dental EE EE+SP EE+CH FAMILY EE	Birch \$800 Deductible \$32.24 \$1,014.36 \$787.92 \$1,774.13	Cedar \$1200 Deductible \$0.00 \$266.64 \$203.85 \$479.17 \$0.00	Dogwood \$1600 Deductible \$0.00 \$147.78 \$110.01 \$277.20 \$0.00
	Villamette Dental EE EE+SP EE+CH FAMILY EE EE+SP	Birch \$800 Deductible \$32.24 \$1,014.36 \$787.92 \$1,774.13 \$0.00 \$741.66	Cedar \$1200 Deductible \$0.00 \$266.64 \$203.85 \$479.17 \$0.00 \$184.83	Dogwood \$1600 Deductible \$0.00 \$147.78 \$110.01 \$277.20 \$0.00 \$93.24
4-5.99 HR 6-6.99 HR	Villamette Dental EE EE+SP EE+CH FAMILY EE EE+SP EE+SP EE+CH	Birch \$800 Deductible \$32.24 \$1,014.36 \$787.92 \$1,774.13 \$0.00 \$741.66 \$515.22	Cedar \$1200 Deductible \$0.00 \$266.64 \$203.85 \$479.17 \$0.00 \$184.83 \$122.04	Dogwood \$1600 Deductible \$0.00 \$147.78 \$110.01 \$277.20 \$0.00 \$93.24 \$55.47
4-5.99 HR 6-6.99 HR	Villamette Dental EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+CH FAMILY	Birch \$800 Deductible \$32.24 \$1,014.36 \$787.92 \$1,774.13 \$0.00 \$741.66 \$515.22 \$1,501.43	Cedar \$1200 Deductible \$0.00 \$266.64 \$203.85 \$479.17 \$0.00 \$184.83 \$122.04 \$397.36 \$0.00	Dogwood \$1600 Deductible \$0.00 \$147.78 \$110.01 \$277.20 \$0.00 \$93.24 \$55.47 \$222.66 \$0.00
4-5.99 HR 6-6.99 HR 7-8	Villamette Dental EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY	Birch \$800 Deductible \$32.24 \$1,014.36 \$787.92 \$1,774.13 \$0.00 \$741.66 \$515.22 \$1,501.43	Cedar \$1200 Deductible \$0.00 \$266.64 \$203.85 \$479.17 \$0.00 \$184.83 \$122.04 \$397.36	Dogwood \$1600 Deductible \$0.00 \$147.78 \$110.01 \$277.20 \$0.00 \$93.24 \$55.47 \$222.66
4-5.99 HR 6-6.99 HR	Villamette Dental EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+CH FAMILY	Birch \$800 Deductible \$32.24 \$1,014.36 \$787.92 \$1,774.13 \$0.00 \$741.66 \$515.22 \$1,501.43 \$0.00 \$555.66	Cedar \$1200 Deductible \$0.00 \$266.64 \$203.85 \$479.17 \$0.00 \$184.83 \$122.04 \$397.36 \$0.00 \$129.03	Dogwood \$1600 Deductible \$0.00 \$147.78 \$110.01 \$277.20 \$0.00 \$93.24 \$55.47 \$222.66 \$0.00 \$56.04
4-5.99 HR 6-6.99 HR 7-8	Villamette Dental EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+CH FAMILY EE EE+CH FAMILY	Birch \$800 Deductible \$32.24 \$1,014.36 \$787.92 \$1,774.13 \$0.00 \$741.66 \$515.22 \$1,501.43 \$0.00 \$555.66	Cedar \$1200 Deductible \$0.00 \$266.64 \$203.85 \$479.17 \$0.00 \$184.83 \$122.04 \$397.36 \$0.00 \$129.03 \$66.24 \$341.56 Cedar	Dogwood \$1600 Deductible \$0.00 \$147.78 \$110.01 \$277.20 \$0.00 \$93.24 \$55.47 \$222.66 \$0.00 \$56.04 \$18.27
4-5.99 HR 6-6.99 HR 7-8	Villamette Dental EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+CH FAMILY	Birch \$800 Deductible \$32.24 \$1,014.36 \$787.92 \$1,774.13 \$0.00 \$741.66 \$515.22 \$1,501.43 \$0.00 \$555.66 \$329.22	Cedar \$1200 Deductible \$0.00 \$266.64 \$203.85 \$479.17 \$0.00 \$184.83 \$122.04 \$397.36 \$0.00 \$129.03 \$66.24 \$341.56	Dogwood \$1600 Deductible \$0.00 \$147.78 \$110.01 \$277.20 \$0.00 \$93.24 \$55.47 \$222.66 \$0.00 \$56.04 \$18.27
