

**CLASSIFIED ACTIVE 4J EMPLOYEES - CONNEXUS (PPO) - 12 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<br/>\$800 Deductible</b> | <b>Cedar<br/>\$1200 Deductible</b> | <b>Dogwood<br/>\$1600 Deductible</b> |
| 4-5.99 HR                  | EE     | \$40.68                           | \$0.00                             | \$0.00                               |
|                            | EE+SP  | \$872.69                          | \$230.42                           | \$128.63                             |
|                            | EE+CH  | \$691.12                          | \$180.23                           | \$98.58                              |
|                            | FAMILY | \$1,527.59                        | \$414.06                           | \$240.83                             |
| 6-6.99 HR                  | EE     | \$0.00                            | \$0.00                             | \$0.00                               |
|                            | EE+SP  | \$645.44                          | \$162.25                           | \$83.18                              |
|                            | EE+CH  | \$463.87                          | \$112.06                           | \$53.13                              |
|                            | FAMILY | \$1,300.34                        | \$345.88                           | \$195.38                             |
| 7-8 HR                     | EE     | \$0.00                            | \$0.00                             | \$0.00                               |
|                            | EE+SP  | \$490.44                          | \$115.75                           | \$52.18                              |
|                            | EE+CH  | \$308.87                          | \$65.56                            | \$22.13                              |
|                            | FAMILY | \$1,145.34                        | \$299.38                           | \$164.38                             |
| <b>Delta Dental Plan 6</b> |        | <b>Birch<br/>\$800 Deductible</b> | <b>Cedar<br/>\$1200 Deductible</b> | <b>Dogwood<br/>\$1600 Deductible</b> |
| 4-5.99 HR                  | EE     | \$26.43                           | \$0.00                             | \$0.00                               |
|                            | EE+SP  | \$844.42                          | \$221.94                           | \$122.97                             |
|                            | EE+CH  | \$651.56                          | \$168.36                           | \$90.66                              |
|                            | FAMILY | \$1,472.97                        | \$397.67                           | \$229.90                             |
| 6-6.99 HR                  | EE     | \$0.00                            | \$0.00                             | \$0.00                               |
|                            | EE+SP  | \$617.17                          | \$153.77                           | \$77.52                              |
|                            | EE+CH  | \$424.31                          | \$100.19                           | \$45.21                              |
|                            | FAMILY | \$1,245.72                        | \$329.50                           | \$184.45                             |
| 7-8 HR                     | EE     | \$0.00                            | \$0.00                             | \$0.00                               |
|                            | EE+SP  | \$462.17                          | \$107.27                           | \$46.52                              |
|                            | EE+CH  | \$269.31                          | \$53.69                            | \$14.21                              |
|                            | FAMILY | \$1,090.72                        | \$283.00                           | \$153.45                             |
| <b>Willamette Dental</b>   |        | <b>Birch<br/>\$800 Deductible</b> | <b>Cedar<br/>\$1200 Deductible</b> | <b>Dogwood<br/>\$1600 Deductible</b> |
| 4-5.99 HR                  | EE     | \$26.87                           | \$0.00                             | \$0.00                               |
|                            | EE+SP  | \$845.30                          | \$222.20                           | \$123.15                             |
|                            | EE+CH  | \$656.60                          | \$169.88                           | \$91.67                              |
|                            | FAMILY | \$1,478.44                        | \$399.31                           | \$231.00                             |
| 6-6.99 HR                  | EE     | \$0.00                            | \$0.00                             | \$0.00                               |
|                            | EE+SP  | \$618.05                          | \$154.03                           | \$77.70                              |
|                            | EE+CH  | \$429.35                          | \$101.70                           | \$46.22                              |
|                            | FAMILY | \$1,251.19                        | \$331.14                           | \$185.55                             |
| 7-8 HR                     | EE     | \$0.00                            | \$0.00                             | \$0.00                               |
|                            | EE+SP  | \$463.05                          | \$107.53                           | \$46.70                              |
|                            | EE+CH  | \$274.35                          | \$55.20                            | \$15.22                              |
|                            | FAMILY | \$1,096.19                        | \$284.64                           | \$154.55                             |
| <b>*Waive Dental</b>       |        | <b>Birch<br/>\$800 Deductible</b> | <b>Cedar<br/>\$1200 Deductible</b> | <b>Dogwood<br/>\$1600 Deductible</b> |
| 4-5.99 HR                  | EE     | \$0.00                            | \$0.00                             | \$0.00                               |
|                            | EE+SP  | \$760.65                          | \$196.81                           | \$106.22                             |
|                            | EE+CH  | \$566.53                          | \$142.85                           | \$73.66                              |
|                            | FAMILY | \$1,343.08                        | \$358.70                           | \$203.93                             |
| 6-6.99 HR                  | EE     | \$0.00                            | \$0.00                             | \$0.00                               |
|                            | EE+SP  | \$533.40                          | \$128.63                           | \$60.77                              |
|                            | EE+CH  | \$339.28                          | \$74.68                            | \$28.21                              |
|                            | FAMILY | \$1,115.83                        | \$290.53                           | \$158.48                             |
| 7-8 HR                     | EE     | \$0.00                            | \$0.00                             | \$0.00                               |
|                            | EE+SP  | \$378.40                          | \$82.13                            | \$29.77                              |
|                            | EE+CH  | \$184.28                          | \$28.18                            | \$0.00                               |
|                            | FAMILY | \$960.83                          | \$244.03                           | \$127.48                             |

\*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.