



Effective January 1, 2018

PAT Early Retirees Healthcare Benefits Comparison Chart

Medical and Prescription Drug Benefits

	Trust Plan 1 (Regence) CLOSED: Not open for new enrollment	Trust Plan 2 (Regence)	Kaiser Permanente HMO	Providence Personal Option Plan
Provider choice	Choose a Regence preferred provider, a Regence participating provider, or a non-Regence participating provider. Benefits vary based on which category you choose. Find a list of providers at regence.com	Choose a Regence preferred provider, a Regence participating provider, or a non-Regence participating provider. Benefits vary based on which category you choose. Find a list of providers at regence.com	Must use Kaiser or Portland Clinic providers, except in cases of emergency or when referred outside the network by Kaiser	Freedom to use any provider in the Providence Signature Network. May use out-of-network providers for emergency and urgent services only
How the plan pays benefits	Preferred: 85% after deductible Participating and Non-Contracted: 75% of allowable charges after deductible	Preferred: 90% after deductible Participating and Non-Contracted: 70% of allowable charges after deductible	Most covered services paid in full after applicable copayment	Most covered services paid in full after applicable copayment or coinsurance
Annual deductible*	\$200/individual, \$400/family	\$200/individual, \$400/family	None	None
Annual out-of-pocket maximum*	\$1,000 per person	Preferred: \$1,000 per person Participating and Non-Contracted: \$3,000 per person	\$600/individual, \$1,200/family	\$700/individual, \$2,000/family
Covered services	What the plan pays	What the plan pays	What the plan pays	What the plan pays
Physician services				
Office visits (including mental health and chemical dependency)	Preferred: 85% after deductible Participating and Non-Contracted: 75% of allowable charges after deductible	Preferred: 90% after deductible Participating and Non-Contracted: 70% of allowable charges after deductible	100% after you pay a \$5 copayment per visit	100% after you pay a \$5 copayment per visit
Hospital visits (including mental health and chemical dependency)	Preferred: 85% after deductible Participating and Non-Contracted: 75% of allowable charges after deductible	Preferred: 90% after deductible Participating and Non-Contracted: 70% of allowable charges after deductible	100%	100%
Inpatient surgery and anesthesiology	Preferred: 85% after deductible Participating and Non-Contracted: 75% of allowable charges after deductible	Preferred: 90% after deductible Participating and Non-Contracted: 70% of allowable charges after deductible	100%	100%

* Based on Calendar year

** Contact your medical plan for schedule

If you are not currently enrolled in Plan 1, this Plan is not available to you and will not accept new enrollment now or in the future.



	Trust Plan 1 (Regence) CLOSED: Not open for new enrollment	Trust Plan 2 (Regence)	Kaiser Permanente HMO	Providence Personal Option Plan
Preventive care services				
Periodic health exams and well-baby care	Preferred: 100%, according to frequency schedule** Participating and Non-Contracted: 100% according to frequency schedule**	Preferred: 100%, according to frequency schedule** Participating and Non-Contracted: 100% according to frequency schedule**	100% according to frequency schedule**	100% according to frequency schedule**
Routine immunizations	Preferred: 100%, according to frequency schedule** Participating and Non-Contracted: 100% according to frequency schedule**	Preferred: 100%, according to frequency schedule** Participating and Non-Contracted: 100% according to frequency schedule**	100% according to frequency schedule**	100% according to frequency schedule**
Outpatient services				
Lab and X-ray	Preferred: 85% after deductible Participating and Non-Contracted: 75% of allowable charges after deductible	Preferred: 90% after deductible Participating and Non-Contracted: 70% of allowable charges after deductible	100%	100%
Emergency or after-hours care from participating providers	Preferred: 85% after deductible Participating and Non-Contracted: 75% of allowable charges after deductible	Preferred: 90% after deductible and \$25 copayment Participating and Non-Contracted: 70% of allowable charges after deductible and \$25 copayment per visit; copayment waived if admitted	Emergency room: Kaiser or non-Kaiser facility: 100% after you pay a \$25 copayment in or outside the service area; waived if admitted Urgent care: When inside the service area, must use Kaiser or Portland Clinic facility; 100% after you pay a \$5 office visit copayment	Emergency room: 100% after you pay a \$50 copayment at nearest emergency facility Urgent care: 100% after you pay a \$5 copayment
Alternative care				
Acupuncture, chiropractic and naturopathy	Preferred: 85% after deductible Participating and Non-Contracted: 75% of allowable charges after deductible; unlimited number of visits	Preferred: 90% after deductible Participating and Non-Contracted: 70% of allowable charges after deductible; 20 visits per year combined for all providers	Not covered	Not covered; discounts available through Providence Health Plan's "Choose Healthy" program
Hospital facility service				
Acute hospital care (including mental health and chemical dependency)	Preferred: 85% after deductible Participating and Non-Contracted: 75% of allowable charges after deductible	Preferred: 90% after deductible Participating and Non-Contracted: 70% after deductible	100%	100%
Ambulatory Surgery Center Benefit	90% of allowable charges after deductible	90% of allowable charges after deductible	N/A	100%
Skilled nursing facility	Preferred: 85% after deductible Participating and Non-Contracted: 75% of allowable charges after deductible	Preferred: 90% after deductible Participating and Non-Contracted: 70% after deductible	100% up to 100 days per year in an approved facility when authorized	100% up to 60 days per spell of illness

