

RATES

ATU TYPE 10 DRIVERS—APRIL 1–SEPTEMBER 30, 2022

ATU



HEALTH & WELFARE TRUST
SCHOOL DISTRICT NO. 1

12205 SW Tualatin Rd., Suite 200
Tualatin, OR 97062
833-255-4123 (toll-free) or 503-486-2107
sdtrust.com

Medical, Prescription, Dental Plans

ATU Type 10 Driver coverage includes:
Medical, Prescription, Dental, and Vision

| MEDICAL/Rx/VISION | | Choose One of These Plans* | |
|---|--|--|---|
| Plan Name | Kaiser Permanente Plan | Cigna In-Network Only Plan | Cigna PPO Plan |
| Medical | | | |
| How the Plan Pays Benefits Copays and deductible waived for commonly used in-network services | The Plan pays 100% of most covered services after you pay the copay No out-of-network coverage except emergency care and urgent care when traveling. | The Plan pays 100% for most covered services after you pay copays and deductible No out-of-network coverage except emergency care. | The Plan pays 100% for most in-network covered charges after you pay copays and deductible, and 60% of UCR for out-of-network covered charges |
| Provider Choices | Choose a provider in these networks: • Kaiser Permanente: kp.org • The Portland Clinic: theportlandclinic.com | Choose a provider in the Cigna Open Access Plus network: my.Cigna.com | Choose any provider, but save money when you choose a provider in the Cigna Open Access Plus Network: my.Cigna.com |
| Prescription | | Trust Prescription Drug Plan | |
| Retail and Mail Order Available | Use Kaiser Permanente pharmacies and mail order | Use Express-Scripts | |
| Vision | | Trust Vision Plan (Administered by VSP) | |
| Provider Choice | Use Kaiser Permanente Providers | Use VSP Providers | |
| Your Out-of-Pocket 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 |

*You must enroll in a Dental Plan if you enroll in a Medical/Prescription Plan.

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 these charts 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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| DENTAL | | | Choose One of These Dental Plans* | |
|--------------------------------------|---------------------------------|--|-----------------------------------|--|
| Plan Name | Kaiser Permanente Dental | Trust Dental Plan/Delta Dental of Oregon | | |
| Provider Choice | Use Kaiser Permanente providers | Use any provider; save money with an in-network provider | | |
| Dependent Dental Coverage | Yes | Yes | | |
| Your Costs | | | | |
| Annual Dental Plan Deductible | None | None | | |
| Maximum Annual Dental Benefit | \$2,500 | \$2,500 | | |

* You must be enrolled in a Medical/Prescription Plan to enroll in a Dental Plan.

| MONTHLY CONTRIBUTION RATES | | | |
|--|------------------------|----------------------------|----------------|
| Plan Name | Kaiser Permanente Plan | Cigna In-Network Only Plan | Cigna PPO Plan |
| Includes Kaiser Dental Plan | | | |
| Full-Time Member Only | \$75.50 | \$108.88 | \$130.90 |
| Full-Time Member + one dependent | \$833.44 | \$903.98 | \$948.06 |
| Full-Time Member + Family | \$1,408.48 | \$1,706.02 | \$1,772.08 |
| Includes Trust Dental Plan (Delta Dental of Oregon) | | | |
| Full-Time Member Only | \$72.28 | \$105.66 | \$127.68 |
| Full-Time Member + one dependent | \$827.40 | \$897.94 | \$942.02 |
| Full-Time Member + Family | \$1,398.04 | \$1,695.58 | \$1,761.64 |