

## 2022 MAPS Rates

.500 - .749 FTE

Effective October 1, 2022 - September 30, 2023

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	\$407.70	\$782.50	\$499.46	
Employee + Children	\$366.40	\$596.99	\$359.52	
Employee + Family	\$485.87	\$1,450.63	\$562.49	

.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	\$388.63	\$755.63	\$480.39	
Employee + Children	\$332.72	\$558.72	\$333.50	
Employee + Family	\$463.79	\$1,398.06	\$540.41	

.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	\$393.38	\$762.33	\$485.14	
Employee + Children	\$342.80	\$570.18	\$341.29	
Employee + Family	\$470.00	\$1,412.83	\$546.61	

.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	\$327.21	\$669.13	\$418.97	
Employee + Children	\$255.45	\$470.91	\$273.79	
Employee + Family	\$407.45	\$1,263.92	\$484.07	

\*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.**