

## 2020 MAPS Rates

**.500 - .749 FTE**

**Effective October 1, 2020 - September 30, 2021**

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

.500 - .749 FTE	Includes Medical, Rx, Vision, & Delta Dental Plan 5	Kaiser Permanente	Moda Medical	
		Kaiser Permanente HMO Plan 2 \$800 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible
		Employee Only	\$0.00	\$0.00
Employee + Spouse/◊Domestic Partner	\$518.54	\$748.63	\$612.41	
Employee + Children	\$424.11	\$573.79	\$463.42	
Employee + Family	\$629.22	\$1,387.38	\$710.22	

.500 - .749 FTE	Includes Medical, Rx, Vision, & Delta Dental Plan 6 *No Orthodontia*	Kaiser Permanente	Moda Medical	
		Kaiser Permanente HMO Plan 2 \$800 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible
		Employee Only	\$0.00	\$0.00
Employee + Spouse/◊Domestic Partner	\$492.18	\$719.34	\$586.05	
Employee + Children	\$383.12	\$532.80	\$426.53	
Employee + Family	\$598.11	\$1,330.81	\$679.10	

.500 - .749 FTE	Includes Medical, Rx, Vision, & Willamette Dental	Kaiser Permanente	Moda Medical	
		Kaiser Permanente HMO Plan 2 \$800 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible
		Employee Only	\$0.00	\$0.00
Employee + Spouse/◊Domestic Partner	\$501.48	\$729.67	\$595.35	
Employee + Children	\$398.36	\$548.04	\$440.24	
Employee + Family	\$609.47	\$1,351.47	\$690.46	

.500 - .749 FTE	Includes Medical, Rx, Vision, & *NO Dental	Kaiser Permanente	Moda Medical	
		Kaiser Permanente HMO Plan 2 \$800 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible
		Employee Only	\$0.00	\$0.00
Employee + Spouse/◊Domestic Partner	\$414.11	\$632.59	\$507.98	
Employee + Children	\$295.06	\$444.74	\$347.27	
Employee + Family	\$524.12	\$1,196.28	\$605.11	

\*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 OEBC dental coverage due to loss of other OEBC coverage.**