



Effective January 1, 2018

Option 2—PAT Actives Healthcare Benefits Comparison Chart

Medical, Prescription Drug, Basic Life, and Accidental Death & Dismemberment Insurance Benefits

Option 2 for Part-Time PAT Active Comparison Chart

Option 2—Part-Time	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 copay	Office visits are covered at 100% after you pay a \$10 copay; 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 copay per visit	100% after you pay a \$10 copay 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 copay, in or outside the service area; waived if admitted	100% after you pay a \$100 copay 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 copay	100% after you pay a \$10 copay per visit. Lab and X-ray 90%
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%

* Contact your medical plan for schedule ** Based on Calendar year
 * You may also pay the difference in cost for brand name drugs if a generic drug is available



Option 2—Part-Time	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
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			
Prescription Plan	Trust Prescription Drug Plan through CVS/Caremark	Kaiser Permanente HMO Prescription Drug Plan	Trust Prescription Drug Plan through CVS/Caremark
Annual prescription out-of-pocket maximum	\$2,200/individual, \$4,400/family	Prescription expenses apply to the medical out-of-pocket maximum	\$2,200/individual, \$4,400/family
Outpatient Retail *	<p>Participating CVS/Caremark pharmacies: 100% after you pay the following copays:</p> <p>Generic: 34-day supply: \$5 copay 68-day supply: \$10 copay 90-day supply: \$15 copay</p> <p>Brand: 34-day supply: \$10 copay 68-day supply: \$20 copay 90-day supply: \$30 copay</p> <p>Non-participating pharmacies: Pay out of pocket and submit for reimbursement</p>	<p>Kaiser pharmacies (up to 30-day supply): 100% after you pay a \$5 copayment for generic, \$10 for brand name</p> <p>Non-participating pharmacies: Generally not covered</p>	<p>Participating CVS/Caremark pharmacies: 100% after you pay the following copays:</p> <p>Generic: 34-day supply: \$5 copay 68-day supply: \$10 copay 90-day supply: \$15 copay</p> <p>Brand: 34-day supply: \$10 copay 68-day supply: \$20 copay 90-day supply: \$30 copay</p> <p>Non-participating pharmacies: Pay out of pocket and submit for reimbursement</p>
Outpatient Mail order * (per 90-day supply)	CVS/Caremark mail order service: \$20 copay for generic, \$40 copay for brand name	Kaiser mail order service: 100% after you pay a \$5 copay for generic, \$10 for brand name	CVS/Caremark mail order service: \$20 copay for generic, \$40 copay for brand name
Other			
Virtual Visits	MDLIVE	Phone, email and video consultations covered 100%	Phone and video consultations, including Providence Express Care Virtual, covered 100%

* Contact your medical plan for schedule

** Based on Calendar year

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

Option 2 for Part-Time PAT Active

Perks and Discounts			
Provider	Program	Description	For details go to:
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. *Self-referred chiropractic care is provided by the CHP group. Visit chpgroup.com for details.	kp.org

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](https://www.sdtrust.com) or from the Trust Office. Providence and Kaiser plan booklets are only available from Customer Service:

Providence **1-503-574-7500 (Portland)** or **1-800-878-4445**

Kaiser **1-503-813-2000 (Portland)** or **1-800-813-2000**

Regence **1-866-240-9580**