

RATES

SUBSTITUTE TEACHERS

PAT



700 NE Multnomah St., Suite 350
Portland, OR 97232
1-844-203-0239 • sdtrust.com

Choose One of These Plans		
	Kaiser Permanente HMO Plan	Providence Personal Option Plan
Medical		
How the Plan Pays Benefits	The Plan pays 100% of most covered services after you pay the copay	The Plan pays 90% of most covered services; 100% for office visits after you pay a \$10 copay
Provider Choices	Choose from providers in these networks: <ul style="list-style-type: none"> • Kaiser Permanente: kp.org • The Portland Clinic: theportlandclinic.com 	Choose from providers in the Providence Signature Network: ProvidenceHealthPlan.org
Prescription		
	Kaiser Permanente	Trust Prescription Drug Plan (Administered by CVS/caremark)
Retail and Mail Order Available	Use Kaiser Permanente Clinics	Use CVS/caremark
Dental (Members Only)		
	Trust Dental Plan (Administered by Regence)	
Provider Choice	Choose any licensed dentist	Choose any licensed dentist
Dependent Dental Coverage	No	No
Your Costs		
Annual Medical Plan Deductible	\$0	\$0
Annual Medical Plan Out-of-Pocket Maximum	\$600/member only, \$1,200/member + enrolled dependent(s)	\$1,200/member only, \$2,400/member + enrolled dependent(s)
Annual Prescription Drug Plan Out-of-Pocket Maximum	Prescription expenses apply to medical out-of-pocket maximum	\$2,200/individual \$4,400/family
Monthly Contribution Rates (Including Dental for Members)		
Member only	\$25	\$29.50
Member + one	\$624	\$676
Member + family	\$1,043	\$1,303

This is an overview of commonly used services. For additional Plan comparisons, go to sdtrust.com. 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.