

## 2019 MAPS Rates

**.875 - 1.00 FTE**

**Effective October 1, 2019 - September 30, 2020**

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

.875 - 1.00 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	\$210.60	\$315.99	\$249.41	\$304.11	\$217.83	\$217.83
Employee + Children	\$53.68	\$145.45	\$87.94	\$135.16	\$60.66	\$60.66
Employee + Family	\$594.92	\$942.05	\$466.53	\$925.31	\$442.05	\$442.05

.875 - 1.00 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	\$181.28	\$286.67	\$220.09	\$274.79	\$188.51	\$188.51
Employee + Children	\$12.63	\$104.40	\$46.89	\$94.11	\$19.61	\$19.61
Employee + Family	\$552.42	\$885.38	\$435.36	\$868.64	\$410.88	\$410.88

.875 - 1.00 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	\$188.26	\$293.65	\$227.07	\$281.77	\$195.49	\$195.49
Employee + Children	\$24.33	\$116.10	\$58.59	\$105.81	\$31.31	\$31.31
Employee + Family	\$563.93	\$900.73	\$443.80	\$883.99	\$419.33	\$419.33

.875 - 1.00 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	\$94.38	\$199.77	\$133.19	\$187.89	\$101.61	\$101.61
Employee + Children	\$0.00	\$16.20	\$0.00	\$5.91	\$0.00	\$0.00
Employee + Family	\$451.37	\$750.64	\$361.25	\$733.90	\$336.78	\$336.78

\*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.**