4-5.99 HR 6-6.99 HR 7-8 HR	Villamette Dental EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+CH FAMILY EE EE+CH FAMILY	Birch \$800 Deductible \$32.24 \$1,014.36 \$787.92 \$1,774.13 \$0.00 \$741.66 \$515.22 \$1,501.43 \$0.00 \$555.66 \$329.22 \$1,315.43	Cedar \$1200 Deductible \$0.00 \$266.64 \$203.85 \$479.17 \$0.00 \$184.83 \$122.04 \$397.36 \$0.00 \$129.03 \$66.24 \$341.56 Cedar	Dogwood \$1600 Deductible \$0.00 \$147.78 \$110.01 \$277.20 \$0.00 \$93.24 \$55.47 \$222.66 \$0.00 \$56.04 \$18.27 \$185.46
4-5.99 HR 6-6.99 HR 7-8 HR	Villamette Dental EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+CH FAMILY EE EE+SP EE+CH FAMILY *Waive Dental	Birch \$800 Deductible \$32.24 \$1,014.36 \$787.92 \$1,774.13 \$0.00 \$741.66 \$515.22 \$1,501.43 \$0.00 \$555.66 \$329.22 \$1,315.43 Birch \$800 Deductible	Cedar \$1200 Deductible \$0.00 \$266.64 \$203.85 \$479.17 \$0.00 \$184.83 \$122.04 \$397.36 \$0.00 \$129.03 \$66.24 \$341.56 Cedar \$1200 Deductible	Dogwood \$1600 Deductible \$0.00 \$147.78 \$110.01 \$277.20 \$0.00 \$93.24 \$55.47 \$222.66 \$0.00 \$56.04 \$18.27 \$185.46 Dogwood \$1600 Deductible
4-5.99 HR 6-6.99 HR 7-8 HR	Villamette Dental EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+CH FAMILY EE EE+SP EE+CH FAMILY *Waive Dental EE	Birch \$800 Deductible \$32.24 \$1,014.36 \$787.92 \$1,774.13 \$0.00 \$741.66 \$515.22 \$1,501.43 \$0.00 \$555.66 \$329.22 \$1,315.43 Birch \$800 Deductible	Cedar \$1200 Deductible \$0.00 \$266.64 \$203.85 \$479.17 \$0.00 \$184.83 \$122.04 \$397.36 \$0.00 \$129.03 \$66.24 \$341.56 Cedar \$1200 Deductible \$0.00	Dogwood \$1600 Deductible \$0.00 \$147.78 \$110.01 \$277.20 \$0.00 \$93.24 \$55.47 \$222.66 \$0.00 \$56.04 \$18.27 \$185.46 Dogwood \$1600 Deductible
4-5.99 HR 6-6.99 HR 7-8	Villamette Dental EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+CH FAMILY EE EE+SP EE+CH FAMILY *Waive Dental EE EE+SP	Birch \$800 Deductible \$32.24 \$1,014.36 \$787.92 \$1,774.13 \$0.00 \$741.66 \$515.22 \$1,501.43 \$0.00 \$555.66 \$329.22 \$1,315.43 Birch \$800 Deductible	Cedar \$1200 Deductible \$0.00 \$266.64 \$203.85 \$479.17 \$0.00 \$184.83 \$122.04 \$397.36 \$0.00 \$129.03 \$66.24 \$341.56 Cedar \$1200 Deductible \$0.00 \$236.17	Dogwood
4-5.99 HR 6-6.99 HR 7-8 HR 4-5.99 HR	Villamette Dental EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY *Waive Dental EE EE+SP EE+CH	Birch \$800 Deductible \$32.24 \$1,014.36 \$787.92 \$1,774.13 \$0.00 \$741.66 \$515.22 \$1,501.43 \$0.00 \$555.66 \$329.22 \$1,315.43 Birch \$800 Deductible \$0.00 \$912.78 \$679.84	Cedar \$1200 Deductible \$0.00 \$266.64 \$203.85 \$479.17 \$0.00 \$184.83 \$122.04 \$397.36 \$0.00 \$129.03 \$66.24 \$341.56 Cedar \$1200 Deductible \$0.00 \$236.17 \$171.42	Dogwood
