

LICENSED RETIRED 4J EMPLOYEES (83.00% District Contribution)

2017-2018 PLAN YEAR - MONTHLY CONTRIBUTIONS

EFFECTIVE 10/01/2017 through 09/30/2018

Rate changes will be reflected on October 31st pay date and November 5th bank withdrawals. All rates include medical, vision, pharmacy, and dental where noted.

Connexus (PPO)			
Delta Dental 5	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
EE	\$166.97	\$119.41	\$62.61
EE+SP/DP	\$998.98	\$894.36	\$769.42
EE+CH	\$817.41	\$727.06	\$619.17
FAMILY	\$1,653.88	\$1,506.48	\$1,330.43
Delta Dental 6 (No Ortho)	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
EE	\$152.72	\$105.16	\$48.36
EE+SP/DP	\$970.71	\$866.09	\$741.15
EE+CH	\$777.85	\$687.50	\$579.61
FAMILY	\$1,599.26	\$1,451.86	\$1,275.81
Willamette Dental	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
EE	\$153.16	\$105.60	\$48.80
EE+SP/DP	\$971.59	\$866.97	\$742.03
EE+CH	\$782.89	\$692.54	\$584.65
FAMILY	\$1,604.73	\$1,457.33	\$1,281.28
*Waive Dental	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
EE	\$110.41	\$62.85	\$6.05
EE+SP/DP	\$886.94	\$782.32	\$657.38
EE+CH	\$692.82	\$602.47	\$494.58
FAMILY	\$1,469.37	\$1,321.97	\$1,145.92
SYNERGY (CCM)			
Delta Dental 5	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
EE	\$104.13	\$61.33	\$10.23
EE+SP/DP	\$860.75	\$766.60	\$654.17
EE+CH	\$698.02	\$616.72	\$519.63
FAMILY	\$1,459.09	\$1,326.46	\$1,168.00
Delta Dental 6 (No Ortho)	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
EE	\$89.88	\$47.08	\$0.00
EE+SP/DP	\$832.48	\$738.33	\$625.90
EE+CH	\$658.46	\$577.16	\$480.07
FAMILY	\$1,404.47	\$1,271.84	\$1,113.38
Willamette Dental	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
EE	\$90.32	\$47.52	\$0.00
EE+SP/DP	\$833.36	\$739.21	\$626.78
EE+CH	\$663.50	\$582.20	\$485.11
FAMILY	\$1,409.94	\$1,277.31	\$1,118.85
*Waive Dental	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
EE	\$47.57	\$4.77	\$0.00
EE+SP/DP	\$748.71	\$654.56	\$542.13
EE+CH	\$573.43	\$492.13	\$395.04
FAMILY	\$1,274.58	\$1,141.95	\$983.49

* 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. The withdrawal on the 5th of the month will pay for the prior month's premium.

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 last banking day prior to 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.