PAT Early Retirees

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Hospital facility service (continued)				
Durable medical equipment	Preferred: 85% after deductible Participating and Non-Contracted: 75% of allowable charges after deductible	Preferred: 80% after deductible Participating and Non-Contracted: 80% of allowable charges after deductible	80%	80%
Vision	Not covered. You may be eligible to enroll in Trust Vision Plan on a self-pay basis (see page 10)	Not covered. You may be eligible to enroll in Trust Vision Plan on a self-pay basis (see page 10)	100% after a \$5 copayment for exam; 100% up to \$100 credit for lenses and frames once every 24 months	Not covered. You may be eligible to enroll in Trust Vision Plan on a self-pay basis (see page 9)
Prescription drugs				
Annual out-of-pocket maximum	Prescription expenses apply to the medical out-of-pocket maximum	Prescription expenses apply to the medical out-of-pocket maximum	Prescription expenses apply to the medical out-of-pocket maximum	\$2,200/individual, \$4,400/family
Outpatient retail	20% after deductible	20% after deductible	Kaiser pharmacies (up to 30-day supply): You pay 50% of cost of drug, up to \$50 maximum copayment	Participating CVS Caremark® pharmacies (per 30-day supply): You pay 50% of cost of drug, up to \$50***
Outpatient mail order (90-day supply)	20% after deductible	20% after deductible	Kaiser mail order service: You pay 50% of cost of drug, up to \$100 maximum copayment	CVS Caremark® mail order service: You pay 50% of cost of drug, up to \$150***
Other				
Telehealth	MDLIVE	MDLIVE	Phone, email and video consultations covered 100%	Phone and video consultations, including Providence Express Care Virtual, covered 100%
Perks and Discounts				
Provider	Program	Description	For details go to:	
Regence	Advantages	A discount program offering savings on health-related products and services, including discounts on eyewear and laser vision correction services, hearing aids, dental services and fitness products.	regence.com	
Providence	Extra Values and Discounts, FitTogether	A discount program offering savings on fitness services, eyewear, alternative care services, hearing aids and free or discounted health education classes.	providencehealthplan.com	
Kaiser	CHP Complementary and Alternative Medicine and Healthy Living	Take advantage of a complementary and alternative medicine benefit, including chiropractic services*, naturopathic medicine, massage therapy and acupuncture. This Healthy Living perk also includes discounts on items like lift tickets, weight management programs, gym memberships and more. *Self-referred chiropractic care is provided by the CHP group. Visit chpgroup.com for details.	kp.org	
VSP	Exclusive Member Extras	Get more than \$2,500 in savings through special offers, including savings on the latest in eyewear from leading brands.	vsp.com/specialoffers	

* Based on Calendar year

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*** If you choose brand name over generic, you will pay the difference.

