

LICENSED - ACTIVE 4J EMPLOYEES
2017-2018 PLAN YEAR - MONTHLY EMPLOYEE CONTRIBUTIONS
 EFFECTIVE 10/01/2017 through 09/30/2018

To determine your monthly payroll deduction, find your enrollment status (FTE) on the left and follow the row to the plan you choose. These are composite rates, meaning the rate is the same regardless of how many dependents you cover on the plan. You can cover just yourself or your entire family for the same price. The Licensed Joint Benefit Committee has subsidized all Dogwood Plans an additional \$50.00 in an attempt to lower monthly premium rates.

All rates include medical, vision, pharmacy, and dental where noted.

Synergy CCM			
Delta Dental 5	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
.50 - .75	\$672.18	\$570.34	\$398.70
.76 - .80	\$612.18	\$510.34	\$338.70
.81 - .85	\$552.18	\$450.34	\$278.70
.86 - .90	\$492.18	\$390.34	\$218.70
.91 - .95	\$432.18	\$330.34	\$158.70
.96 - 1.0	\$372.18	\$270.34	\$98.70
Delta Dental 6 (No Ortho)	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
.50 - .75	\$631.88	\$530.04	\$358.40
.76 - .80	\$571.88	\$470.04	\$298.40
.81 - .85	\$511.88	\$410.04	\$238.40
.86 - .90	\$451.88	\$350.04	\$178.40
.91 - .95	\$391.88	\$290.04	\$118.40
.96 - 1.0	\$331.88	\$230.04	\$58.40
Willamette Dental	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
.50 - .75	\$643.36	\$541.52	\$369.88
.76 - .80	\$583.36	\$481.52	\$309.88
.81 - .85	\$523.36	\$421.52	\$249.88
.86 - .90	\$463.36	\$361.52	\$189.88
.91 - .95	\$403.36	\$301.52	\$129.88
.96 - 1.0	\$343.36	\$241.52	\$69.88
*Waive Dental	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
.50 - .75	\$534.61	\$432.77	\$261.13
.76 - .80	\$474.61	\$372.77	\$201.13
.81 - .85	\$414.61	\$312.77	\$141.13
.86 - .90	\$354.61	\$252.77	\$81.13
.91 - .95	\$294.61	\$192.77	\$21.13
.96 - 1.0	\$234.61	\$132.77	\$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, and you will not be able to re-enroll in dental coverage for the remainder of the plan year unless you lose eligibility for other group dental coverage and provide proof of the loss within 31 days.

* Members and/or 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.