



# Comparison Chart Health Care Benefits for PFSP Part-Time Option 2

Effective January 1, 2017

## Medical & Prescription Drug Benefits

	Providence Open Option Plan	Kaiser Permanente HMO	Providence Personal Option Plan
<b>Provider choice</b>	Freedom to choose any qualified provider in or out of the Providence Signature Network; save on out-of-pocket costs if you use Providence Health Plan participating providers	Must use Kaiser providers or Portland Clinic except in emergency, or if referred outside of the Kaiser network by a Kaiser doctor	Freedom to use any provider in the Providence Signature Network; may use non-participating providers for emergency and urgent services only
<b>How the plan pays benefits</b>	Fixed copays and deductible waived for commonly used in-network services; after you meet any applicable annual deductible, the plan pays a percentage of covered charges: <b>In-network:</b> 80% <b>Out-of-network:</b> 60% of UCR*	Fixed copays and deductible waived for commonly used in-network services; after you meet any applicable annual deductible, the plan pays 90% of covered charges	Fixed copays and deductible waived for commonly used services; after you meet any applicable annual deductible, the plan pays 90% of covered charges
<b>Annual<sup>†</sup> deductible</b>	\$100/individual, \$200/family	\$100/individual, \$300/family	\$100/individual, \$200/family
<b>Annual<sup>†</sup> medical out-of-pocket maximum</b>	\$2,200/individual, \$4,400/family (maximum includes annual deductible, coinsurance and copays for medical and prescription drugs)	\$1,200/individual, \$2,400/family (maximum includes annual deductible, coinsurance and copays for medical and prescription drugs)	\$2,200/individual, \$4,400/family (maximum includes annual deductible, coinsurance and copays for medical only)
<b>Covered services</b>	<b>What the plan pays</b>	<b>What the plan pays</b>	<b>What the plan pays</b>
<b>Physician services</b>			
<b>Office visits</b> (including mental health and chemical dependency), <b>Office visits to alternative care providers</b> (chiropractors, naturopaths & acupuncturists)	<b>In-network:</b> 100% after you pay a \$20 copay per visit** <b>Out-of-network:</b> 60%** of UCR*	100% after you pay a \$20 copay per visit	100% after you pay a \$20 copay** per visit
Other procedures in the provider's office such as minor surgery (mole removal, etc.)	<b>In-network:</b> 80% after deductible <b>Out-of-network:</b> 60% of UCR* after deductible	100% after you pay a \$20 copay per visit	90% after deductible
Hospital visits (including mental health and chemical dependency)	<b>In-network:</b> 80% after deductible <b>Out-of-network:</b> 60% of UCR* after deductible	90% after deductible	90% after deductible
<b>Preventive care services</b>			
Periodic health exams & well-baby care	<b>In-network:</b> 100%** , according to frequency schedule*** <b>Out-of-network:</b> 60%** of UCR*	100%, according to frequency schedule***	100%** , according to frequency schedule***
Routine immunizations	<b>In-network:</b> 100%** according to frequency schedule*** <b>Out-of-network:</b> 60%** of UCR*	100% according to frequency schedule***	100%** according to frequency schedule***
Lab and X-ray	<b>In-network:</b> 80%** <b>Out-of-network:</b> 60% of UCR* after deductible	100%	90%**
Emergency care	<b>In-network or Out-of-network:</b> 100% after you pay a \$100 copay**	<b>Kaiser or non-Kaiser facility:</b> 90% after deductible, in or outside the service area; waived if admitted	100% after you pay a \$100 copay** at nearest emergency facility

\* Usual, customary and reasonable charges    \*\* Deductible does not apply    \*\*\* Contact your medical plan for schedule details