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Trust Dental Options on a Self-Pay Basis Administered by Regence BlueCross BlueShield of Oregon

You pay the full cost of the Early Retiree Trust Dental coverage. For details on your benefit costs see page 5.

	Basic Dental	Buy-Up Dental
Provider choice	Any licensed dentist*	Any licensed dentist*
Annual individual deductible	\$50	None
Maximum Annual Benefit	Plan pays up to \$1,200 per individual per calendar year	Plan pays up to \$1,750 per individual per calendar year
Covered services	What the plan pays	
Diagnostic and preventive care (exams, cleaning, X-rays)	80% of UCR** after deductible	100% of UCR**
Basic services (fillings, extractions, minor oral surgery)	80% of UCR** after deductible	80% of UCR**
Restorative services (onlays, crowns)	50% of UCR** after deductible	80% of UCR**
Prosthodontic services (bridges, dentures)	50% of UCR** after deductible	50% of UCR**
Orthodontia	Not covered	50% of UCR**, up to \$1,250 lifetime benefit maximum per person

* Regence participating dentists yield a greater discount on services. Call **1-866-240-9580** or visit regence.com for a list of providers.

** Usual, customary and reasonable charges

Trust Vision Options on a Self-Pay Basis

Administered by VSP

You pay the full cost of the Early Retiree Trust Vision coverage. For details on your benefit costs see page 5.

Basic Vision Plan	VSP Network Provider	Non-VSP Provider
Benefit	What the plan pays	What the plan pays
Routine eye exam (every 24 months)	Covered in full after \$25 copayment	Covered up to \$45 after \$25 copay
Frames (every 24 months)	Covered up to \$120, 20% discount off any remaining balance	Covered up to \$47
Lenses (every 24 months)		
Single vision	Standard lenses paid in full after \$25 copayment	Covered up to \$45 after \$25 copay
Lined bifocal	Standard lenses paid in full after \$25 copayment	Covered up to \$65 after \$25 copay
Lined trifocal	Standard lenses paid in full after \$25 copayment	Covered up to \$85 after \$25 copay
Lens options	35–40% discount off lens options	N/A
Contact lenses in lieu of lenses and frames (every 24 months)	Covered up to \$105; fitting and evaluation not to exceed \$60 copay; 15% off exam	Covered up to \$105
Buy-up Vision Plan	VSP Network Provider	Non-VSP Provider
Benefit	What the plan pays	What the plan pays
Routine eye exam (every 24 months/adults; every 12 months/child under 17)	Covered in full	Covered up to \$70
Frames (every 24 months)	Covered up to \$100, 20% discount off any remaining balance	Covered up to \$75
Lenses (every 24 months/adults; every 12 months/child under 17)		
Single vision	Standard lenses paid in full	Covered up to \$50
Lined bifocal	Standard lenses paid in full	Covered up to \$75
Lined trifocal	Standard lenses paid in full	Covered up to \$100
Lens options	35–40% discount off lens options	N/A
Contact lenses in lieu of lenses and frames (every 24 months/adults; every 12 months/child under 17)	Covered up to \$137, fitting and evaluation not to exceed \$60 copay, 15% off exam	Covered up to \$137
Additional discounts through VSP providers for Basic and Buy-up Vision Plans		
Lasik eye surgery	Discounts are available from participating Lasik surgery providers; contact VSP for further information	Discounts are available from participating Lasik Surgery providers; contact VSP for further information
Additional vision hardware or services over plan allowance	30% discount off additional pairs of complete glasses from the same doctor on the same day as your eye exam; or 20% discount from any doctor within 12 months of your eye exam.	30% discount off additional pairs of complete glasses from the same doctor on the same day as your eye exam; or 20% discount from any doctor within 12 months of your eye exam.

Note: These charts provides an overview of the benefits available to you. 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. For details, refer to the plan booklets, available on sdtrust.com or from the Trust Office. Providence and Kaiser plan booklets are only available from Customer Service:

- Providence **503-574-7500** (Portland) or **1-800-878-4445**
- Kaiser **503-813-2000** (Portland) or **1-800-813-2000**
- Regence **1-800-810-BLUE (2583)** for BlueCard questions (out of area services) **1-866-240-9580**
- VSP **1-800-877-7195**