## CLASSIFIED ACTIVE 4J EMPLOYEES - SYNERGY - 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, vision and dental where noted.

Section   Sect	Synergy (CCM)					
EE	De	elta Dental Plan 5				
EE-SP	4	EE			\$0.00	
EE	Q	EE+SP	\$881.35		\$126.69	
EE	99 -	EE+CH	\$686.08	\$176.55	\$94.40	
### EEF-CH	力	FAMILY	\$1,599.36	\$432.06		
### EEF-CH	ရ		\$0.00		\$0.00	
### EEF-CH	6.9		\$608.65	\$148.70	\$72.15	
EE + S	9			\$94.74	\$39.86	
EE+SP	力	FAMILY	\$1,326.66	\$350.25	\$195.47	
EE+CH	~!		\$0.00	\$0.00	\$0.00	
FAMILY	&					
FAMILY	<u> </u>				\$2.66	
## Deficiency   \$800 Deductible   \$1200 Deductible   \$1600 Deductible   \$100 Deductible   \$1600 Deductible   \$100 Deduc			\$1,140.66	\$294.45	\$158.27	
## Deficiency   \$800 Deductible   \$1200 Deductible   \$1600 Deductible   \$100 Deductible   \$1600 Deductible   \$100 Deduc	Delta	a Dental Plan 6 (No	Birch	Cedar	Dogwood	
EE						
EE-SP						
BE	-		*			
BE	.99					
BE	표					
Table   Tabl				,		
Table   Tabl	- 6					
FAMILY						
EE	표					
EE+SP			. ,			
EE+CH	7					
Sinch   Sinc						
Birch   \$800 Deductible   \$1200 Deductible   \$1600 Deductible   \$100 Deductible						
### State   St	克					
FAMILY \$1,540.38 \$414.37 \$238.21 \$238.21 \$255.78 \$138.84 \$65.58 \$138.84 \$65.58 \$138.84 \$65.58 \$138.87 \$138.84 \$65.58 \$138.87 \$		FAMILY	\$1,075.12	\$274.79	\$145.16	
FAMILY \$1,540.38 \$414.37 \$238.21 \$238.21 \$255.78 \$138.84 \$65.58 \$138.84 \$65.58 \$138.84 \$65.58 \$138.87 \$138.84 \$65.58 \$138.87 \$		FAMILY	\$1,075.12 Birch	\$274.79 Cedar	\$145.16 <b>Dogwood</b>	
FAMILY \$1,540.38 \$414.37 \$238.21 \$238.21 \$255.78 \$138.84 \$65.58 \$138.84 \$65.58 \$138.84 \$65.58 \$138.87 \$138.84 \$65.58 \$138.87 \$	W	FAMILY  illamette Dental  EE	\$1,075.12 Birch \$800 Deductible \$0.00	\$274.79 Cedar \$1200 Deductible \$0.00	\$145.16 Dogwood \$1600 Deductible \$0.00	
Family   F	W	FAMILY  illamette Dental  EE  EE+SP	\$1,075.12  Birch \$800 Deductible  \$0.00 \$848.48	\$274.79 Cedar \$1200 Deductible \$0.00 \$220.65	\$145.16 Dogwood \$1600 Deductible \$0.00 \$120.12	
FAMILY \$1,267.68 \$332.56 \$183.67  EE \$0.00 \$0.00 \$0.00  EE+SP \$389.78 \$83.04 \$28.38  EE+CH \$185.95 \$26.52 \$0.00  *Waive Dental Birch \$1,081.68 \$276.76 \$146.47  *Waive Dental \$800 Deductible \$1200 Deductible \$1600 Deductible \$16	<b>W</b>	FAMILY  illamette Dental  EE  EE+SP  EE+CH	\$1,075.12  Birch \$800 Deductible  \$0.00  \$848.48 \$644.65	\$274.79  Cedar  \$1200 Deductible  \$0.00  \$220.65  \$164.13	\$145.16 Dogwood \$1600 Deductible \$0.00 \$120.12 \$86.12	
FAMILY \$1,267.68 \$332.56 \$183.67  EE \$0.00 \$0.00 \$0.00  EE+SP \$389.78 \$83.04 \$28.38  EE+CH \$185.95 \$26.52 \$0.00  *Waive Dental Birch \$1,081.68 \$276.76 \$146.47  *Waive Dental \$800 Deductible \$1200 Deductible \$1600 Deductible \$16	4-5.99 HR	FAMILY  illamette Dental  EE  EE+SP  EE+CH	\$1,075.12  Birch \$800 Deductible  \$0.00  \$848.48 \$644.65	\$274.79  Cedar  \$1200 Deductible  \$0.00  \$220.65  \$164.13	\$145.16 Dogwood \$1600 Deductible \$0.00 \$120.12 \$86.12	
