To determine your monthly payroll deduction, choose a dental pla			you choose (Plan 2, Plan 3, Plan 4). A
premium	s shown include medical, pharmacy, vision, a		
Effective 10/01/2019 - 09/30/2020 Moda Medical Plans - Basic Rates (for employees currently enrolled in a Connexus PPO Plan)			
Delta Dental 5			
Employee Only Employee + Spouse/≬Domestic Partner	\$729.57 \$1,566.94	\$691.75 \$1,483.74	\$661.4 \$1,417.1
Employee + Child(ren)	\$1,385.04	\$1,313.20	\$1,255.6
Employee + Family	\$2,227.03	\$2,109.80	\$2,015.9
Includes Medical, Rx, Vision, and	Moda Plan 2	Moda Plan 3	Moda Plan 4
Delta Dental 6 *No Orthodontia*	\$800/\$900 Deductible	\$1200/\$1300 Deductible	\$1600/\$1700 Deductible
Employee Only	\$714.79	\$676.97	\$646.7
Employee + Spouse/oDomestic Partner	\$1,537.62	\$1,454.42	\$1,387.8
Employee +Child(ren)	\$1,343.99	\$1,272.15	\$1,214.6 \$1.959.3
Employee + Family	\$2,170.36	\$2,053.13	· /····
Includes Medical, Rx, Vision, and Willamette Dental	Moda Plan 2 \$800/\$900 Deductible	Moda Plan 3 \$1200/\$1300 Deductible	Moda Plan 4 \$1600/\$1700 Deductible
Employee Only	\$718.29	\$680.47	\$650.2
Employee + Spouse/	\$1,544.60	\$1,461.40	\$1,394.8
Employee +Child(ren)	\$1,355.69	\$1,283.85	\$1,226.3
Employee + Family	\$2,185.71	\$2,068.48	\$1,974.6
Includes Medical, Rx, Vision, and	Moda Plan 2	Moda Plan 3	Moda Plan 4
No Dental	\$800/\$900 Deductible	\$1200/\$1300 Deductible	\$1600/\$1700 Deductible
Employee Only	\$670.90	\$633.08	\$602.8
Employee + Spouse/oDomestic Partner	\$1,450.72	\$1,367.52	\$1,300.9
Employee +Child(ren)	\$1,255.79	\$1,183.95	\$1,126.4
Employee + Family	\$2,035.62	\$1,918.39	\$1,824.5
Moda Medical Plans - Select Ra	ates (for employees cur	rently enrolled in a Syn	ergy CCM Plan)
Includes Medical, Rx, Vision, and	Moda Plan 2	Moda Plan 3	Moda Plan 4
Delta Dental 5	\$800/\$900 Deductible	\$1200/\$1300 Deductible	\$1600/\$1700 Deductible
Employee Only	\$729.57	\$686.34	\$647.1
Employee + Spouse/	\$1,566.94	\$1,471.86	\$1,385.5
Employee +Child(ren)	\$1,385.04	\$1,302.91	\$1,228.4
Employee + Family	\$2,227.03	\$2,093.06	\$1,971.4
Includes Medical, Rx, Vision, and Delta Dental 6 *No Orthodontia*	Moda Plan 2 \$800/\$900 Deductible	Moda Plan 3 \$1200/\$1300 Deductible	Moda Plan 4 \$1600/\$1700 Deductible
Employee Only	\$714.79	\$671.56	\$632.3
Employee + Spouse/	\$1,537.62	\$1,442.54	\$1,356.2
Employee +Child(ren)	\$1,343.99	\$1,261.86	\$1,187.3
Employee + Family	\$2,170.36	\$2,036.39	\$1,914.8
Includes Medical, Rx, Vision, and	Moda Plan 2	Moda Plan 3	Moda Plan 4
Willamette Dental	\$800/\$900 Deductible	\$1200/\$1300 Deductible	\$1600/\$1700 Deductible
Employee Only	\$718.29	\$675.06	\$635.8
Employee + Spouse/000mestic Partner	\$1,544.60	\$1,449.52	\$1,363.2
Employee +Child(ren)	\$1,355.69	\$1,273.56	\$1,199.0
Employee + Family	\$2,185.71	\$2,051.74	\$1,930.1
Includes Medical, Rx, Vision, and No Dental	Moda Plan 2 \$800/\$900 Deductible	Moda Plan 3 \$1200/\$1300 Deductible	Moda Plan 4 \$1600/\$1700 Deductible
Employee Only	\$670.90	\$627.67	\$588.4
Employee + Spouse/0Domestic Partner	\$1,450.72	\$1,355.64	\$1,269.3
Employee + Child(ren)	\$1,450.72	\$1,333.04	\$1,099.1
Employee + Family	\$2,035.62	\$1,901.65	\$1,780.0

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.