

## RATES ATU AND DCU ACTIVES—2019 PLAN YEAR



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## **Medical and Prescription Plans**

	Choose One of These Plans		
Plan Name	Kaiser Permanente HMO Plan	Providence Personal Option Plan	Providence Option Advantage Plan
Your Costs			
Annual Medical Deductible	\$100/individual \$300/family	\$100/individual \$200/family	\$100/individual \$200/family
Annual Medical Out-of-Pocket Maximum	\$600/individual \$1,200/family	\$1,200/individual \$2,400/family	\$1,200/individual \$2,400/family
Annual Prescription Out-of- Pocket Maximum	Prescription expenses apply to the medical out-of-pocket maximum	\$2,200/individual \$4,400/family	\$2,200/individual \$4,400/family
Annual Dental Deductible	\$0	\$0	\$0
Monthly Contribution Rates (Incl	udes mandatory self-pay LTD of \$	16.78*)	
Full-Time Member Only	\$16.78	\$16.78	\$16.78
Full-Time Member + one dependent	\$29.78	\$31.78	\$33.78
Full-Time Member + Family	\$44.78	\$54.78	\$55.78

\* Your Long-Term Disability contribution will be taken out of your paycheck on a post-tax basis.

This is an overview of commonly used services. For additional Plan comparisons, go to **sdtrust.com**. Rates are evaluated annually and are subject to change. 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.