FAMILY \$1,267.68 \$332.56 \$183.67  EE \$0.00 \$0.00 \$0.00  EE+SP \$389.78 \$83.04 \$28.38  EE+CH \$185.95 \$26.52 \$0.00  *Waive Dental Birch \$1,081.68 \$276.76 \$146.47  *Waive Dental \$800 Deductible \$1200 Deductible \$1600 Deductible \$16	4-5.99 HR	FAMILY  /illamette Dental  EE EE+SP EE+CH FAMILY EE	\$1,075.12  Birch \$800 Deductible  \$0.00  \$848.48  \$644.65  \$1,540.38  \$0.00	\$274.79  Cedar  \$1200 Deductible  \$0.00  \$220.65  \$164.13  \$414.37  \$0.00	\$145.16 Dogwood \$1600 Deductible \$0.00 \$120.12 \$86.12 \$238.21 \$0.00	
EE	4-5.99 HR	FAMILY  Illamette Dental  EE EE+SP EE+CH FAMILY EE EE+SP	\$1,075.12  Birch \$800 Deductible  \$0.00 \$848.48 \$644.65 \$1,540.38 \$0.00 \$575.78	\$274.79  Cedar  \$1200 Deductible  \$0.00  \$220.65  \$164.13  \$414.37  \$0.00  \$138.84	\$145.16 Dogwood \$1600 Deductible \$0.00 \$120.12 \$86.12 \$238.21 \$0.00 \$65.58	
### Table	4-5.99 HR 6-6.99	FAMILY  Illamette Dental  EE EE+SP EE+CH FAMILY  EE EE+SP EE+CH	\$1,075.12  Birch \$800 Deductible  \$0.00  \$848.48  \$644.65  \$1,540.38  \$0.00  \$575.78  \$371.95	\$274.79 Cedar \$1200 Deductible \$0.00 \$220.65 \$164.13 \$414.37 \$0.00 \$138.84 \$82.32	\$145.16  Dogwood \$1600 Deductible  \$0.00 \$120.12 \$86.12 \$238.21 \$0.00 \$65.58 \$31.58	
### EE+CH	4-5.99 HR 6-6.99	FAMILY  Illamette Dental  EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY	\$1,075.12  Birch \$800 Deductible  \$0.00  \$848.48  \$644.65  \$1,540.38  \$0.00  \$575.78  \$371.95  \$1,267.68	\$274.79 Cedar \$1200 Deductible \$0.00 \$220.65 \$164.13 \$414.37 \$0.00 \$138.84 \$82.32 \$332.56	\$145.16  Dogwood \$1600 Deductible  \$0.00 \$120.12 \$86.12 \$238.21 \$0.00 \$65.58 \$31.58 \$183.67	
#Waive Dental  #Waive Dental  ### Birch ### \$1,081.68  ### \$1,081.68  ### Cedar ### \$1,000 Deductible  ### \$1,000	4-5.99 HR 6-6.99 HR	FAMILY  Illamette Dental  EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+CH FAMILY	\$1,075.12  Birch \$800 Deductible  \$0.00  \$848.48  \$644.65  \$1,540.38  \$0.00  \$575.78  \$371.95  \$1,267.68  \$0.00	\$274.79  Cedar \$1200 Deductible  \$0.00 \$220.65 \$164.13 \$414.37 \$0.00 \$138.84 \$82.32 \$332.56 \$0.00	\$145.16  Dogwood \$1600 Deductible  \$0.00 \$120.12 \$86.12 \$238.21 \$0.00 \$65.58 \$31.58 \$183.67 \$0.00	
*Waive Dental Birch Cedar \$1,081.68 \$276.76 \$146.47  *Waive Dental \$800 Deductible \$1200 Deductible \$1600 De	4-5.99 HR 6-6.99 HR 7-8	FAMILY  Illamette Dental  EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE	\$1,075.12  Birch \$800 Deductible  \$0.00  \$848.48  \$644.65  \$1,540.38  \$0.00  \$575.78  \$371.95  \$1,267.68  \$0.00  \$389.78	\$274.79 Cedar \$1200 Deductible \$0.00 \$220.65 \$164.13 \$414.37 \$0.00 \$138.84 \$82.32 \$332.56 \$0.00 \$83.04	\$145.16  Dogwood \$1600 Deductible  \$0.00 \$120.12 \$86.12 \$238.21 \$0.00 \$65.58 \$31.58 \$183.67 \$0.00 \$28.38	