<sup>†</sup> Based on Calendar year



Effective January 1, 2017

## Medical & Prescription Drug Benefits (continued)

	Providence Open Option Plan	Kaiser Permanente HMO	Providence Personal Option Plan
Covered services	What the plan pays	What the plan pays	What the plan pays
<b>Preventive care services (continued)</b>			
Urgent care	<b>In-network:</b> 100% after you pay a \$20 copay** per visit, Lab and X-ray 80%** <b>Out-of-network:</b> 60%** of UCR* per visit, Lab and X-ray at 60% of UCR*, deductible applies	<b>Kaiser or Portland Clinic facility:</b> 100% after you pay a \$20 copay, in service area or any facility outside service area	100% after you pay a \$20 copay** per visit, Lab and X-ray at 90%**
<b>Hospital facility services</b>			
Acute hospital care (including mental health and chemical dependency)	<b>In-network:</b> 80% after deductible <b>Out-of-network:</b> 60% of UCR* after deductible	90% after deductible	90% after deductible
<b>Maternity services</b>			
Maternity services; pre- and post-natal services/delivery	<b>In-network:</b> Pre-natal: Covered in full Post-natal: 100% after \$200 copay** <b>Out-of-Network:</b> 40%	Pre- and post-natal: Covered in full Delivery: 90% after deductible	Pre-natal: Covered in full Post-natal: 100% after \$200 copay**
Hospital services	<b>In-network:</b> 80% after deductible <b>Out-of-network:</b> 60% of UCR* after deductible	90% after deductible	90% after deductible
<b>Alternative care/chiropractic manipulation and acupuncture</b>			
	\$25 copay, \$500 calendar year benefit; services must be received from a participating chiropractor or acupuncturist	Self-referred through the CHP group. <b>Chiropractic Only:</b> 100% after you pay \$20 copay per visit; up to 20 visits per calendar year	\$15 copay, \$1,500 calendar year benefit; services must be received from a participating chiropractor or acupuncturist
<b>Prescription drugs</b>			
Annual prescription out-of-pocket maximum	Prescription expenses apply to the medical out-of-pocket maximum	Prescription expenses apply to the medical out-of-pocket maximum	\$2,200/individual, \$4,400/family
Retail	<b>Providence participating retail pharmacies for up to 30-day supply:</b> 100% after you pay a \$15 copay or 20% coinsurance, whichever is greater for preferred and non-preferred generic and brand-name drugs.† Compound drugs: 50% <b>Preferred retail pharmacies for up to a 90-day supply:</b> You pay a \$45 copay or 20% coinsurance, whichever is greater for preferred and non-preferred generic and brand-name drugs.† Compound drugs: 50% <b>Preferred retail pharmacies include:</b> Costco, Fred Meyer, Safeway, Walgreens, Kroger/QFC and Albertsons/Sav-on	<b>Kaiser pharmacies (up to 30-day supply):</b> 100% after you pay a \$5 copay for generic, \$10 for brand name <b>Non-participating pharmacies:</b> Generally not covered	<b>Participating CVS Caremark® pharmacies:</b> 100% after you pay the following copays: <b>Generic:</b> 34-day supply: \$10 copay 68-day supply: \$20 copay 90-day supply: \$30 copay <b>Brand:</b> 34-day supply: \$20 copay 68-day supply: \$40 copay 90-day supply: \$60 copay† <b>Non-participating pharmacies:</b> 80% after you pay an annual \$50 per person deductible
Mail order (per 90-day supply)	<b>Mail order supply:</b> 100% after you pay a \$45 copay or 20% coinsurance, whichever is greater for preferred and non-preferred generic and brand-name drugs.† Compound drugs: 50% <b>Mail order pharmacies:</b> Postal Prescription Services, Walgreens Mail Services and Wellpartner	<b>Kaiser mail order service:</b> 100% after you pay a \$10 copay for generic, \$20 for brand name	<b>CVS Caremark® mail order service:</b> 100% after you pay a \$20 copay for generic, \$40 for brand name†

\* Usual, customary and reasonable charges \*\* Deductible does not apply

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

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### Medical & Prescription Drug Benefits (continued)

	Providence Open Option Plan	Kaiser Permanente HMO	Providence Personal Option Plan
Covered services	What the plan pays	What the plan pays	What the plan pays
<b>Other</b>			
Telehealth	Phone and video consultations, including Providence Express Care Virtual, covered 100%	Phone, email and video consultations covered 100%	Phone and video consultations, including Providence Express Care Virtual, covered 100%

### Perks and Discounts

Provider	Program	Description	Where to get more details
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.	<a href="http://providencehealthplan.com">providencehealthplan.com</a>
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.	<a href="http://kp.org">kp.org</a>

\*Self-referred chiropractic care is provided by the CHP group. Visit [chpgroup.com](http://chpgroup.com) for details.

Part-Time Option 2 does not include Trust Dental or Vision Plan coverage.

**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](http://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

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