

RATES

ATU TYPE 10 DRIVERS—APRIL 1–SEPTEMBER 30, 2023

ATU



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sdtrust.com

IMPORTANT: Beginning April, 1, 2023, the In-Network Only and PPO Plans are administered by Providence and the provider network is the Providence PPS/SD-1 Trust network.

Medical, Prescription, Dental Plans

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

MONTHLY CONTRIBUTION RATES			
Plan Name	Kaiser Permanente Plan	Providence In-Network Only Plan	Providence PPO Plan
Includes Kaiser Dental Plan			
Full-Time Member Only	\$79.28	\$126.08	\$148.90
Full-Time Member + one dependent	\$848.88	\$946.38	\$992.04
Full-Time Member + Family	\$1,432.12	\$1,773.34	\$1,841.78
Includes Trust Dental Plan (Delta Dental of Oregon)			
Full-Time Member Only	\$80.34	\$127.14	\$149.96
Full-Time Member + one dependent	\$850.90	\$948.40	\$994.06
Full-Time Member + Family	\$1,435.60	\$1,776.82	\$1,845.26

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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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MEDICAL/Rx/VISION PLANS— COVERAGE AND COSTS		Choose One of These Plans*	
Plan Name	Kaiser Permanente Plan	Providence In-Network Only Plan	Providence 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 Providence PPS/SD-1 Trust network: myProvidence.com	Choose any provider, but save money when you choose a provider in the Providence PPS/SD-1 Trust network: myProvidence.com
Prescription	Kaiser Permanente	Trust Prescription Drug Plan	
Retail and Mail Order Available	Use Kaiser Permanente pharmacies and mail order	Use Express-Scripts	
Vision			
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.

DENTAL PLANS— COVERAGE AND COSTS		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.