



Effective January 1, 2018

Option 2 for Part-Time— PFSP Actives Healthcare Benefits Comparison Chart Medical & Prescription Drug Benefits

Option 2 for Part-Time PFSP Actives Comparison Chart

Option 2 for Part-Time	Providence Option Advantage Plan	Kaiser Permanente HMO	Providence Personal Option Plan
Provider choice	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
How the plan pays benefits	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: In-network: 80% Out-of-network: 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
Annual deductible[†]	\$100/individual, \$200/family	\$100/individual, \$300/family	\$100/individual, \$200/family
Annual medical out-of-pocket maximum[†]	\$2,200/individual, \$4,400/family (maximum includes annual deductible, coinsurance and copays for medical only)	\$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)
Covered services	What the plan pays	What the plan pays	What the plan pays
Physician services			
Office visits (including mental health and chemical dependency), Office visits to alternative care providers (chiropractors, naturopaths & acupuncturists)	In-network: 100% after you pay a \$20 copay per visit** Out-of-network: 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.)	In-network: 80% after deductible Out-of-network: 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)	In-network: 80% after deductible Out-of-network: 60% of UCR* after deductible	90% after deductible	90% after deductible
Preventive care services			
Periodic health exams & well-baby care	In-network: 100%** according to frequency schedule*** Out-of-network: 60%*** of UCR*	100%, according to frequency schedule***	100%** according to frequency schedule***
Routine immunizations	In-network: 100%** according to frequency schedule*** Out-of-network: 60%*** of UCR*	100% according to frequency schedule***	100%** according to frequency schedule***
Lab and X-ray	In-network: 100%** Out-of-network: 60% of UCR* after deductible	100%	90%**

* Usual, customary and reasonable charges

** Deductible does not apply

*** Contact your medical plan for schedule details

† Based on Calendar year



Option 2 for Part-Time	Providence Option Advantage Plan	Kaiser Permanente HMO	Providence Personal Option Plan
Covered services	What the plan pays	What the plan pays	What the plan pays
Emergency and Urgent Care			
Emergency care	In-network or Out-of-network: 100% after you pay a \$100 copay**	Kaiser or non-Kaiser facility: 90% after deductible, in or outside the service area; waived if admitted	100% after you pay a \$100 copay** at nearest emergency facility
Urgent care	In-network: 100% after you pay a \$20 copay** per visit, Lab and X-ray 80%** Out-of-network: 60%** of UCR* per visit, Lab and X-ray at 60% of UCR*, deductible applies	Kaiser or Portland Clinic facility: 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%**
Hospital facility services			
Acute hospital care (including mental health and chemical dependency)	In-network: 80% after deductible Out-of-network: 60% of UCR* after deductible	90% after deductible	90% after deductible
Maternity services			
Maternity services; pre- and post-natal services/delivery	In-network: Pre-natal: Covered in full Post-natal: 100% after \$200 copay** Out-of-Network: 60% of UCR* after deductible	Pre- and post-natal: Covered in full Delivery: 90% after deductible	Pre-natal: Covered in full Post-natal: 100% after \$200 copay**
Hospital services	In-network: 80% after deductible Out-of-network: 60% of UCR* after deductible	90% after deductible	90% after deductible
Alternative care/chiropractic manipulation and acupuncture			
	\$25 copay, \$500 calendar year benefit; services must be received from a participating chiropractor or acupuncturist	Self-referred through the CHP group. Chiropractic Only: 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
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 *	Participating CVS/Caremark pharmacies: 100% after you pay the following copays: Generic: 34-day supply: \$10 copay 68-day supply: \$20 copay 90-day supply: \$30 copay Brand: 34-day supply: \$20 copay 68-day supply: \$40 copay 90-day supply: \$60 copay [†] Non-participating pharmacies: Pay out of pocket and submit to CVS for reimbursement	Kaiser pharmacies (up to 30-day supply): 100% after you pay a \$5 copay for generic, \$10 for brand name Non-participating pharmacies: Generally not covered	Participating CVS/Caremark pharmacies: 100% after you pay the following copays: Generic: 34-day supply: \$10 copay 68-day supply: \$20 copay 90-day supply: \$30 copay Brand: 34-day supply: \$20 copay 68-day supply: \$40 copay 90-day supply: \$60 copay [†] Non-participating pharmacies: Pay out of pocket and submit to CVS for reimbursement

* Usual, customary and reasonable charges ** Deductible does not apply *** Contact your medical plan for schedule details
[†] Based on Calendar year *You also pay the difference in cost for brand name drugs if a generic drug is available

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Option 2 for Part-Time	Providence Option Advantage Plan	Kaiser Permanente HMO	Providence Personal Option Plan
Covered services	What the plan pays	What the plan pays	What the plan pays
Prescription drugs (continued)			
Mail order * (per 90-day supply)	CVS/Caremark mail order service: 100% after you pay a \$20 copay for generic, \$40 for brand name	Kaiser mail order service: 100% after you pay a \$10 copay for generic, \$20 for brand name	CVS/Caremark mail order service: 100% after you pay a \$20 copay for generic, \$40 for brand name
Other			
Virtual Visits	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%
Hearing Benefits	Routine hearing exams and tests: In-network: \$20 copay Out-of-network: 60% of UCR* after deductible One hearing aid per ear is covered for adults and children every four calendar years. Limitations apply; call Providence for details.	Up to \$500 per ear per 3 calendar year period	100% after deductible \$20 copay for routine hearing exams and tests One hearing aid per ear is covered for adults and children every four calendar years. Limitations apply; call Providence for details.
Perks and Discounts			
Provider	Program	Description	For details go to:
Providence Plans	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 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**

Part-Time Option 2 does not include dental, vision, basic life or AD&D coverage.

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