



Effective October 1, 2017

Monthly Contributions for Medical and Dental Coverage

Below are monthly medical and dental contribution amounts for PAT substitute teachers. These rates are effective October 1, 2017–September 30, 2018. (Rates are evaluated annually and are subject to change each October 1.)

	Kaiser Permanente HMO Medical and Prescription Drug Coverage	Providence Personal Option Trust Prescription Drug Plan (CVS Caremark)
Member only	\$10	\$14.50
Member + one	\$563	\$668
Member + family	\$949	\$1,302

Trust Dental Plan	
Member only	\$22

You will be automatically enrolled in the Trust dental plan. (Dependents of substitute teachers are not eligible for dental coverage and are NOT automatically enrolled.)

Payment options:

- You may pay by check or money order made payable to School District No. 1 Health and Welfare Trust at the address below. Payments are due on the fifth day of each month for that month of coverage. (For example, payment for November coverage is due November 5.) As a courtesy, the Trust Office sends a monthly statement; however, coverage will be canceled if payment is received after the 30-day grace period.
- Or, you may have payments automatically deducted from your checking or savings account via electronic funds transfer (EFT). To choose this option, please complete the enclosed EFT form and return it to the Trust Office, along with a voided check. If you are currently making payments via EFT, these will continue.
- Payments should be sent to:
Trust Office
700 NE Multnomah St., Suite 350
Portland, OR 97232