

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

Synergy (CCM)				
Delta Dental Plan 5		Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
4-5.99 HR	EE	\$0.00	\$0.00	\$0.00
	EE+SP	\$734.46	\$192.09	\$105.58
	EE+CH	\$571.73	\$147.13	\$78.67
	FAMILY	\$1,332.80	\$360.05	\$208.34
6-6.99 HR	EE	\$0.00	\$0.00	\$0.00
	EE+SP	\$507.21	\$123.92	\$60.13
	EE+CH	\$344.48	\$78.95	\$33.22
	FAMILY	\$1,105.55	\$291.88	\$162.89
7-8 HR	EE	\$0.00	\$0.00	\$0.00
	EE+SP	\$352.21	\$77.42	\$29.13
	EE+CH	\$189.48	\$32.45	\$2.22
	FAMILY	\$950.55	\$245.38	\$131.89
Delta Dental Plan 6 (No Ortho)		Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
4-5.99 HR	EE	\$0.00	\$0.00	\$0.00
	EE+SP	\$706.19	\$183.61	\$99.92
	EE+CH	\$532.17	\$135.26	\$70.76
	FAMILY	\$1,278.18	\$343.67	\$197.42
6-6.99 HR	EE	\$0.00	\$0.00	\$0.00
	EE+SP	\$478.94	\$115.44	\$54.47
	EE+CH	\$304.92	\$67.09	\$25.31
	FAMILY	\$1,050.93	\$275.49	\$151.97
7-8 HR	EE	\$0.00	\$0.00	\$0.00
	EE+SP	\$323.94	\$68.94	\$23.47
	EE+CH	\$149.92	\$20.59	\$0.00
	FAMILY	\$895.93	\$228.99	\$120.97
Willamette Dental		Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
4-5.99 HR	EE	\$0.00	\$0.00	\$0.00
	EE+SP	\$707.07	\$183.88	\$100.10
	EE+CH	\$537.21	\$136.77	\$71.76
	FAMILY	\$1,283.65	\$345.31	\$198.51
6-6.99 HR	EE	\$0.00	\$0.00	\$0.00
	EE+SP	\$479.82	\$115.70	\$54.65
	EE+CH	\$309.96	\$68.60	\$26.31
	FAMILY	\$1,056.40	\$277.13	\$153.06
7-8 HR	EE	\$0.00	\$0.00	\$0.00
	EE+SP	\$324.82	\$69.20	\$23.65
	EE+CH	\$154.96	\$22.10	\$0.00
	FAMILY	\$901.40	\$230.63	\$122.06
*Waive Dental		Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
4-5.99 HR	EE	\$0.00	\$0.00	\$0.00
	EE+SP	\$622.42	\$158.48	\$83.17
	EE+CH	\$447.14	\$109.75	\$53.75
	FAMILY	\$1,148.29	\$304.70	\$171.44
6-6.99 HR	EE	\$0.00	\$0.00	\$0.00
	EE+SP	\$395.17	\$90.31	\$37.72
	EE+CH	\$219.89	\$41.58	\$8.30
	FAMILY	\$921.04	\$236.52	\$125.99
7-8 HR	EE	\$0.00	\$0.00	\$0.00
	EE+SP	\$240.17	\$43.81	\$6.72
	EE+CH	\$64.89	\$0.00	\$0.00
	FAMILY	\$766.04	\$190.02	\$94.99

*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 OEGB dental coverage due to loss of other OEGB coverage.