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.

		Connexus (F Birch	Cedar	Dogwood
D	Delta Dental Plan 5	\$800 Deductible	\$1200 Deductible	\$1600 Deductible
4	EE	\$40.68	\$0.00	\$0.00
4-5.99 HR	EE+SP	\$872.69	\$230.42	\$128.63
166	EE+CH	\$691.12	\$180.23	\$98.58
方	FAMILY	\$1,527.59	\$414.06	\$240.83
თ	EE	\$0.00	\$0.00	\$0.00
6-6.99 HR	EE+SP	\$645.44	\$162.25	\$83.18
1 06	EE+CH	\$463.87	\$112.06	\$53.13
方	FAMILY	\$1,300.34	\$345.88	\$195.38
	EE	\$0.00	\$0.00	\$0.00
7-8 HR	EE+SP	\$490.44	\$115.75	\$52.18
	EE+CH	\$308.87	\$65.56	\$22.13
	FAMILY	\$1,145.34	\$299.38	\$164.38
D	Oelta Dental Plan 6	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
4-	EE	\$26.43	\$0.00	\$0.00
4-5.99 HR	EE+SP	\$844.42	\$221.94	\$122.97
Ч 0(EE+CH	\$651.56	\$168.36	\$90.66
Ŕ	FAMILY	\$1,472.97	\$397.67	\$229.90
ၐ	EE	\$0.00	\$0.00	\$0.00
6-6.99 HR	EE+SP	\$617.17	\$153.77	\$77.52
9 T	EE+CH	\$424.31	\$100.19	\$45.21
Ŕ	FAMILY	\$1,245.72	\$329.50	\$184.45
	EE	\$0.00	\$0.00	\$0.00
7-8 HR	EE+SP	\$462.17	\$107.27	\$46.52
	EE+CH	\$269.31	\$53.69	\$14.21
	FAMILY	\$1,090.72	\$283.00	\$153.45
١	Willamette Dental	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
4	EE	\$26.87	\$0.00	\$0.00
		\$20.07	φ0.00	ψ0.00
5.9	EE+SP	\$845.30	\$222.20	\$123.15
5.99 H				
4-5.99 HR	EE+SP	\$845.30	\$222.20	\$123.15
	EE+SP EE+CH	\$845.30 \$656.60	\$222.20 \$169.88	\$123.15 \$91.67
	EE+SP EE+CH FAMILY EE EE+SP	\$845.30 \$656.60 \$1,478.44	\$222.20 \$169.88 \$399.31	\$123.15 \$91.67 \$231.00
6-6.99	EE+SP EE+CH FAMILY EE EE+SP EE+SP EE+CH	\$845.30 \$656.60 \$1,478.44 \$0.00 \$618.05 \$429.35	\$222.20 \$169.88 \$399.31 \$0.00	\$123.15 \$91.67 \$231.00 \$0.00
	EE+SP EE+CH FAMILY EE EE+SP	\$845.30 \$656.60 \$1,478.44 \$0.00 \$618.05	\$222.20 \$169.88 \$399.31 \$0.00 \$154.03	\$123.15 \$91.67 \$231.00 \$0.00 \$77.70
6-6.99 HR	EE+SP EE+CH FAMILY EE EE+SP EE+SP EE+CH	\$845.30 \$656.60 \$1,478.44 \$0.00 \$618.05 \$429.35	\$222.20 \$169.88 \$399.31 \$0.00 \$154.03 \$101.70	\$123.15 \$91.67 \$231.00 \$0.00 \$77.70 \$46.22
6-6.99 HR 7-8	EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY	\$845.30 \$656.60 \$1,478.44 \$0.00 \$618.05 \$429.35 \$1,251.19	\$222.20 \$169.88 \$399.31 \$0.00 \$154.03 \$101.70 \$331.14	\$123.15 \$91.67 \$231.00 \$0.00 \$77.70 \$46.22 \$185.55
6-6.99 HR 7-8	EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+SP EE+CH	\$845.30 \$656.60 \$1,478.44 \$0.00 \$618.05 \$429.35 \$1,251.19 \$0.00	\$222.20 \$169.88 \$399.31 \$0.00 \$154.03 \$101.70 \$331.14 \$0.00	\$123.15 \$91.67 \$231.00 \$0.00 \$77.70 \$46.22 \$185.55 \$0.00
