



Comparison Chart Health Care Benefits for PAT Part-Time Option 2

Effective January 1, 2017

Medical & Prescription Drug Benefits

	Trust Indemnity Plan (Regence)	Kaiser Permanente HMO	Providence Personal Option Plan
Provider choice	Choose a Regence preferred provider, a Regence participating provider, or a non-Regence participating provider. Benefits vary based on which category you choose. Find a list of providers at regence.com	Must use Kaiser or Portland Clinic providers, except in cases of emergency or when referred outside the network by Kaiser	Freedom to use any provider in the Providence Signature Network. May use non-participating providers for emergency and urgent services only
How the plan pays benefits	Plan pays covered charges at 80% of allowable charges after you meet the annual deductible; you pay 20% plus any charges above allowable charges	Most covered services paid in full after applicable copayment	Office visits are covered 100% after you pay a \$10 copayment; most other covered services are paid at 90%
Annual** deductible	\$200/individual, \$600/family	None	None
Annual** out-of-pocket maximum	\$1,000/individual, \$3,000/family after deductible	\$600/individual, \$1,200/family	\$1,200/individual, \$2,400/family
Covered Services	What the plan pays	What the plan pays	What the plan pays
Physician services			
Office visits (including mental health and chemical dependency)	80% of allowable charges after deductible	100% after you pay a \$5 copayment per visit	100% after you pay a \$10 copayment per visit
Hospital visits (including mental health and chemical dependency)	80% of allowable charges after deductible	100%	90%
Preventive care services			
Periodic health exams and well-baby care	100%, according to frequency schedule*	100%, according to frequency schedule*	100%, according to frequency schedule*
Routine immunizations	100%, according to frequency schedule*	100%, according to frequency schedule*	100%, according to frequency schedule*
Lab and X-ray	80% of allowable charges after deductible	100%	90%
Emergency care	80% of allowable charges after deductible	Kaiser or non-Kaiser facility: 100% after you pay a \$25 copayment, in or outside the service area; waived if admitted	100% after you pay a \$100 copayment at nearest emergency facility
Urgent care	80% of allowable charges after deductible	When inside the service area, must use Kaiser or Portland Clinic facility: 100% after you pay a \$5 office visit copayment	100% after you pay a \$10 copayment per visit. Lab and X-ray 90%

* Contact your medical plan for schedule details ** Based on Calendar year



Effective January 1, 2017

Medical & Prescription Drug Benefits (continued)

	Trust Indemnity Plan (Regence)	Kaiser Permanente HMO	Providence Personal Option Plan
Covered services	What the plan pays	What the plan pays	What the plan pays
Hospital facility services			
Acute hospital care (including mental health and chemical dependency)	80% of allowable charges after deductible	100%	90%
Ambulatory Surgery Center Benefit	90% of allowable charges after deductible	N/A	90%
Maternity services			
Pre- and post-natal care	80% of allowable charges after deductible	100%	Pre-natal: Covered in full Post-natal: 90%
Delivery and hospital services	80% of allowable charges after deductible	100%	90%
Alternative care			
Acupuncture, chiropractic and naturopathy	80% of allowable charges after deductible	Self-referred through the CHP group. Chiropractic only: 100% after you pay a \$10 copayment per visit; up to 20 visits per calendar year	Chiropractic only: 100% after you pay a \$10 copayment per visit; up to 20 visits per calendar year
Prescription drugs			
Outpatient Retail	Participating CVS Caremark® pharmacies (per 34-day supply): 100% after you pay a \$5 copayment for generic, \$10 for brand name*** (can purchase up to a 3-month supply) Non-participating pharmacies: 80%	Kaiser pharmacies (up to 30-day supply): 100% after you pay a \$5 copayment for generic, \$10 for brand name	Participating CVS Caremark® pharmacies (per 34-day supply): 100% after you pay a \$5 copayment for generic, \$10 for brand name*** (can purchase up to a 3-month supply) Non-participating pharmacies: 80%
Outpatient Mail order (per 90-day supply)	CVS Caremark® mail order service: 100% after you pay a \$5 copayment for generic, \$10 for brand name***	Kaiser mail order service: 100% after you pay a \$5 copayment for generic, \$10 for brand name	CVS Caremark® mail order service: 100% after you pay a \$5 copayment for generic, \$10 for brand name***
Other			
Telehealth	MDLIVE	Phone, email and video consultations covered 100%	Phone and video consultations, including Providence Express Care Virtual, covered 100%

*** You also pay the difference in cost for brand name drugs if a generic drug is available

Comparison Chart Health Care Benefits for PAT Full-Time, Part-Time Option I

Effective January 1, 2017

Perks and Discounts

Provider	Program	Description	Where to get more details
Regence	Advantages	A discount program offering savings on health-related products and services, including discounts on eyewear and laser vision correction services, hearing aids, dental services and fitness products.	regence.com
Providence	Extra Values and Discounts, FitTogether	A discount program offering savings on fitness services, eyewear, alternative care services, hearing aids and free or discounted health education classes.	providencehealthplan.com
Kaiser	CHP Complementary and Alternative Medicine and Healthy Living	Take advantage of a complementary and alternative medicine benefit, including chiropractic services*, naturopathic medicine, massage therapy and acupuncture. This Healthy Living perk also includes discounts on items like lift tickets, weight management programs, gym memberships and more.	kp.org
VSP	Exclusive Member Extras	Get more than \$2,500 in savings through special offers, including savings on the latest in eyewear from leading brands.	vsp.com/specialoffers

* Self-referred chiropractic care is provided by the CHP group. Visit chpgroup.com for details.

Note: This chart provides an overview of the benefits available to you. If there is a conflict between this chart and the official plan documents, provisions of the official plan documents will govern how the plans work and how the plans pay benefits. For details, refer to the plan booklets, available on sdtrust.com or from the Trust Office. Providence and Kaiser plan booklets are only available from Customer Service:

- Providence 503-574-7500 (Portland) or 1-800-878-4445
- Kaiser 503-813-2000 (Portland) or 1-800-813-2000
- Regence 1-866-240-9580

