



Comparison Chart Health Care Benefits for PAT Early Retirees

Effective January 1, 2017

Medical & Prescription Drug Benefits

	Trust Plan 1 (Regence) CLOSED: Not open for new enrollment	Trust Plan 2 (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	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 out-of-network providers for emergency and urgent services only
How the plan pays benefits	Preferred: 85% after deductible Participating and Non-Contracted: 75% of allowable charges after deductible	Preferred: 90% after deductible Participating and Non-Contracted: 70% of allowable charges after deductible	Most covered services paid in full after applicable copayment	Most covered services paid in full after applicable copayment or coinsurance
Annual* deductible	\$200/individual, \$400/family	\$200/individual, \$400/family	None	None
Annual* out-of-pocket maximum	\$1,000 per person after the annual deductible (maximum includes annual deductible, coinsurance and copays for medical and prescription drugs)	Preferred: \$1,000 per person after the annual deductible Participating and Non-Contracted: \$3,000 per person after the annual deductible (maximum includes annual deductible, coinsurance and copays for medical and prescription drugs)	\$600/individual, \$1,200/family	\$700/individual, \$2,000/family
Covered services	What the plan pays	What the plan pays	What the plan pays	What the plan pays
Physician services				
Office visits (including mental health and chemical dependency)	Preferred: 85% after deductible Participating and Non-Contracted: 75% of allowable charges after deductible	Preferred: 90% after deductible Participating and Non-Contracted: 70% of allowable charges after deductible	100% after you pay a \$5 copayment per visit	100% after you pay a \$5 copayment per visit
Hospital visits (including mental health and chemical dependency)	Preferred: 85% after deductible Participating and Non-Contracted: 75% of allowable charges after deductible	Preferred: 90% after deductible Participating and Non-Contracted: 70% of allowable charges after deductible	100%	100%
Inpatient surgery and anesthesiology	Preferred: 85% after deductible Participating and Non-Contracted: 75% of allowable charges after deductible	Preferred: 90% after deductible Participating and Non-Contracted: 70% of allowable charges after deductible	100%	100%

* Based on Calendar year

** Contact your medical plan for schedule

If you are not currently enrolled in Plan 1, this Plan is not available to you and will not accept new enrollment now or in the future.



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Medical & Prescription Drug Benefits (continued)

	Trust Plan 1 (Regence) CLOSED: Not open for new enrollment	Trust Plan 2 (Regence)	Kaiser Permanente HMO	Providence Personal Option Plan
Preventive care services				
Periodic health exams and well-baby care	Preferred: 100%, according to frequency schedule** Participating and Non-Contracted: 100% according to frequency schedule**	Preferred: 100%, according to frequency schedule** Participating and Non-Contracted: 100% according to frequency schedule**	100% according to frequency schedule**	100% according to frequency schedule**
Routine immunizations	Preferred: 100%, according to frequency schedule** Participating and Non-Contracted: 100% according to frequency schedule**	Preferred: 100%, according to frequency schedule** Participating and Non-Contracted: 100% according to frequency schedule**	100% according to frequency schedule**	100% according to frequency schedule**
Outpatient services				
Lab and X-ray	Preferred: 85% after deductible Participating and Non-Contracted: 75% of allowable charges after deductible	Preferred: 90% after deductible Participating and Non-Contracted: 70% of allowable charges after deductible	100%	100%
Emergency services Emergency or after-hours care from participating providers	Preferred: 85% after deductible Participating and Non-Contracted: 75% of allowable charges after deductible	Preferred: 90% after deductible and \$25 copayment Participating and Non-Contracted: 70% of allowable charges after deductible and \$25 copayment per visit; copayment waived if admitted	Emergency room: Kaiser or non-Kaiser facility: 100% after you pay a \$25 copayment in or outside the service area; waived if admitted Urgent care: When inside the service area, must use Kaiser or Portland Clinic facility; 100% after you pay a \$5 office visit copayment	Emergency room: 100% after you pay a \$50 copayment at nearest emergency facility Urgent care: 100% after you pay a \$5 copayment
Alternative care				
Acupuncture, chiropractic and naturopathy	Preferred: 85% after deductible Participating and Non-Contracted: 75% of allowable charges after deductible; unlimited number of visits	Preferred: 90% after deductible Participating and Non-Contracted: 70% of allowable charges after deductible; 20 visits per year combined for all providers	Not covered	Not covered; discounts available through Providence Health Plan's "Choose Healthy" program
Hospital facility service				
Acute hospital care (including mental health and chemical dependency)	Preferred: 85% after deductible Participating and Non-Contracted: 75% of allowable charges after deductible	Preferred: 90% after deductible Participating and Non-Contracted: 70% after deductible	100%	100%
Ambulatory Surgery Center Benefit	90% of allowable charges after deductible	90% of allowable charges after deductible	N/A	90%
Skilled nursing facility	Preferred: 85% after deductible Participating and Non-Contracted: 75% of allowable charges after deductible	Preferred: 90% after deductible Participating and Non-Contracted: 70% after deductible	100% up to 100 days per year in an approved facility when authorized	100% up to 60 days per spell of illness

