

# RATES

## SUBSTITUTE TEACHERS—2021–2022 PLAN YEAR

PAT



**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](http://sdtrust.com)

MEDICAL/PRESCRIPTION		
Choose One of These Medical/Prescription Drug Plans		
	Kaiser Permanente Plan	Cigna In-Network Only Plan / Trust Prescription Drug Plan (Express Scripts)
<b>How the Plan Pays Benefits</b>	The Plan pays 100% of most covered services after you pay the copay	The Plan pays 90% of most covered services; 100% for office visits after you pay a \$10 copay <b>No out-of-network coverage except emergency care</b>
<b>Provider Choices</b>	Choose from providers in these networks: <ul style="list-style-type: none"> <li>• Kaiser Permanente: <a href="http://kp.org">kp.org</a></li> <li>• The Portland Clinic: <a href="http://theportlandclinic.com">theportlandclinic.com</a></li> </ul>	Choose from providers in the Cigna Network: <a href="http://myCigna.com">myCigna.com</a>
Prescription	Kaiser Permanente	Trust Prescription Drug Plan
<b>Retail and Mail Order Available</b>	Use Kaiser Permanente Clinics	Use Express-Scripts network pharmacies
Your Costs		
<b>Annual Medical Plan Deductible</b>	\$0	\$0
<b>Annual Medical Plan Out-of-Pocket Maximum</b>	\$600/member only, \$1,200/member + enrolled dependent(s)	\$1,200/member only, \$2,400/member + enrolled dependent(s)
<b>Annual Prescription Drug Plan Out-of-Pocket Maximum</b>	Prescription expenses apply to medical out-of-pocket maximum	\$2,200/individual \$4,400/family
Monthly Contribution Rates		
<b>Member only</b>	\$10	\$14.50
<b>Member + one</b>	\$681	\$786
<b>Member + family</b>	\$1,150	\$1,537

DENTAL		
Choose One of These Dental Plans		
	Kaiser Permanente Dental	Trust Dental Plan/Delta Dental of Oregon
<b>Provider Choice</b>	Use Kaiser Permanente providers	Use any provider; save money with an in-network provider
<b>Dependent Dental Coverage</b>	No	No
Your Costs		
<b>Annual Dental Plan Deductible</b>	None	None
<b>Maximum Annual Dental Benefit</b>	\$1,750	\$1,750
Monthly Contribution Rates		
<b>Member only—Dental</b>	\$15	\$4.28

This is an overview of commonly used services. 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.