

# RATES

## PFSP, ATU AND DCU EARLY RETIREES—2020 PLAN YEAR



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### Medical and Prescription Plans

MEDICAL/PRESCRIPTION	Choose One of These Health Plans		
Plan Name	Kaiser Permanente Plan	Providence Option Advantage Plan	Providence Personal Option Plan
<b>Monthly Contribution Rates</b>			
<b>If you are eligible for the district-paid contribution</b>			
Retiree only <sup>1</sup>	\$165.84	\$331.92	\$327.04
Retiree + spouse/ domestic partner <sup>1</sup>	\$486.08	\$823.80	\$814.06
Retiree + spouse/ domestic partner and child(ren) <sup>1</sup>	\$832.06	\$1,471.78	\$1,457.20
Retiree + one child <sup>2</sup>	\$660.08	\$997.80	\$988.06
Retiree + two or more children <sup>2</sup>	\$1,006.06	\$1,645.78	\$1,631.20
<b>If you are not eligible for the district-paid contribution</b>			
Retiree only	\$513.84	\$679.92	\$675.04
Retiree + one	\$1,008.08	\$1,345.80	\$1,336.06
Retiree + family	\$1,354.06	\$1,993.78	\$1,979.20

<sup>1</sup> District-paid contribution for 60 months, then eligible for self-pay. Includes district-paid contribution for spouse/domestic partner if enrolled.

<sup>2</sup> District-paid contribution for member only for 60 months, then eligible for self-pay.

This is an overview of commonly used services. For additional Plan comparisons, go to [sdtrust.com](http://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.

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### Optional, Self-Pay Dental and Vision Plans

You must be enrolled in a Medical Plan, to enroll in the self-pay, optional Dental and Vision Plan coverage for that Medical Plan.

RATES	Kaiser Medical* Plan participant with Kaiser Vision and Kaiser Dental Plans	Kaiser Medical* Plan participant with Kaiser Vision and Trust Dental Plans**	Providence Medical Plan participant with Trust Vision and Kaiser Dental Plans	Providence Medical Plan participant with Trust Vision and Trust Dental Plans**
<b>Monthly Contributions—Basic Coverage</b>				
<b>Retiree only</b>	\$41.12	\$26.16	\$45.22	\$30.26
<b>Retiree + one</b>	\$77.22	\$49.12	\$85.40	\$57.30
<b>Retiree + family</b>	\$133.32	\$84.84	\$142.68	\$94.20
<b>Monthly Contributions—Buy-Up Coverage</b>				
<b>Retiree only</b>	\$59.66	\$49.64	\$66.38	\$56.36
<b>Retiree + one</b>	\$112.04	\$93.24	\$125.46	\$106.66
<b>Retiree + family</b>	\$193.48	\$161.00	\$208.86	\$176.38

\*If you are enrolled in the Kaiser Medical/Prescription Plan, vision coverage is included in that Plan. Monthly contribution rates are for optional, self-pay Dental only.

\*\* Administered by Regence through Dec. 31 2019; Delta Dental of Oregon beginning Jan. 1, 2020.

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