## State	4-5.99 HR 6-6.99 HR 7-8 H	FAMILY  Illamette 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	\$1,075.12  Birch \$800 Deductible  \$0.00  \$848.48  \$644.65  \$1,540.38  \$0.00  \$575.78  \$371.95  \$1,267.68  \$0.00  \$389.78  \$185.95	\$274.79 Cedar \$1200 Deductible \$0.00 \$220.65 \$164.13 \$414.37 \$0.00 \$138.84 \$82.32 \$332.56 \$0.00 \$83.04 \$26.52	\$145.16  Dogwood \$1600 Deductible  \$0.00 \$120.12 \$86.12 \$238.21 \$0.00 \$65.58 \$31.58 \$183.67 \$0.00 \$28.38 \$0.00	
## EE	4-5.99 HR 6-6.99 HR 7-8 H	FAMILY  Illamette 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	\$1,075.12  Birch \$800 Deductible  \$0.00  \$848.48  \$644.65  \$1,540.38  \$0.00  \$575.78  \$371.95  \$1,267.68  \$0.00  \$389.78  \$185.95  \$1,081.68	\$274.79 Cedar \$1200 Deductible \$0.00 \$220.65 \$164.13 \$414.37 \$0.00 \$138.84 \$82.32 \$332.56 \$0.00 \$83.04 \$26.52 \$276.76	\$145.16  Dogwood \$1600 Deductible  \$0.00 \$120.12 \$86.12 \$238.21 \$0.00 \$65.58 \$31.58 \$183.67 \$0.00 \$28.38 \$0.00 \$146.47	
FAMILY \$1,377.95 \$365.64 \$205.73  EE \$0.00 \$0.00 \$0.00  EE+SP \$474.20 \$108.37 \$45.26  EE+CH \$263.87 \$49.89 \$9.96  FAMILY \$1,105.25 \$283.83 \$151.19  EE \$0.00 \$0.00 \$0.00  EE+SP \$288.20 \$52.57 \$8.06  EE+CH \$77.87 \$0.00 \$0.00	4-5.99 HR 6-6.99 HR 7-8 HR	FAMILY  Illamette Dental  EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+CH FAMILY EE EE+CH FAMILY	\$1,075.12  Birch \$800 Deductible  \$0.00  \$848.48  \$644.65  \$1,540.38  \$0.00  \$575.78  \$371.95  \$1,267.68  \$0.00  \$389.78  \$185.95  \$1,081.68  Birch	\$274.79 Cedar \$1200 Deductible \$0.00 \$220.65 \$164.13 \$414.37 \$0.00 \$138.84 \$82.32 \$332.56 \$0.00 \$83.04 \$26.52 \$276.76 Cedar	\$145.16  Dogwood \$1600 Deductible  \$0.00 \$120.12 \$86.12 \$238.21 \$0.00 \$65.58 \$31.58 \$183.67 \$0.00 \$28.38 \$0.00 \$146.47  Dogwood	
FAMILY \$1,377.95 \$365.64 \$205.73  EE \$0.00 \$0.00 \$0.00  EE+SP \$474.20 \$108.37 \$45.26  EE+CH \$263.87 \$49.89 \$9.96  FAMILY \$1,105.25 \$283.83 \$151.19  EE \$0.00 \$0.00 \$0.00  EE+SP \$288.20 \$52.57 \$8.06  EE+CH \$77.87 \$0.00 \$0.00	4-5.99 HR 6-6.99 HR 7-8 HR	FAMILY  Illamette Dental  EE EE+SP EE+CH FAMILY EE EE+SP EE+CH FAMILY EE EE+CH FAMILY EE EE+CH FAMILY *Waive Dental	\$1,075.12  Birch \$800 Deductible  \$0.00  \$848.48  \$644.65  \$1,540.38  \$0.00  \$575.78  \$371.95  \$1,267.68  \$0.00  \$389.78  \$185.95  \$1,081.68  Birch \$800 Deductible	\$274.79 Cedar \$1200 Deductible \$0.00 \$220.65 \$164.13 \$414.37 \$0.00 \$138.84 \$82.32 \$332.56 \$0.00 \$83.04 \$26.52 \$276.76 Cedar \$1200 Deductible	\$145.16  Dogwood \$1600 Deductible  \$0.00 \$120.12 \$86.12 \$238.21 \$0.00 \$65.58 \$31.58 \$183.67 \$0.00 \$28.38 \$0.00 \$146.47  Dogwood \$1600 Deductible	
