

ADMINISTRATIVE 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 amount show is the employee cost AFTER the District contribution of up to \$1,200 per employee, per month based on FTE. The MAPS Joint Benefits Committee has subsidized the Dogwood Plans by an additional \$95 in an attempt to keep rates lower.

Connexus PPO			
Delta Dental Plan 5	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
.500 to .749	\$950.47	\$837.30	\$607.14
.750 to .874	\$710.47	\$597.30	\$367.14
.875 to 1.00	\$530.47	\$417.30	\$187.14
Delta Dental Plan 6 (No Ortho)	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
.500 to .749	\$910.17	\$797.00	\$566.84
.750 to .874	\$670.17	\$557.00	\$326.84
.875 to 1.00	\$490.17	\$377.00	\$146.84
Willamette Dental	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
.500 to .749	\$921.65	\$808.48	\$578.32
.750 to .874	\$681.65	\$568.48	\$338.32
.875 to 1.00	\$501.65	\$388.48	\$158.32
*Waive Dental	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
.500 to .749	\$812.90	\$699.73	\$469.57
.750 to .874	\$572.90	\$459.73	\$229.57
.875 to 1.00	\$392.90	\$279.73	\$49.57

Synergy CCM			
Delta Dental Plan 5	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
.500 to .749	\$800.93	\$699.09	\$482.45
.750 to .874	\$560.93	\$459.09	\$242.45
.875 to 1.00	\$380.93	\$279.09	\$62.45
Delta Dental Plan 6 (No Ortho)	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
.500 to .749	\$760.63	\$658.79	\$442.15
.750 to .874	\$520.63	\$418.79	\$202.15
.875 to 1.00	\$340.63	\$238.79	\$22.15
Willamette Dental	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
.500 to .749	\$772.11	\$670.27	\$453.63
.750 to .874	\$532.11	\$430.27	\$213.63
.875 to 1.00	\$352.11	\$250.27	\$33.63
*Waive Dental	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
.500 to .749	\$663.36	\$561.52	\$344.88
.750 to .874	\$423.36	\$321.52	\$104.88
.875 to 1.00	\$243.36	\$141.52	\$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. 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.