

# RATES

## PFSP, ATU AND DCU EARLY RETIREES—2022 PLAN YEAR



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

### Medical and Prescription Plans

MEDICAL/PRESCRIPTION		Choose One of These Health Plans	
Plan Name	Kaiser Permanente Plan	Cigna PDA Retiree Plan (previously Providence Option Advantage Plan)	Cigna PDA Retiree In-Network Only Plan (previously Providence Personal Option Plan)
<b>Medical</b>			
<b>How the Plan Pays Benefits</b>	The Plan pays 90%-100% for most in-network covered services after you pay the deductible and copay/coinsurance. <b>No out-of-network coverage except emergency care and urgent care when traveling.</b>	The Plan pays 80% for most in-network covered charges after you pay the deductible and copay/coinsurance; and 60% of UCR for out-of-network covered charges—plus you pay any amount billed over the UCR.	The Plan pays 90%-100% for most in-network covered services after you pay the deductible and copay/coinsurance. <b>No out-of-network coverage except emergency care.</b>
<b>Provider Choices</b>	Choose 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>	You may choose any Provider, but your out-of-pocket costs will be lower when you choose a Provider in the Cigna Open Access Plus (OAP) network: <a href="http://myCigna.com">myCigna.com</a>	Choose providers from the Cigna Open Access Plus network: <a href="http://myCigna.com">myCigna.com</a>
<b>Prescription</b>		<b>Trust Prescription Drug Plan (administered by Express Scripts) For members enrolled in a Cigna medical plan</b>	
<b>Retail and Mail Order Available</b>	Use Kaiser Permanente pharmacies and mail order	Use Express Scripts network pharmacies and mail order	
<b>Your Costs</b>			
<b>Annual Medical Plan Deductible</b>	\$100/person \$300/family	\$100/person \$200/family	\$100/person \$200/family
<b>Annual Medical Plan Out-of-Pocket Maximum</b>	\$1,200/person \$2,400/family	\$2,200/person \$4,400/family	\$2,200/person \$4,400/family
<b>Annual Prescription Drug Plan Out-of-Pocket Maximum</b>	Included in Medical Plan Out-of-Pocket Maximum	\$2,200/person \$4,400/family	\$2,200/person \$4,400/family

Chart continued on next page

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 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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MEDICAL/PRESCRIPTION		Choose One of These Health Plans	
Plan Name	Kaiser Permanente Plan	Cigna PDA Retiree Plan (previously Providence Option Advantage Plan)	Cigna PDA Retiree In-Network Only Plan (previously 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>	\$198.44	\$333.24	\$327.96
Retiree + spouse/ domestic partner <sup>1</sup>	\$602.48	\$878.12	\$867.62
Retiree + spouse/ domestic partner and child(ren) <sup>1</sup>	\$1,007.44	\$1,577.50	\$1,561.78
Retiree + one child <sup>2</sup>	\$776.48	\$1,052.12	\$1,041.62
Retiree + two or more children <sup>2</sup>	\$1,181.04	\$1,751.50	\$1,735.78
<b>If you are not eligible for the district-paid contribution</b>			
Retiree only	\$546.44	\$681.24	\$675.96
Retiree + one	\$1,124.48	\$1,400.12	\$1,389.62
Retiree + family	\$1,529.04	\$2,099.50	\$2,083.78

<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.

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PFSP

ATU

DCU

### 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. Dental and Vision cannot be purchased separately.

VISION	Kaiser Permanente Plan	Trust Vision Plan (administered by VSP) For members enrolled in a Cigna medical plan
<b>Provider Choice</b>	Use Kaiser Permanente providers No out-of-network coverage	Use any provider but save money if you use a VSP provider

DENTAL	Choose One of These Plans	
	Kaiser Permanente Dental	Trust Dental Plan (administered by Delta Dental of Oregon)
<b>Provider Choice</b>	Use Kaiser Permanente providers	Use any provider; save money with an in-network provider
<b>Your Costs</b>		
<b>Annual Dental Deductible</b>	<b>Basic:</b> \$50/person <b>Buy Up:</b> \$0	<b>Basic:</b> \$50/person <b>Buy Up:</b> \$0
<b>Dental Maximum Annual Benefit</b>	<b>Basic:</b> \$1,200 <b>Buy Up:</b> \$2,500	<b>Basic:</b> \$1,200 <b>Buy Up:</b> \$2,500

RATES	Kaiser Medical* Plan with <i>Kaiser Vision</i> and <i>Kaiser Dental</i> Plans	Kaiser Medical* Plan with <i>Kaiser Vision</i> and <i>Trust Dental</i> Plans	Cigna Medical Plan with <i>Trust Vision</i> and <i>Kaiser Dental</i> Plans	Cigna Medical Plan with <i>Trust Vision</i> and <i>Trust Dental</i> Plans
<b>Monthly Contributions—Basic Coverage</b>				
<b>Retiree only</b>	\$41.12	\$30.58	\$45.32	\$34.78
<b>Retiree + one</b>	\$77.22	\$57.40	\$85.60	\$65.78
<b>Retiree + family</b>	\$133.32	\$99.16	\$142.92	\$108.76
<b>Monthly Contributions—Buy-Up Coverage</b>				
<b>Retiree only</b>	\$59.66	\$58.02	\$66.56	\$64.92
<b>Retiree + one</b>	\$112.04	\$108.96	\$125.80	\$122.72
<b>Retiree + family</b>	\$193.48	\$188.16	\$209.26	\$203.94

\*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.

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