Image: Constant of the property	4-5.99 HR 6-6.99 HR 7-8 HR	FAMILY  Illamette 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  *Waive Dental EE	\$1,075.12  Birch \$800 Deductible  \$0.00  \$848.48  \$644.65  \$1,540.38  \$0.00  \$575.78  \$371.95  \$1,267.68  \$0.00  \$389.78  \$185.95  \$1,081.68  Birch \$800 Deductible	\$274.79 Cedar \$1200 Deductible \$0.00 \$220.65 \$164.13 \$414.37 \$0.00 \$138.84 \$82.32 \$332.56 \$0.00 \$83.04 \$26.52 \$276.76 Cedar \$1200 Deductible \$0.00	\$145.16  Dogwood \$1600 Deductible  \$0.00 \$120.12 \$86.12 \$238.21 \$0.00 \$65.58 \$31.58 \$183.67 \$0.00 \$28.38 \$0.00 \$146.47  Dogwood \$1600 Deductible \$0.00	
\$0.00 \$0.00	4-5.99 HR 6-6.99 HR 7-8 HR 4-5.99	FAMILY  Illamette 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  *Waive Dental  EE EE+SP	\$1,075.12  Birch \$800 Deductible  \$0.00  \$848.48  \$644.65  \$1,540.38  \$0.00  \$575.78  \$371.95  \$1,267.68  \$0.00  \$389.78  \$185.95  \$1,081.68  Birch \$800 Deductible  \$0.00  \$746.90	\$274.79 Cedar \$1200 Deductible \$0.00 \$220.65 \$164.13 \$414.37 \$0.00 \$138.84 \$82.32 \$332.56 \$0.00 \$83.04 \$26.52 \$276.76 Cedar \$1200 Deductible \$0.00 \$190.18	\$145.16  Dogwood \$1600 Deductible  \$0.00 \$120.12 \$86.12 \$238.21 \$0.00 \$65.58 \$31.58 \$183.67 \$0.00 \$28.38 \$0.00 \$146.47  Dogwood \$1600 Deductible \$0.00 \$99.80	
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EE \$0.00 \$0.00 \$0.00 EE+SP \$288.20 \$52.57 \$8.06 EE+CH \$77.87 \$0.00 \$0.00	4-5.99 HR 6-6.99 HR 7-8 HR 4-5.99 HR	FAMILY  Illamette 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  *BE EE+SP EE+CH FAMILY	\$1,075.12  Birch \$800 Deductible  \$0.00  \$848.48  \$644.65  \$1,540.38  \$0.00  \$575.78  \$371.95  \$1,267.68  \$0.00  \$389.78  \$185.95  \$1,081.68  Birch \$800 Deductible  \$0.00  \$746.90  \$536.57  \$1,377.95  \$0.00  \$4474.20	\$274.79 Cedar \$1200 Deductible \$0.00 \$220.65 \$164.13 \$414.37 \$0.00 \$138.84 \$82.32 \$332.56 \$0.00 \$83.04 \$26.52 \$276.76 Cedar \$1200 Deductible \$0.00 \$190.18 \$131.70 \$365.64 \$0.00 \$108.37	\$145.16  Dogwood \$1600 Deductible  \$0.00 \$120.12 \$86.12 \$238.21 \$0.00 \$65.58 \$31.58 \$183.67 \$0.00 \$28.38 \$0.00 \$146.47  Dogwood \$1600 Deductible  \$0.00 \$99.80 \$99.80 \$64.50 \$205.73 \$0.00	