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Hospital facility service (continued)				
Durable medical equipment	Preferred: 85% after deductible Participating and Non-Contracted: 75% of allowable charges after deductible	Preferred: 80% after deductible Participating and Non-Contracted: 80% of allowable charges after deductible	80%	80%
Vision	Not covered. You may be eligible to enroll in Trust Vision Plan on a self-pay basis	Not covered. You may be eligible to enroll in Trust Vision Plan on a self-pay basis	100% after a \$5 copayment for exam; 100% up to \$100 credit for lenses and frames once every 24 months	Not covered. You may be eligible to enroll in Trust Vision Plan on a self-pay basis
Prescription drugs				
Outpatient retail	20% after deductible	20% after deductible	Kaiser pharmacies (up to 30-day supply): You pay 50% of cost of drug, up to \$50 maximum copayment	Participating CVS Caremark® pharmacies (per 30-day supply): You pay 50% of cost of drug, up to \$50 for generic***
Outpatient mail order (90-day supply)	20% after deductible	20% after deductible	Kaiser mail order service: You pay 50% of cost of drug, up to \$100 maximum copayment	CVS Caremark® mail order service: You pay 50% of cost of drug, up to \$150 for generic***
Other				
Telehealth	MDLIVE	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

Note: These charts show only major plan features. 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 1-800-810-BLUE (2583) for BlueCard questions (out of area services) 1-866-240-9580

Trust Dental/Vision Options on a Self-Pay Basis

You pay the full cost of the Early Retiree Trust Dental/Vision coverage. For details on your benefit costs, refer to PAT Early Retiree rate sheet.

Dental - Administered by Regence BlueCross BlueShield of Oregon

	Basic Dental	Buy-Up Dental
Provider choice	Any licensed dentist*	Any licensed dentist*
Annual individual deductible	\$50	None
Covered services	What the plan pays	What the plan pays
Diagnostic and preventive care (exams, cleaning, X-rays)	80% of UCR** after deductible	100% of UCR**
Basic services (fillings, extractions, minor oral surgery)	80% of UCR** after deductible	80% of UCR**
Restorative services (onlays, crowns)	50% of UCR** after deductible	80% of UCR**
Prosthetic services (bridges, dentures)	50% of UCR** after deductible	50% of UCR**
Orthodontia	Not covered	50% of UCR**, up to \$1,250 lifetime benefit maximum per person
Maximum annual benefit	Plan pays up to \$1,200 per individual, per calendar year	Plan pays up to \$1,750 per individual, per calendar year

* Regence participating dentists yield a greater discount on services. Call 1-866-240-9580 or visit regence.com for a list of providers.

** Usual, customary and reasonable charges

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Vision

	Basic Vision		Buy-Up Vision	
	VSP Network Provider	Non-VSP Provider	VSP Network Provider	Non-VSP Provider
Routine eye exam	Covered in full after \$25 copayment	Covered up to \$45 after \$25 copayment	Covered in full	Covered up to \$70
Lenses				
Single vision	Standard lenses paid in full after \$25 copayment	Covered up to \$45 after \$25 copayment	Standard lenses paid in full	Covered up to \$50
Lined bifocal	Standard lenses paid in full after \$25 copayment	Covered up to \$65 after \$25 copayment	Standard lenses paid in full	Covered up to \$75
Lined trifocal	Standard lenses paid in full after \$25 copayment	Covered up to \$85 after \$25 copayment	Standard lenses paid in full	Covered up to \$100
Lens options	35-40% discount off lens options	N/A	35-40% discount off lens options	N/A
Frames	Covered up to \$120, 20% discount off any remaining balance	Covered up to \$47	Covered up to \$100, 20% discount off any remaining balance	Covered up to \$75
Contact lenses in lieu of lenses and frames	Covered up to \$105, 15% discount off contact lenses, exam, fitting and evaluation	Covered up to \$105	Covered up to \$137, fitting and evaluation not to exceed \$60 copay, 15% off exam	Covered up to \$137
Benefit Frequency				
Exam	Every 24 months for children and adults		Every 12 months for children up to age 17, every 24 months for adults	
Lenses	Every 24 months for children and adults		Every 12 months for children up to age 17, every 24 months for adults	
Frames	Every 24 months for children and adults		Every 24 months for children and adults	
Additional discounts through VSP providers				
Lasik eye surgery	Discounts are available from participating Lasik surgery providers; contact VSP for further information		Discounts are available from participating Lasik Surgery providers; contact VSP for further information	
Additional vision hardware or services over plan allowance	30% discount off additional pairs of complete glasses from the same doctor on the same day as your eye exam; or 20% discount from any doctor within 12 months of your eye exam.		30% discount off additional pairs of complete glasses from the same doctor on the same day as your eye exam; or 20% discount from any doctor within 12 months of your eye exam.	

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.

