RATES PAT ACTIVES-2020 PLAN YEAR



PAT

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

Option 1 Plan Rates

MONTHLY CONTRIBUTION RATES					
Plan Name	Kaiser Permanente Plan	Providence Personal Option Plan	Regence Trust Preferred Provider Plan		
Includes Dental (Kaiser or Trust Plan) and mandatory self-pay LTD of \$19.30*					
FULL TIME : Member only or member + dependents	\$134.60	\$134.60	\$134.60		
PART TIME : Member only or member + dependents	\$833.26	\$833.26	\$833.26		

Option 2 Plan Rates

MONTHLY CONTRIBUTION RATES				
Plan Name	Kaiser Permanente Plan	Providence Personal Option Plan	Regence Trust Preferred Provider Plan	
Monthly Contribution Rates (Includes mandatory self-pay LTD of \$19.30*)				
Member Only	\$19.30	\$19.30	\$19.30	
Member + one dependent	\$380.46	\$575.58	Coverage provided through Option 1 Plans only	
Member + Family	\$789.04	Coverage provided through Option 1 Plans only	Coverage provided through Option 1 Plans only	

* Your mandatory, self-pay Long-Term Disability contribution of \$19.30 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.