

RATES

ATU TYPE 10 DRIVERS—OCTOBER 1, 2021—MARCH 31, 2022

ATU



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	Providence Personal Option Plan (Cigna In-Network Only Plan beginning Jan. 1, 2022)	Providence Option Advantage Plan (Cigna PPO Plan beginning Jan. 1, 2022)
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: <ul style="list-style-type: none"> Kaiser Permanente: kp.org The Portland Clinic: theportlandclinic.com 	Choose a provider in these networks: ProvidenceHealthPlan.com/members (through Dec. 31, 2021) myCigna.com (beginning Jan. 1, 2022)	Choose any provider, but save money when you choose providers in these networks: ProvidenceHealthPlan.com/members (through Dec. 31, 2021) myCigna.com (beginning Jan. 1, 2022)
Prescription		Kaiser Permanente	Trust Prescription Drug Plan
Retail and Mail Order Available	Use Kaiser Permanente pharmacies and mail order	Use Express-Scripts	
Vision		Kaiser Vision Plan	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	Providence Personal Option Plan (Cigna In-Network Only Plan beginning Jan. 1, 2022)	Providence Option Advantage Plan (Cigna PPO Plan beginning Jan. 1, 2022)
Includes Kaiser Dental Plan			
Full-Time Member Only	\$73.46	\$173.22	\$194.78
Full-Time Member + one dependent	\$749.54	\$953.64	\$996.78
Full-Time Member + Family	\$1,267.56	\$1,741.20	\$1,805.86
Includes Trust Dental Plan (Delta Dental of Oregon)			
Full-Time Member Only	\$65.38	\$165.14	\$186.70
Full-Time Member + one dependent	\$734.38	\$938.48	\$981.62
Full-Time Member + Family	\$1,241.36	\$1,715.00	\$1,779.66