## MAPS Active 4J Employees - .500-.749 FTE

To determine you monthly payroll deduction, choose a dental plan within the medical network you elect (Connexus PPO or Synergy CCM), then follow the enrollment tier line accross to the medical plan with the deductible you choose (Birch, Cedar, Dogwood). All premiums shown include medical, pharmacy, vision, and dental where noted.

## Effective 10/01/2018 - 09/30/2019

## Connexus (PPO)

Cedar \$1200 Deductible

Birch

Dogwood \$1600 Deductible

**Delta Dental 5** 

Della Dellai 3	\$800 Deductible	\$1200 Deductible	\$1600 Deductible
(Includes Medical, Rx, Dental, Vision)	4000 Deddetible	\$1200 Deddelible	\$1000 Deddelible
Employee Only	\$0.00	\$0.00	\$0.00
Employee + Spouse/Domestic Partner	\$838.59	\$735.28	\$513.04
Employee +Child(ren)	\$653.79	\$564.56	\$483.41
Employee + Family	\$1,506.69	\$1,361.12	\$393.18
Delta Dental 6 *No Orthodontia*	Birch	Cedar	Dogwood
(Includes Medical, Rx, Dental, Vision)	\$800 Deductible	\$1200 Deductible	\$1600 Deductible
Employee Only	\$0.00	\$0.00	\$0.00
Employee + Spouse/Domestic Partner	\$809.44	\$706.13	\$489.72
Employee +Child(ren)	\$612.99	\$523.76	\$442.61
Employee + Family	\$1,450.37	\$1,304.80	\$375.16
Willamette Dental	Birch	Cedar	Dogwood
(Includes Medical, Rx, Dental, Vision)	\$800 Deductible	\$1200 Deductible	\$1600 Deductible
Employee Only	\$0.00	\$0.00	\$0.00
Employee + Spouse/Domestic Partner	\$813.27	\$709.96	\$492.78
Employee +Child(ren)	\$621.29	\$532.06	\$450.91
Employee + Family	\$1,460.63	\$1,315.06	\$378.44
No Dental	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
(Includes Medical, Rx, Vision)			
Employee Only	\$0.00	\$0.00	\$0.00
Employee + Spouse/Domestic Partner	\$723.06	\$619.75	\$420.62
Employee +Child(ren)	\$525.31	\$436.08	\$354.93
Employee + Family	\$1,316.43	\$1,170.86	\$332.30
	Synergy (CCM)		
Delta Dental 5	Birch	Cedar	Dogwood
(Includes Medical, Rx, Dental, Vision)	\$800 Deductible	\$1200 Deductible	\$1600 Deductible
Employee Only	\$0.00	\$0.00	\$0.00
Employee + Spouse/Domestic Partner	\$697.69	\$604.73	\$416.09
Employee +Child(ren)	\$532.07	\$451.81	\$378.74
Employee + Family	\$1,308.13	\$1,177.17	\$327.95
Delta Dental 6 *No Orthodontia*	Birch	Cedar	Dogwood
	\$800 Deductible	\$1200 Deductible	\$1600 Deductible
(Includes Medical, Rx, Dental, Vision)	\$000 Deddollard	VIZOO DOUGONISIO	Troop Beddelible
Employee Only	\$0.00	\$0.00	\$0.00
Employee + Spouse/Domestic Partner	\$668.54	\$575.58	\$392.77
Employee +Child(ren)	\$491.27	\$411.01	\$337.94
Employee + Family		44 420 05	
	\$1,251.81	\$1,120.85	\$310.49
Willamette Dental	Birch	Cedar	Dogwood
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Willamette Dental (Includes Medical, Rx, Dental, Vision) Employee Only	Birch \$800 Deductible \$0.00	Cedar \$1200 Deductible \$0.00	Dogwood \$1600 Deductible \$0.00
Willamette Dental (Includes Medical, Rx, Dental, Vision) Employee Only Employee + Spouse/Domestic Partner	Birch \$800 Deductible \$0.00 \$672.37	Cedar \$1200 Deductible \$0.00 \$579.41	Dogwood \$1600 Deductible \$0.00 \$395.83
Willamette Dental (Includes Medical, Rx, Dental, Vision) Employee Only Employee + Spouse/Domestic Partner Employee + Child(ren)	Birch \$800 Deductible \$0.00 \$672.37 \$499.57	Cedar \$1200 Deductible \$0.00 \$579.41 \$419.31	Dogwood \$1600 Deductible \$0.00 \$395.83 \$346.24
Willamette Dental (Includes Medical, Rx, Dental, Vision) Employee Only Employee + Spouse/Domestic Partner Employee + Child(ren) Employee + Family	Birch \$800 Deductible \$0.00 \$672.37	Cedar \$1200 Deductible \$0.00 \$579.41	
Willamette Dental (Includes Medical, Rx, Dental, Vision) Employee Only Employee + Spouse/Domestic Partner Employee + Child(ren) Employee + Family No Dental	\$0.00 \$672.37 \$499.57 \$1,262.07	Cedar \$1200 Deductible \$0.00 \$579.41 \$419.31 \$1,131.11 Cedar	Dogwood \$1600 Deductible \$395.83 \$346.24 \$313.67
Willamette Dental (Includes Medical, Rx, Dental, Vision) Employee Only Employee + Spouse/Domestic Partner Employee + Child(ren) Employee + Family	\$0.00 \$672.37 \$499.57 \$1,262.07	Cedar \$1200 Deductible \$0.00 \$579.41 \$419.31 \$1,131.11	Dogwood \$1600 Deductible \$0.00 \$395.83 \$346.24 \$313.67
Willamette Dental (Includes Medical, Rx, Dental, Vision) Employee Only Employee + Spouse/Domestic Partner Employee + Child(ren) Employee + Family  No Dental (Includes Medical, Rx, Vision) Employee Only	8irch \$800 Deductible \$0.00 \$672.37 \$499.57 \$1,262.07 Birch \$800 Deductible	Cedar \$1200 Deductible \$0.00 \$579.41 \$419.31 \$1,131.11 Cedar \$1200 Deductible \$0.00	Dogwood \$1600 Deductible \$0.00 \$395.83 \$346.24 \$313.67 Dogwood \$1600 Deductible
Willamette Dental (Includes Medical, Rx, Dental, Vision) Employee Only Employee + Spouse/Domestic Partner Employee + Child(ren) Employee + Family No Dental (Includes Medical, Rx, Vision) Employee Only Employee + Spouse/Domestic Partner	\$0.00 \$0.00	Cedar \$1200 Deductible \$0.00 \$579.41 \$419.31 \$1,131.11 Cedar \$1200 Deductible \$0.00 \$489.20	Dogwood \$1600 Deductible \$0.00 \$395.83 \$346.24 \$313.67 Dogwood \$1600 Deductible \$0.00 \$323.66
Willamette Dental (Includes Medical, Rx, Dental, Vision) Employee Only Employee + Spouse/Domestic Partner Employee + Child(ren) Employee + Family  No Dental (Includes Medical, Rx, Vision) Employee Only	8irch \$800 Deductible \$0.00 \$672.37 \$499.57 \$1,262.07 Birch \$800 Deductible	Cedar \$1200 Deductible \$0.00 \$579.41 \$419.31 \$1,131.11 Cedar \$1200 Deductible \$0.00	Dogwood \$1600 Deductible \$395.83 \$346.24 \$313.67

> 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.