RATES



PAT ACTIVES—2022 PLAN YEAR



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

Option 1 Plans

Full-Time and Part-Time Employees—Full Coverage including: Medical, Prescription, Dental, Vision, Long-Term Disability, Basic Term-Life and Accidental Death and Dismemberment (AD&D), Optional Term Life and Voluntary AD&D

MEDICAL/Rx/VISION Choose One of These Plans if You are Full- or Part-Time and Want Full Coverage*					
Plan Name	Kaiser Permanente Plan	Cigna PAT In-Network Only Plan (previously Providence Personal Option)	Cigna PAT PPO Plan (previously Regence Trust Preferred Provider)		
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 90% of most covered services; and 100% for office visits, after you pay a \$10 copay No out-of-network coverage except emergency care.	The Plan pays 80% of most covered services when you choose Cigna In-network Providers; 70% when you choose providers outside the Cigna PPO network—plus you pay any amount billed over the allowed amount.		
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: myCigna.com	Choose any provider. Search for a provider in the Cigna PPO network: myCigna.com.		
Prescription	Kaiser Permanente	Trust Prescription Drug Plan (administered by Express Scripts) For members enrolled in a Cigna medical plan			
Retail and Mail Order Available	Use Kaiser Permanente pharmacies and mail order	Use Express-Scripts pharmacies and mail order			
Vision	Kaiser Vision Plan	Trust Vision Plan (administered by VSP) For members enrolled in a Cigna medical plan			
Provider Choice	Use Kaiser Permanente Providers	Use VSP Providers			
Your Out-of-Pocket Costs					
Annual Medical Deductible	\$0	\$0	\$100/individual \$300/family		
Annual Medical Out-of-Pocket Maximum	\$600/individual \$1,200/family	\$1,200/individual \$2,400/family	\$1,000/individual \$2,000/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		
INCOME SECURITY BENEFITS (A	dministered by The Standard)				
Long-Term Disability (LTD) Insura	nce				
Basic Coverage	Self-pay coverage required for all employees				
Term Life and Accidental Death a	nd Dismemberment (AD&D) Insur	ance			
Basic Coverage	Provided by the Trust for all Plans				
Optional Life and AD&D Coverage	Available to purchase for all Plans				

 $^{{}^*}$ You may enroll in a medical and dental plan. You cannot enroll in medical only or dental only.

Chart continued on next page

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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 PAT In-Network Only Plan	Cigna PAT PPO Plan		
Includes Dental (Kaiser or Trust Plan) and mandatory self-pay LTD of \$21.00*					
FULL TIME : Member only or member + dependents	\$144.46	\$144.46	\$144.46		
PART TIME: Member only or member + dependents	\$892.30	\$892.30	\$892.30		

^{*} Your mandatory, self-pay Long-Term Disability contribution of \$21.00 will be taken out of your paycheck on a post-tax basis and is included in the rates above.

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.

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Option 2 Plans

Part-Time Employees Only—Medical and Prescription Drug, Long-Term Disability (LTD), Basic Term Life and Accidental Dismemberment (AD&D), Optional Term Life and Voluntary AD&D Coverage Only

(Note: Where the cost for coverage under an Option 2 Plan is higher than the cost of coverage under an Option 1 Plan, you will need to enroll in an Option 1 Plan. See pages 8–9.)

Plan Name	Kaiser Permanente Plan	Cigna PAT In-Network Only Plan (previously Providence Personal Option)	Cigna PAT PPO Plan (previously Regence Trust Indemnity)
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 (and 100% for office visits, after you pay a \$10 copay) No out-of-network coverage except emergency care.	The Plan pays 80% of most covered services after you meet the annual deductible.
	No out-of-network coverage except emergency care and urgent care while traveling.		If you choose a provider outside the Cigna network you pay any amount billed over the allowed amount.
Provider Choices • Kais • The	Choose a provider in these networks:	Choose a provider in the Cigna Open Access Plus network: myCigna.com	Choose any provider. Search for a provider in the Cigna PPO network: myCigna.com
	 Kaiser Permanente: kp.org The Portland Clinic: theportlandclinic.com 		
Prescription	Kaiser Permanente	Trust Prescription Drug Plan (administered by Express Scripts) For members enrolled in a Cigna medical plan	
Retail and Mail Order Available	Use Kaiser Permanente Clinics	Use Express Scripts network pharmacies and mail order	
Long-Term Disability (LTD) Insura	ance (administered by The Standa	rd)	
Basic Coverage	Self-pay coverage required for all er	nployees	
Term Life and Accidental Death a	and Dismemberment (AD&D) Insur	ance (administered by The Star	ndard)
Basic Coverage	Provided by the Trust for all Plans		
Optional Coverage	Available to purchase for all Plans		
Your Costs			
Annual Medical Deductible	\$0	\$0	\$200/individual \$600/family
Annual Medical Out-of-Pocket Maximum	\$600/individual \$1,200/family	\$1,200/individual \$2,400/family	\$1,000/individual \$3,000/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
Monthly Contribution Rates (Incl	udes mandatory self-pay LTD of \$	21.00*)	
Member Only	\$21.00	\$21.00	\$21.00
Member + one dependent	\$475.10	\$575.36	\$771.26
Member + Family	Coverage provided through Option 1 Plans only	Coverage provided through Option 1 Plans only	Coverage provided through Option 1 Plans only

^{*} Your mandatory, self-pay Long-Term Disability contribution of \$21.00 will be taken out of your paycheck on a post-tax basis and is included in the rates above.