6-6.99 HR 7-	EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+SP	\$845.30 \$656.60 \$1,478.44 \$0.00 \$618.05 \$429.35 \$1,251.19 \$0.00 \$463.05 \$274.35 \$1,096.19	\$222.20 \$169.88 \$399.31 \$0.00 \$154.03 \$101.70 \$331.14 \$0.00 \$107.53 \$55.20 \$284.64	\$123.15 \$91.67 \$231.00 \$0.00 \$777.70 \$46.22 \$185.55 \$0.00 \$46.70 \$46.70 \$15.22 \$154.55
6-6.99 HR 7-8	EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY *Waive Dental	\$845.30 \$656.60 \$1,478.44 \$0.00 \$618.05 \$429.35 \$1,251.19 \$0.00 \$463.05 \$274.35 \$1,096.19 Birch \$800 Deductible	\$222.20 \$169.88 \$399.31 \$0.00 \$154.03 \$101.70 \$331.14 \$0.00 \$107.53 \$55.20 \$284.64 Cedar \$1200 Deductible	\$123.15 \$91.67 \$231.00 \$0.00 \$77.70 \$46.22 \$185.55 \$0.00 \$46.70 \$15.22 \$154.55 Dogwood \$1600 Deductible
6-6.99 HR 7-8 HR	EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY *Waive Dental EE	\$845.30 \$656.60 \$1,478.44 \$0.00 \$618.05 \$429.35 \$1,251.19 \$0.00 \$463.05 \$274.35 \$1,096.19 Birch \$800 Deductible \$0.00	\$222.20 \$169.88 \$399.31 \$0.00 \$154.03 \$101.70 \$331.14 \$0.00 \$107.53 \$55.20 \$284.64 Cedar \$1200 Deductible \$0.00	\$123.15 \$91.67 \$231.00 \$0.00 \$77.70 \$46.22 \$185.55 \$0.00 \$46.70 \$15.22 \$154.55 Dogwood \$1600 Deductible \$0.00
6-6.99 HR 7-8 HR	EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY *Waive Dental EE EE EE+SP	\$845.30 \$656.60 \$1,478.44 \$0.00 \$618.05 \$429.35 \$1,251.19 \$0.00 \$463.05 \$274.35 \$1,096.19 Birch \$800 Deductible \$0.00 \$760.65	\$222.20 \$169.88 \$399.31 \$0.00 \$154.03 \$101.70 \$331.14 \$0.00 \$107.53 \$55.20 \$284.64 Cedar \$1200 Deductible \$0.00 \$196.81	\$123.15 \$91.67 \$231.00 \$0.00 \$77.70 \$46.22 \$185.55 \$0.00 \$46.70 \$15.22 \$154.55 Dogwood \$1600 Deductible \$0.00 \$106.22
6-6.99 HR 7-8 HR 4-5.99	EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY *Waive Dental EE EE EE+SP EE+CH EE EE+SP EE+CH	\$845.30 \$656.60 \$1,478.44 \$0.00 \$618.05 \$429.35 \$1,251.19 \$0.00 \$463.05 \$274.35 \$1,096.19 Birch \$800 Deductible \$0.00 \$760.65 \$566.53	\$222.20 \$169.88 \$399.31 \$0.00 \$154.03 \$101.70 \$331.14 \$0.00 \$107.53 \$55.20 \$284.64 Cedar \$1200 Deductible \$0.00 \$196.81 \$142.85	\$123.15 \$91.67 \$231.00 \$0.00 \$77.70 \$46.22 \$185.55 \$0.00 \$46.70 \$15.22 \$154.55 Dogwood \$1600 Deductible \$0.00 \$106.22 \$73.66
