



Effective October 1, 2017

Medical & Prescription Drug Benefits

	Kaiser Permanente HMO	Providence Personal Option
Provider choice	Must receive care from Kaiser Permanente or The Portland Clinic providers, except in emergency	Must use providers in the Providence Signature network, except for emergency and urgent care services
Primary care physician	Optional; will provide and/or coordinate all care	Recommended, but not required; will provide and/or coordinate all care
How the plan pays benefits	Most covered services paid in full after you pay applicable copayment	Office visits are paid in full after a \$10 copayment; most other services are paid at 90%
Annual deductible[†]	None	None
Annual out-of-pocket maximum[†]	\$600/member only, \$1,200/member + 1 and member + family	\$1,200/member only, \$2,400/member + 1 and member + family
Covered services	What the plan pays	What the plan pays
Physician services		
Office visits (including mental health and chemical dependency)	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)	100%	90%
Preventive care services		
Periodic health exams and well-baby care	100%	100%, according to frequency schedule**
Routine immunizations	100%	100%, according to frequency schedule**
Lab and x-ray	100%	90%
Emergency care	Kaiser or non-Kaiser facility: Plan pays 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 (if admitted to hospital, all services are subject to inpatient benefits)
Urgent care	Kaiser or The Portland Clinic: Plan pays 100% after you pay a \$5 office visit copayment in the service area or any facility outside the service area*	100% after you pay a \$10 copayment; lab and x-ray covered at 90%
Hospital facility services		
Acute hospital care (including mental health and chemical dependency)	100%	90%
Maternity services		
Pre- and post-natal care	100%	Pre-natal: Covered in full Post-natal: 90%
Delivery and hospital services	100%	90%

[†]Based on calendar year.

*Usual, customary and reasonable charges (UCR) may also apply.

**Contact your medical plan for schedule details.

Comparison Chart Health Care Benefits for PAT Substitute Teachers

Health Benefits Comparison Chart for PAT Substitute Teachers

Kaiser Permanente HMO		Providence Personal Option
Prescription drugs		Trust Prescription Drug Plan (CVS Caremark®)
Outpatient retail	Kaiser pharmacies (up to 30-day supply): 100% after you pay a \$5 copayment for generic and a \$10 copayment for brand name	Participating CVS Caremark® pharmacies (up to 34-day supply): 100% after you pay a \$5 copayment for generic and a \$10 copayment for brand name* (you can purchase up to three 34-day monthly supplies) Non-participating pharmacies: 80% after you pay an annual \$50 per person deductible
Outpatient mail order (per 90-day supply)	Kaiser mail-order service: 100% after you pay a \$10 copayment for generic and a \$20 copayment for brand name	CVS Caremark® mail-order service: 100% after you pay a \$5 copayment for generic and a \$10 copayment for brand name*
Other		
Alternative care	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
Telemedicine	Phone, email and video consultations covered 100%	Phone and video consultations, including Providence Health eXpress, covered 100% after you pay a \$5 copayment

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

§Self-referred chiropractic care is provided by the CHP group.

Dental Benefits

Dental coverage is for the member only. Dependents of substitute teachers are not eligible for dental coverage.

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

*Usual, customary and reasonable charges

Perks and Discounts

Provider	Program	Description	Where to get more details
Providence	Extra Values and Discounts	Savings on fitness services, eyewear, alternative care services, hearing aids and free or discounted health education classes	providencehealthplan.org
Kaiser	Complementary and Alternative Medicine and Healthy Living	Discounts on alternative care, including chiropractic services, naturopathic medicine, massage therapy and acupuncture; also includes discounts on lift tickets, weight management programs, gym memberships and more	kp.org chpgroup.com (Self-referred chiropractic care)

Note: These charts show major plan features only. Providence, Kaiser and dental plan booklets can also be located on the Trust website, at sdtrust.com or from the Trust Office 1-844-203-0239.

