

## 2021 MAPS Rates

**.500 - .749 FTE**

**Effective October 1, 2021 - September 30, 2022**

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 2A \$800 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible
		Employee Only	\$0.00	\$0.00
Employee + Spouse/◊Domestic Partner	\$466.37	\$770.84	\$582.04	
Employee + Children	\$411.60	\$592.77	\$426.13	
Employee + Family	\$606.67	\$1,418.18	\$712.86	

.500 - .749 FTE	Includes Medical, Rx, Vision, & Delta Dental Plan 6 *No Orthodontia*	Kaiser Permanente	Moda Medical	
		Kaiser Permanente HMO Plan 2A \$800 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible
		Employee Only	\$0.00	\$0.00
Employee + Spouse/◊Domestic Partner	\$442.27	\$741.81	\$557.94	
Employee + Children	\$370.99	\$552.16	\$393.64	
Employee + Family	\$576.40	\$1,362.12	\$682.59	

.500 - .749 FTE	Includes Medical, Rx, Vision, & Willamette Dental	Kaiser Permanente	Moda Medical	
		Kaiser Permanente HMO Plan 2A \$800 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible
		Employee Only	\$0.00	\$0.00
Employee + Spouse/◊Domestic Partner	\$448.28	\$749.05	\$563.95	
Employee + Children	\$383.00	\$564.17	\$403.25	
Employee + Family	\$584.83	\$1,377.73	\$691.02	

.500 - .749 FTE	Includes Medical, Rx, Vision, & *NO Dental	Kaiser Permanente	Moda Medical	
		Kaiser Permanente HMO Plan 2A \$800 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible
		Employee Only	\$0.00	\$0.00
Employee + Spouse/◊Domestic Partner	\$370.93	\$655.85	\$486.60	
Employee + Children	\$283.73	\$464.90	\$323.83	
Employee + Family	\$504.42	\$1,228.82	\$610.61	

\*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.**