6-6.99 HR 7-8 HR	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	\$845.30 \$656.60 \$1,478.44 \$0.00 \$618.05 \$429.35 \$1,251.19 \$0.00 \$463.05 \$274.35 \$1,096.19 Birch \$800 Deductible \$0.00 \$760.65 \$566.53 \$1,343.08	\$222.20 \$169.88 \$399.31 \$0.00 \$154.03 \$101.70 \$331.14 \$0.00 \$107.53 \$55.20 \$284.64 Cedar \$1200 Deductible \$0.00 \$196.81 \$142.85 \$358.70	\$123.15 \$91.67 \$231.00 \$0.00 \$77.70 \$46.22 \$185.55 \$0.00 \$46.70 \$15.22 \$154.55 Dogwood \$1600 Deductible \$0.00 \$106.22 \$73.66 \$203.93
6-6.99 HR 7-8 HR 4-5.99 HR	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+CH FAMILY EE	\$845.30 \$656.60 \$1,478.44 \$0.00 \$618.05 \$429.35 \$1,251.19 \$0.00 \$463.05 \$274.35 \$1,096.19 Birch \$800 Deductible \$0.00 \$760.65 \$566.53 \$1,343.08 \$0.00	\$222.20 \$169.88 \$399.31 \$0.00 \$154.03 \$101.70 \$331.14 \$0.00 \$107.53 \$55.20 \$284.64 Cedar \$1200 Deductible \$0.00 \$196.81 \$142.85 \$358.70 \$0.00	\$123.15 \$91.67 \$231.00 \$0.00 \$77.70 \$46.22 \$185.55 \$0.00 \$46.70 \$15.22 \$154.55 Dogwood \$1600 Deductible \$0.00 \$106.22 \$73.66 \$203.93 \$0.00
6-6.99 HR 7-8 HR 4-5.99 HR	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+CH FAMILY EE EE+SP EE+SP	\$845.30 \$656.60 \$1,478.44 \$0.00 \$618.05 \$429.35 \$1,251.19 \$0.00 \$463.05 \$274.35 \$1,096.19 Birch \$800 Deductible \$0.00 \$760.65 \$566.53 \$1,343.08 \$0.00 \$533.40	\$222.20 \$169.88 \$399.31 \$0.00 \$154.03 \$101.70 \$331.14 \$0.00 \$107.53 \$55.20 \$284.64 Cedar \$1200 Deductible \$0.00 \$196.81 \$142.85 \$358.70 \$0.00 \$128.63	\$123.15 \$91.67 \$231.00 \$0.00 \$77.70 \$46.22 \$185.55 \$0.00 \$46.70 \$15.22 \$154.55 Dogwood \$1600 Deductible \$0.00 \$106.22 \$73.66 \$203.93 \$0.00
6-6.99 HR 7-8 HR 4-5.99 HR	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 EE EE EE EE EE EE EE EE EE EE EE	\$845.30 \$656.60 \$1,478.44 \$0.00 \$618.05 \$429.35 \$1,251.19 \$0.00 \$463.05 \$274.35 \$1,096.19 Birch \$800 Deductible \$0.00 \$760.65 \$566.53 \$1,343.08 \$0.00 \$533.40 \$339.28	\$222.20 \$169.88 \$399.31 \$0.00 \$154.03 \$101.70 \$331.14 \$0.00 \$107.53 \$55.20 \$284.64 Cedar \$1200 Deductible \$0.00 \$196.81 \$142.85 \$358.70 \$0.00 \$128.63 \$74.68	\$123.15 \$91.67 \$231.00 \$0.00 \$77.70 \$46.22 \$185.55 \$0.00 \$46.70 \$15.22 \$154.55 Dogwood \$1600 Deductible \$0.00 \$106.22 \$73.66 \$203.93 \$0.00 \$60.77 \$28.21
