

## MAPS Retirees - 100% District Contribution

To determine your monthly payroll deduction, choose a dental plan within the medical network you elect (Connexus PPO or Synergy CCM), then follow the enrollment tier line across 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)

<b>Delta Dental 5</b> (Includes Medical, Rx, Dental, Vision)	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
Employee Only	\$468.63	\$421.67	\$378.94
Employee + Spouse/∅Domestic Partner	\$1,316.94	\$1,213.63	\$1,119.65
Employee +Child(ren)	\$1,132.14	\$1,042.91	\$961.76
Employee + Family	\$1,985.04	\$1,839.47	\$1,707.05
<b>Delta Dental 6 *No Orthodontia*</b> (Includes Medical, Rx, Dental, Vision)	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
Employee Only	\$453.94	\$406.98	\$364.25
Employee + Spouse/∅Domestic Partner	\$1,287.79	\$1,184.48	\$1,090.50
Employee +Child(ren)	\$1,091.34	\$1,002.11	\$920.96
Employee + Family	\$1,928.72	\$1,783.15	\$1,650.73
<b>Willamette Dental</b> (Includes Medical, Rx, Dental, Vision)	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
Employee Only	\$455.84	\$408.88	\$366.15
Employee + Spouse/∅Domestic Partner	\$1,291.62	\$1,188.31	\$1,094.33
Employee +Child(ren)	\$1,099.64	\$1,010.41	\$929.26
Employee + Family	\$1,938.98	\$1,793.41	\$1,660.99
<b>*No Dental</b> (Includes Medical, Rx, Vision)	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
Employee Only	\$410.31	\$363.35	\$320.62
Employee + Spouse/∅Domestic Partner	\$1,201.41	\$1,098.10	\$1,004.12
Employee +Child(ren)	\$1,003.66	\$914.43	\$833.28
Employee + Family	\$1,794.78	\$1,649.21	\$1,516.79

### Synergy (CCM)

<b>Delta Dental 5</b> (Includes Medical, Rx, Dental, Vision)	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
Employee Only	\$404.58	\$362.31	\$323.86
Employee + Spouse/∅Domestic Partner	\$1,176.04	\$1,083.08	\$998.46
Employee +Child(ren)	\$1,010.42	\$930.16	\$857.09
Employee + Family	\$1,786.48	\$1,655.52	\$1,536.26
<b>Delta Dental 6 *No Orthodontia*</b> (Includes Medical, Rx, Dental, Vision)	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
Employee Only	\$389.89	\$347.62	\$309.17
Employee + Spouse/∅Domestic Partner	\$1,146.89	\$1,053.93	\$969.31
Employee +Child(ren)	\$969.62	\$889.36	\$816.29
Employee + Family	\$1,730.16	\$1,599.20	\$1,479.94
<b>Willamette Dental</b> (Includes Medical, Rx, Dental, Vision)	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
Employee Only	\$391.79	\$349.52	\$311.07
Employee + Spouse/∅Domestic Partner	\$1,150.72	\$1,057.76	\$973.14
Employee +Child(ren)	\$977.92	\$897.66	\$824.59
Employee + Family	\$1,740.42	\$1,609.46	\$1,490.20
<b>*No Dental</b> (Includes Medical, Rx, Vision)	Birch \$800 Deductible	Cedar \$1200 Deductible	Dogwood \$1600 Deductible
Employee Only	\$346.26	\$303.99	\$265.54
Employee + Spouse/∅Domestic Partner	\$1,060.51	\$967.55	\$882.93
Employee +Child(ren)	\$881.94	\$801.68	\$728.61
Employee + Family	\$1,596.22	\$1,465.26	\$1,346.00

**\* If you waive dental coverage, you cannot re-enroll in the future.**

∅Members who enroll a domestic partner and/or child(ren) of a domestic partner in insurance are subject to an imputed income tax on their monthly paycheck. Ensure you understand the tax implications before enrolling a domestic partner, or a child(ren) of a domestic partner prior to enrollment. Additional information can be found on the 4J Benefits website or by calling 4J Benefits at 541-790-7670.

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.