

2019 MAPS Rates

.750 - .874 FTE

Effective October 1, 2019 - September 30, 2020

All rates include medical, prescription, vision and the indicated dental plan

.750 - .874 FTE	Includes Medical, Rx, Vision, & Delta Dental Plan 5	Kaiser Permanente	Moda Medical Basic Rates (currently enrolled in a Connexus PPO Plan)		Moda Medical Select Rates (currently enrolled in a Synergy CCM Plan)	
		Kaiser Permanente HMO Plan 2 \$800 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible
		Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Spouse/∅Domestic Partner	\$390.60	\$495.99	\$429.41	\$484.11	\$397.83	
Employee + Children	\$233.68	\$325.45	\$267.94	\$315.16	\$240.66	
Employee + Family	\$729.92	\$1,122.05	\$565.53	\$1,105.31	\$541.05	

.750 - .874 FTE	Includes Medical, Rx, Vision, & Delta Dental Plan 6 *No Orthodontia*	Kaiser Permanente	Moda Medical Basic Rates (currently enrolled in a Connexus PPO Plan)		Moda Medical Select Rates (currently enrolled in a Synergy CCM Plan)	
		Kaiser Permanente HMO Plan 2 \$800 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible
		Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Spouse/∅Domestic Partner	\$361.28	\$466.67	\$400.09	\$454.79	\$368.51	
Employee + Children	\$192.63	\$284.40	\$226.89	\$274.11	\$199.61	
Employee + Family	\$687.42	\$1,065.38	\$534.36	\$1,048.64	\$509.88	

.750 - .874 FTE	Includes Medical, Rx, Vision, & Willamette Dental	Kaiser Permanente	Moda Medical Basic Rates (currently enrolled in a Connexus PPO Plan)		Moda Medical Select Rates (currently enrolled in a Synergy CCM Plan)	
		Kaiser Permanente HMO Plan 2 \$800 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible
		Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Spouse/∅Domestic Partner	\$368.26	\$473.65	\$407.07	\$461.77	\$375.49	
Employee + Children	\$204.33	\$296.10	\$238.59	\$285.81	\$211.31	
Employee + Family	\$698.93	\$1,080.73	\$542.80	\$1,063.99	\$518.33	

.750 - .874 FTE	Includes Medical, Rx, Vision, & *NO Dental	Kaiser Permanente	Moda Medical Basic Rates (currently enrolled in a Connexus PPO Plan)		Moda Medical Select Rates (currently enrolled in a Synergy CCM Plan)	
		Kaiser Permanente HMO Plan 2 \$800 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible
		Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Spouse/∅Domestic Partner	\$274.38	\$379.77	\$313.19	\$367.89	\$281.61	
Employee + Children	\$104.43	\$196.20	\$138.69	\$185.91	\$111.41	
Employee + Family	\$586.37	\$930.64	\$460.25	\$913.90	\$435.78	

*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.

∅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.

Members and 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 OEGB dental coverage due to loss of other OEGB coverage.