6-6.99 HR 7-8 HR 4-5.99	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 EE+SP EE+CH FAMILY	\$845.30 \$656.60 \$1,478.44 \$0.00 \$618.05 \$429.35 \$1,251.19 \$0.00 \$463.05 \$274.35 \$1,096.19 Birch \$800 Deductible \$0.00 \$760.65 \$566.53 \$1,343.08 \$0.00 \$533.40	\$222.20 \$169.88 \$399.31 \$0.00 \$154.03 \$101.70 \$331.14 \$0.00 \$107.53 \$55.20 \$284.64 Cedar \$1200 Deductible \$0.00 \$196.81 \$142.85 \$358.70 \$0.00 \$128.63	\$123.15 \$91.67 \$231.00 \$0.00 \$77.70 \$46.22 \$185.55 \$0.00 \$46.70 \$15.22 \$154.55 Dogwood \$1600 Deductible \$0.00 \$106.22 \$73.66 \$203.93 \$0.00
6-6.99 HR 7-8 HR 4-5.99 HR 6-6.99 HR	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 EE EE EE EE EE EE EE E	\$845.30 \$656.60 \$1,478.44 \$0.00 \$618.05 \$429.35 \$1,251.19 \$0.00 \$463.05 \$274.35 \$1,096.19 Birch \$800 Deductible \$0.00 \$760.65 \$566.53 \$1,343.08 \$0.00 \$533.40 \$339.28	\$222.20 \$169.88 \$399.31 \$0.00 \$154.03 \$101.70 \$331.14 \$0.00 \$107.53 \$55.20 \$284.64 Cedar \$1200 Deductible \$0.00 \$196.81 \$142.85 \$358.70 \$358.70 \$0.00 \$128.63 \$74.68 \$290.53 \$0.00	\$123.15 \$91.67 \$231.00 \$0.00 \$77.70 \$46.22 \$185.55 \$0.00 \$46.70 \$15.22 \$154.55 Dogwood \$1600 Deductible \$0.00 \$106.22 \$73.66 \$203.93 \$0.00 \$60.77 \$28.21
6-6.99 HR 7-8 HR 4-5.99 HR 6-6.99 HR 7-8	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 EE+SP EE+CH FAMILY	\$845.30 \$656.60 \$1,478.44 \$0.00 \$618.05 \$429.35 \$1,251.19 \$0.00 \$463.05 \$274.35 \$1,096.19 Birch \$800 Deductible \$0.00 \$760.65 \$5566.53 \$1,343.08 \$0.00 \$533.40 \$339.28 \$1,115.83	\$222.20 \$169.88 \$399.31 \$0.00 \$154.03 \$101.70 \$331.14 \$0.00 \$107.53 \$55.20 \$284.64 Cedar \$1200 Deductible \$0.00 \$196.81 \$142.85 \$358.70 \$0.00 \$128.63 \$74.68 \$290.53	\$123.15 \$91.67 \$231.00 \$0.00 \$77.70 \$46.22 \$185.55 \$0.00 \$46.70 \$15.22 \$154.55 Dogwood \$1600 Deductible \$0.00 \$106.22 \$73.66 \$203.93 \$0.00 \$60.77 \$28.21 \$158.48
6-6.99 HR 7-8 HR 4-5.99 HR 6-6.99 HR	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 EE EE EE EE EE EE EE E	\$845.30 \$656.60 \$1,478.44 \$0.00 \$618.05 \$429.35 \$1,251.19 \$0.00 \$463.05 \$274.35 \$1,096.19 Birch \$800 Deductible \$0.00 \$760.65 \$566.53 \$1,343.08 \$0.00 \$533.40 \$339.28 \$1,115.83 \$0.00	\$222.20 \$169.88 \$399.31 \$0.00 \$154.03 \$101.70 \$331.14 \$0.00 \$107.53 \$55.20 \$284.64 Cedar \$1200 Deductible \$0.00 \$196.81 \$142.85 \$358.70 \$358.70 \$0.00 \$128.63 \$74.68 \$290.53 \$0.00	\$123.15 \$91.67 \$231.00 \$0.00 \$77.70 \$46.22 \$185.55 \$0.00 \$46.70 \$15.22 \$154.55 Dogwood \$1600 Deductible \$0.00 \$106.22 \$73.66 \$203.93 \$0.00 \$60.77 \$28.21 \$158.48 \$0.00

*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.