4-5.99 HR 6-6.99 HR 7-8 HR 4-5.99 HR	Villamette Dental EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY *Waive Dental EE EE+SP EE+CH FAMILY	Birch \$800 Deductible \$32.24 \$1,014.36 \$787.92 \$1,774.13 \$0.00 \$741.66 \$515.22 \$1,501.43 \$0.00 \$555.66 \$329.22 \$1,315.43 Birch \$800 Deductible \$0.00 \$912.78 \$679.84	Cedar \$1200 Deductible \$0.00 \$266.64 \$203.85 \$479.17 \$0.00 \$184.83 \$122.04 \$397.36 \$0.00 \$129.03 \$66.24 \$341.56 Cedar \$1200 Deductible \$0.00 \$236.17 \$171.42 \$430.44	\$1600 Deductible \$0.00 \$147.78 \$110.01 \$277.20 \$0.00 \$93.24 \$55.47 \$222.66 \$0.00 \$56.04 \$18.27 \$185.46 Dogwood \$1600 Deductible \$0.00 \$277.46 \$88.39 \$244.71
4-5.99 HR 6-6.99 HR 7-8 HR 4-5.99 HR	Villamette Dental EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY *Waive Dental EE EE+SP EE+CH FAMILY *Waive Dental	Birch \$800 Deductible \$32.24 \$1,014.36 \$787.92 \$1,774.13 \$0.00 \$741.66 \$515.22 \$1,501.43 \$0.00 \$555.66 \$329.22 \$1,315.43 Birch \$800 Deductible \$0.00 \$912.78 \$679.84 \$1,611.70 \$0.00	Cedar \$1200 Deductible \$0.00 \$266.64 \$203.85 \$479.17 \$0.00 \$184.83 \$122.04 \$397.36 \$0.00 \$129.03 \$66.24 \$341.56 Cedar \$1200 Deductible \$0.00 \$236.17 \$171.42 \$430.44 \$0.00	\$1600 Deductible \$0.00 \$147.78 \$110.01 \$277.20 \$0.00 \$93.24 \$55.47 \$222.66 \$0.00 \$56.04 \$18.27 \$185.46 Dogwood \$1600 Deductible \$0.00 \$127.46 \$88.39 \$244.71 \$0.00
4-5.99 HR 6-6.99 HR 7-8 HR	Villamette Dental EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY *Waive Dental EE EE+SP EE+CH FAMILY *Waive Dental	Birch \$800 Deductible \$32.24 \$1,014.36 \$787.92 \$1,774.13 \$0.00 \$741.66 \$515.22 \$1,501.43 \$0.00 \$555.66 \$329.22 \$1,315.43 Birch \$800 Deductible \$0.00 \$912.78 \$679.84 \$1,611.70 \$0.00 \$640.08	Cedar \$1200 Deductible \$0.00 \$266.64 \$203.85 \$479.17 \$0.00 \$184.83 \$122.04 \$397.36 \$0.00 \$129.03 \$66.24 \$341.56 Cedar \$1200 Deductible \$0.00 \$236.17 \$171.42 \$430.44 \$0.00 \$154.36	Dogwood
4-5.99 HR 6-6.99 HR 7-8 HR 4-5.99 HR	Villamette Dental EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY *Waive Dental EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY	Birch \$800 Deductible \$32.24 \$1,014.36 \$787.92 \$1,774.13 \$0.00 \$741.66 \$515.22 \$1,501.43 \$0.00 \$555.66 \$329.22 \$1,315.43 Birch \$800 Deductible \$0.00 \$912.78 \$679.84 \$1,611.70 \$0.00 \$640.08 \$407.14 \$1,339.00	Cedar \$1200 Deductible \$0.00 \$266.64 \$203.85 \$479.17 \$0.00 \$184.83 \$122.04 \$397.36 \$0.00 \$129.03 \$66.24 \$341.56 Cedar \$1200 Deductible \$0.00 \$236.17 \$171.42 \$430.44 \$0.00 \$154.36 \$89.61 \$348.63	Dogwood \$1600 Deductible \$0.00 \$147.78 \$110.01 \$277.20 \$0.00 \$93.24 \$55.47 \$222.66 \$0.00 \$56.04 \$18.27 \$185.46 Dogwood \$1600 Deductible \$0.00 \$127.46 \$88.39 \$244.71 \$0.00 \$72.92 \$33.85 \$190.17
