

**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.

<b>Synergy (CCM)</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	\$0.00	\$0.00	\$0.00
	EE+SP	\$881.35	\$230.51	\$126.69
	EE+CH	\$686.08	\$176.55	\$94.40
	FAMILY	\$1,599.36	\$432.06	\$250.01
6-6-99 HR	EE	\$0.00	\$0.00	\$0.00
	EE+SP	\$608.65	\$148.70	\$72.15
	EE+CH	\$413.38	\$94.74	\$39.86
	FAMILY	\$1,326.66	\$350.25	\$195.47
7-8 HR	EE	\$0.00	\$0.00	\$0.00
	EE+SP	\$422.65	\$92.90	\$34.95
	EE+CH	\$227.38	\$38.94	\$2.66
	FAMILY	\$1,140.66	\$294.45	\$158.27
<b>Delta Dental Plan 6 (No Ortho)</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	\$847.43	\$220.33	\$119.91
	EE+CH	\$638.60	\$162.31	\$84.91
	FAMILY	\$1,533.82	\$412.40	\$236.90
6-6-99 HR	EE	\$0.00	\$0.00	\$0.00
	EE+SP	\$574.73	\$138.52	\$65.37
	EE+CH	\$365.90	\$80.50	\$30.37
	FAMILY	\$1,261.12	\$330.59	\$182.36
7-8 HR	EE	\$0.00	\$0.00	\$0.00
	EE+SP	\$388.73	\$82.72	\$28.17
	EE+CH	\$179.90	\$24.70	\$0.00
	FAMILY	\$1,075.12	\$274.79	\$145.16
<b>Willamette 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	\$848.48	\$220.65	\$120.12
	EE+CH	\$644.65	\$164.13	\$86.12
	FAMILY	\$1,540.38	\$414.37	\$238.21
6-6-99 HR	EE	\$0.00	\$0.00	\$0.00
	EE+SP	\$575.78	\$138.84	\$65.58
	EE+CH	\$371.95	\$82.32	\$31.58
	FAMILY	\$1,267.68	\$332.56	\$183.67
7-8 HR	EE	\$0.00	\$0.00	\$0.00
	EE+SP	\$389.78	\$83.04	\$28.38
	EE+CH	\$185.95	\$26.52	\$0.00
	FAMILY	\$1,081.68	\$276.76	\$146.47
<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	\$746.90	\$190.18	\$99.80
	EE+CH	\$536.57	\$131.70	\$64.50
	FAMILY	\$1,377.95	\$365.64	\$205.73
6-6-99 HR	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
7-8 HR	EE	\$0.00	\$0.00	\$0.00
	EE+SP	\$288.20	\$52.57	\$8.06
	EE+CH	\$77.87	\$0.00	\$0.00
	FAMILY	\$919.25	\$228.03	\$113.99

\*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.**