To determine you monthly payroll deduction, choose a dental plan w			
medical plan with the deductible you choose (Birc			al where noted.
Effective 10/01/2018 - 09/30/2019 Connexus (PPO)			
Employee Only	\$127.11	\$80.15	\$37.42
Employee + Spouse/oDomestic Partner	\$975.42	\$872.11	\$778.13
Employee +Child(ren)	\$790.62	\$701.39	\$620.24
Employee + Family	\$1,643.52	\$1,497.95	\$1,365.53
Delta Dental 6 *No Orthodontia* (Includes Medical, Rx, Dental, Vision)	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
Employee Only	\$112.42	\$65.46	\$22.73
Employee + Spouse/oDomestic Partner	\$946.27	\$842.96	\$748.9
Employee +Child(ren)	\$749.82	\$660.59	\$579.4
Employee + Family	\$1,587.20	\$1,441.63	\$1,309.2
Willamette Dental (Includes Medical, Rx, Dental, Vision)	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
Employee Only	\$114.32	\$67.36	\$24.63
Employee + Spouse/oDomestic Partner	\$950.10	\$846.79	\$752.81
Employee +Child(ren)	\$758.12	\$668.89	\$587.74
Employee + Family	\$1,597.46	\$1,451.89	\$1,319.47
No Dental (Includes Medical, Rx, Vision)	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
Employee Only	\$68.79	\$21.83	\$0.00
Employee + Spouse/	\$859.89	\$756.58	\$662.60
Employee +Child(ren)	\$662.14	\$572.91	\$491.76
Employee + Family	\$1,453.26	\$1,307.69	\$1,175.27
	Synergy (CCM)		
Delta Dental 5	Birch	Cedar	Dogwood
(Includes Medical, Rx, Dental, Vision)	\$800 Deductible	\$1200 Deductible	\$1600 Deductible
Employee Only	\$63.06	\$20.79	\$0.00
Employee + Spouse/	\$834.52	\$741.56	\$656.94
Employee +Child(ren)	\$668.90	\$588.64	\$515.57
Employee + Family	\$1,444.96	\$1,314.00	\$1,194.74
Delta Dental 6 (No Orthodontia) (Includes Medical, Rx, Dental, Vision)	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
Employee Only	\$48.37	\$6.10	\$0.00
Employee + Spouse/	\$805.37	\$712.41	\$627.79
Employee +Child(ren)	\$628.10	\$547.84	\$474.7
Employee + Family Willamette Dental	\$1,388.64	\$1,257.68	\$1,138.42 Document
(Includes Medical, Rx, Dental, Vision)	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
Employee Only	\$50.27	\$8.00	\$0.00
Employee + Spouse/oDomestic Partner Employee +Child(ren)	\$809.20 \$636.40	\$716.24 \$556.14	\$631.62 \$483.07
Employee + Family	\$1,398.90	\$350.14	\$1,148.68
*No Dental	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
(Includes Medical, Rx, Vision)			
Employee Only	\$4.74 \$718.00	\$0.00	\$0.00 \$541.42
Employee + Spouse/oDomestic Partner Employee +Child(ren)	\$718.99 \$540.42	\$626.03 \$460.16	\$541.4 <sup>-</sup> \$387.09
Employee + Family	\$1,254.70	\$1,123.74	\$1,004.4
* If you waive dental coverage, you cannot re-enroll in the future.	-	-	

The amounts shown above reflect the premium for which you will be responsible, after any applicable District Contribution has been applied. If you receive an early retirement stipend payment, the incentive payment will be applied to the cost of insurance. If your incentive is more than the cost of the insurance, you will receive the remaining incentive amount on the last day of the month as pay from the District. If the cost of your insurance is more than your incentive amount, the remaining due for insurance will be withdrawn from your bank account on the 5th of the month (or the first banking day after the 5th if the 5th is on a holiday or weekend). The withdrawal on the 5th of the month will pay for the prior month's premium.