4-5.99 HR 6-6.99 HR 7-8 HR 4-5.99 HR 6-6.99 HR	Villamette Dental EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY *Waive Dental EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE	Birch \$800 Deductible \$32.24 \$1,014.36 \$787.92 \$1,774.13 \$0.00 \$741.66 \$515.22 \$1,501.43 \$0.00 \$555.66 \$329.22 \$1,315.43 Birch \$800 Deductible \$0.00 \$912.78 \$679.84 \$1,611.70 \$0.00 \$640.08 \$407.14 \$1,339.00 \$0.00	Cedar \$1200 Deductible \$0.00 \$266.64 \$203.85 \$479.17 \$0.00 \$184.83 \$122.04 \$397.36 \$0.00 \$129.03 \$66.24 \$341.56 Cedar \$1200 Deductible \$0.00 \$236.17 \$171.42 \$430.44 \$0.00 \$154.36 \$89.61 \$348.63 \$0.00	Dogwood \$1600 Deductible \$0.00 \$147.78 \$110.01 \$277.20 \$0.00 \$93.24 \$55.47 \$222.66 \$0.00 \$56.04 \$18.27 \$185.46 Dogwood \$1600 Deductible \$0.00 \$127.46 \$88.39 \$244.71 \$0.00 \$72.92 \$33.85 \$190.17
4-5.99 HR 6-6.99 HR 7-8 HR 4-5.99 HR 6-6.99 HR 7-8	Villamette Dental EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY *Waive Dental EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+SP	Birch \$800 Deductible \$32.24 \$1,014.36 \$787.92 \$1,774.13 \$0.00 \$741.66 \$515.22 \$1,501.43 \$0.00 \$555.66 \$329.22 \$1,315.43 Birch \$800 Deductible \$0.00 \$912.78 \$679.84 \$1,611.70 \$0.00 \$640.08 \$407.14 \$1,339.00 \$0.00 \$454.08	Cedar \$1200 Deductible \$0.00 \$266.64 \$203.85 \$479.17 \$0.00 \$184.83 \$122.04 \$397.36 \$0.00 \$129.03 \$66.24 \$341.56 Cedar \$1200 Deductible \$0.00 \$236.17 \$171.42 \$430.44 \$0.00 \$154.36 \$89.61 \$348.63 \$0.00 \$98.56	Dogwood \$1600 Deductible \$0.00 \$147.78 \$110.01 \$277.20 \$0.00 \$93.24 \$55.47 \$222.66 \$0.00 \$56.04 \$18.27 \$185.46 Dogwood \$1600 Deductible \$0.00 \$127.46 \$88.39 \$244.71 \$0.00 \$72.92 \$33.85 \$190.17 \$0.00
4-5.99 HR 6-6.99 HR 7-8 HR 4-5.99 HR 6-6.99 HR	Villamette Dental EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY *Waive Dental EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE	Birch \$800 Deductible \$32.24 \$1,014.36 \$787.92 \$1,774.13 \$0.00 \$741.66 \$515.22 \$1,501.43 \$0.00 \$555.66 \$329.22 \$1,315.43 Birch \$800 Deductible \$0.00 \$912.78 \$679.84 \$1,611.70 \$0.00 \$640.08 \$407.14 \$1,339.00 \$0.00	Cedar \$1200 Deductible \$0.00 \$266.64 \$203.85 \$479.17 \$0.00 \$184.83 \$122.04 \$397.36 \$0.00 \$129.03 \$66.24 \$341.56 Cedar \$1200 Deductible \$0.00 \$236.17 \$171.42 \$430.44 \$0.00 \$154.36 \$89.61 \$348.63 \$0.00	Dogwood \$1600 Deductible \$0.00 \$147.78 \$110.01 \$277.20 \$0.00 \$93.24 \$55.47 \$222.66 \$0.00 \$56.04 \$18.27 \$185.46 Dogwood \$1600 Deductible \$0.00 \$127.46 \$88.39 \$244.71 \$0.00 \$72.92 \$33.85 \$190.17

*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.