EE+SP       \$288.20       \$52.57       \$8.06         EE+CH       \$77.87       \$0.00       \$0.00	4-5.99 HR 6-6.99 HR 7-8 HR 4-5.99 HR	FAMILY  Illamette 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	\$1,075.12  Birch \$800 Deductible  \$0.00  \$848.48  \$644.65  \$1,540.38  \$0.00  \$575.78  \$371.95  \$1,267.68  \$0.00  \$389.78  \$185.95  \$1,081.68  Birch \$800 Deductible  \$0.00  \$746.90  \$536.57  \$1,377.95  \$0.00  \$474.20 \$263.87	\$274.79 Cedar \$1200 Deductible  \$0.00 \$220.65 \$164.13 \$414.37 \$0.00 \$138.84 \$82.32 \$332.56 \$0.00 \$83.04 \$26.52 \$276.76 Cedar \$1200 Deductible  \$0.00 \$190.18 \$131.70 \$365.64 \$0.00 \$108.37	\$145.16  Dogwood \$1600 Deductible  \$0.00 \$120.12 \$86.12 \$238.21 \$0.00 \$65.58 \$31.58 \$183.67 \$0.00 \$28.38 \$0.00 \$146.47  Dogwood \$1600 Deductible  \$0.00 \$99.80 \$99.80 \$45.26 \$9.96	
= EE+CH \$77.87 \$0.00 \$0.00	4-5.99 HR 6-6.99 HR 7-8 HR 4-5.99 HR 6-6.99 HR	FAMILY  Illamette 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	\$1,075.12  Birch \$800 Deductible  \$0.00  \$848.48  \$644.65  \$1,540.38  \$0.00  \$575.78  \$371.95  \$1,267.68  \$0.00  \$389.78  \$185.95  \$1,081.68  Birch \$800 Deductible  \$0.00  \$746.90  \$536.57  \$1,377.95  \$0.00  \$474.20  \$263.87  \$1,105.25	\$274.79 Cedar \$1200 Deductible \$0.00 \$220.65 \$164.13 \$414.37 \$0.00 \$138.84 \$82.32 \$332.56 \$0.00 \$83.04 \$26.52 \$276.76 Cedar \$1200 Deductible \$0.00 \$190.18 \$131.70 \$365.64 \$0.00 \$108.37 \$49.89 \$283.83	\$145.16  Dogwood \$1600 Deductible  \$0.00 \$120.12 \$86.12 \$238.21 \$0.00 \$65.58 \$31.58 \$183.67 \$0.00 \$28.38 \$0.00 \$146.47  Dogwood \$1600 Deductible  \$0.00 \$99.80 \$99.80 \$64.50 \$205.73 \$0.00 \$45.26 \$9.96	
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	4-5.99 HR 6-6.99 HR 7-8 HR 4-5.99 HR 6-6.99 HR 7-8	FAMILY  Illamette 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	\$1,075.12  Birch \$800 Deductible  \$0.00  \$848.48  \$644.65  \$1,540.38  \$0.00  \$575.78  \$371.95  \$1,267.68  \$0.00  \$389.78  \$185.95  \$1,081.68  Birch \$800 Deductible  \$0.00  \$746.90  \$536.57  \$1,377.95  \$0.00  \$474.20  \$263.87  \$1,105.25  \$0.00  \$288.20	\$274.79 Cedar \$1200 Deductible  \$0.00 \$220.65 \$164.13 \$414.37 \$0.00 \$138.84 \$82.32 \$332.56 \$0.00 \$83.04 \$26.52 \$276.76 Cedar \$1200 Deductible  \$0.00 \$190.18 \$131.70 \$365.64 \$0.00 \$108.37 \$49.89 \$283.83 \$0.00	\$145.16  Dogwood \$1600 Deductible  \$0.00 \$120.12 \$86.12 \$238.21 \$0.00 \$65.58 \$31.58 \$183.67 \$0.00 \$28.38 \$0.00 \$146.47  Dogwood \$1600 Deductible  \$0.00 \$99.80 \$99.80 \$64.50 \$205.73 \$0.00 \$45.26 \$9.96 \$151.19 \$0.00 \$88.06	

<sup>\*</sup>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.

Members and their qualified dependents who do not enroll in a dental plan when initially eligible and elect to enroll during a future open enrollment will be subject to "waiting period" restrictions - meaning, for the first 12 months, the dental coverage will only allow preventative services and no orthodontia. The 12-month waiting period does not apply for members who enroll in OEBB dental coverage due to loss of other OEBB coverage.