

BENEFITS OVERVIEW

PFSP ACTIVES—2019 PLAN YEAR

PFSP



HEALTH & WELFARE TRUST
SCHOOL DISTRICT NO.1

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OPTION 1 PLANS	Kaiser Permanente HMO	Providence Personal Option	Providence Option Advantage
Office Visits for primary or specialty care	You pay \$10 copay (\$0 for pediatric visits), then Plan pays 100%	You pay \$10 copay; then Plan pays 100%	In-Network: You pay \$10 copay, then Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60%
Preventive Health Exams and Well-Baby Care (Frequency schedule applies)	You pay \$0; Plan pays 100%	You pay \$0; Plan pays 100%	In-Network: You pay \$0, Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60%
Labs and X-rays	You pay \$0; Plan pays 100%	You pay \$0; Plan pays 100%	In-Network: You pay \$0, Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60%
Maternity Care	Pre- and post-natal: You pay \$0; Plan pays 100% Delivery and hospital services: You pay \$250; then the Plan pays 100%	Pre- and post-natal: You pay \$0; Plan pays 100% Delivery and hospital services: You pay \$100; then Plan pays 100%	Pre- and post-natal—In-Network: You pay \$0, Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60% Delivery and hospital services—In-Network: You pay \$100, then Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60%
Alternative Care Acupuncture, chiropractic, naturopathy, and massage therapy	Acupuncture, chiropractic, naturopathy: You pay \$10 copay/visit; then the Plan pays 100% Massage therapy: You pay \$25/visit; then the Plan pays 100% up to 12 visits/calendar year \$1,500/year max benefit combined for all alternative care	Acupuncture & Chiropractic: You pay \$15 copay, then Plan pays 100% up to \$1,500/year Naturopathy: You pay \$10 copay, then Plan pays 100% Massage therapy not covered.	Acupuncture & Chiropractic—In-Network: You pay \$25 copay, then Plan pays 100% up to \$500/year Out-of-Network: Not covered Naturopathy—In-Network: You pay \$10 copay, then Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60% Massage therapy not covered.
Telehealth / Virtual Visits Phone and video consultations	You pay \$0; Plan pays 100%	You pay \$0; Plan pays 100%	In-Network: You pay \$0, Plan pays 100% Out-of-Network: Not covered
Urgent Care	You pay \$10 copay/visit; then the Plan pays 100%	You pay \$10 copay/visit; then the Plan pays 100%	In-Network: You pay \$10 copay, then Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60%
Emergency Care (Copay waived if admitted)	You pay 10%; Plan pays 90%	You pay \$100 copay, then the Plan pays 100%	You pay \$100 copay, then the Plan pays 100%
Hospital (Inpatient)	You pay 0%; Plan pays 100%	You pay 0%; Plan pays 100%	In-Network: You pay \$0, Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60%
Ambulatory Surgery Center	You pay 0%; Plan pays 100%	You pay \$0; Plan pays 100%	In-Network: You pay \$0, Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60%
Outpatient Surgery	You pay 0%; Plan pays 100%	You pay 0%; Plan pays 100%	You pay 0%; Plan pays 100%
Mental Health / Substance Abuse	Inpatient: You pay 0%; Plan pays 100% Outpatient: You pay \$10 copay (\$0 for pediatric); then Plan pays 100%	Inpatient: You pay \$0 Plan pays 100% Outpatient: You pay \$10 copay; then Plan pays 100%	Inpatient—In-Network: You pay \$0, Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60% Outpatient—In-Network: You pay \$10 copay, then Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60%
Routine Hearing Exams/Tests	You pay \$10 copay; then the Plan pays 100%	You pay \$10 copay; then the Plan pays 100%	In-Network: You pay \$10 copay, then the Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60%
Hearing Aids (Adult)	Plan pays \$500/year every 3 years	You pay 0%; Plan pays 100%	In-Network: You pay \$0, Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60%
Out of Area Dependent Coverage	Limited services	Full services; requires annual enrollment	
Coverage While Traveling	World-wide urgent/ emergency care coverage Routine care available in other KP service areas	World-wide urgent/emergency care coverage	

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PFSP ACTIVES—2019 PLAN YEAR

PFSP

This is an overview of commonly used services. For medical benefit details, go to sdtrust.com. 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.

OPTION 2 PLANS	Kaiser Permanente HMO	Providence Personal Option	Providence Option Advantage
Office Visits for primary or specialty care	You pay \$20 copay (\$0 for pediatric visits), then Plan pays 100%	You pay \$20 copay; then Plan pays 100%	In-Network: You pay \$20 copay, then Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60%
Preventive Health Exams and Well-Baby Care (Frequency schedule applies)	You pay \$0; Plan pays 100%	You pay \$0; Plan pays 100%	In-Network: You pay \$0, Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60%
Labs and X-rays	You pay \$0; Plan pays 100%	You pay 10%; then Plan pays 90%	In-Network: You pay 20%, Plan pays 80% Out-of-Network: You pay 40%, Plan pays 60%
Maternity Care	Pre- and post-natal: You pay \$0; Plan pays 100% Delivery and hospital services: You pay 10%; Plan pays 90%	Pre- and post-natal: You pay \$0; Plan pays 100% Delivery and hospital services: You pay \$200; then Plan pays 100%	Pre- and post-natal—In-Network: You pay \$0, Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60% Delivery and hospital services—In-Network: You pay \$200, then Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60%
Alternative Care Acupuncture, chiropractic, naturopathy, and massage therapy	Acupuncture, chiropractic, naturopathy: You pay \$10 copay/visit; then the Plan pays 100% Massage therapy: You pay \$25/visit; then the Plan pays 100% up to 12 visits/calendar year \$1,500/year max benefit combined for all alternative care	Acupuncture & Chiropractic: You pay \$15 copay, then Plan pays 100% up to \$1,500/year Naturopathy: You pay \$20 copay, then Plan pays 100% Massage therapy not covered.	Acupuncture & Chiropractic—In-Network: You pay \$25 copay, then Plan pays 100% up to \$500/year Out-of-Network: Not covered Naturopathy—In-Network: You pay \$20 copay, then Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60% Massage therapy not covered.
Telehealth / Virtual Visits Phone and video consultations	You pay \$0, Plan pays 100%	You pay \$0, Plan pays 100%	In-Network: You pay \$0, Plan pays 100% Out-of-Network: Not covered
Urgent Care	You pay \$20 copay, then the Plan pays 100%	You pay \$20 copay, then the Plan pays 100%	In-Network: You pay \$20 copay, then Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60%
Emergency Care (Copay waived if admitted)	You pay 10%/visit; Plan pays 90%	You pay \$100 copay/visit; then the Plan pays 100%	You pay \$100 copay, then the Plan pays 100%
Hospital (Inpatient)	You pay 10%; Plan pays 90%	You pay 10%; Plan pays 90%	In-Network: You pay 20%, Plan pays 80% Out-of-Network: You pay 40%, Plan pays 60%
Ambulatory Surgery Center	You pay 10%; Plan pays 90%	You pay 10%; Plan pays 90%	In-Network: You pay 20%, Plan pays 80% Out-of-Network: You pay 40%, Plan pays 60%
Outpatient Surgery	You pay 10%; Plan pays 90%	You pay 10%; Plan pays 90%	In-Network: You pay 20%, Plan pays 80% Out-of-Network: You pay 40%, Plan pays 60%
Mental Health / Substance Abuse	Inpatient: You pay 10%; Plan pays 90% Outpatient: You pay \$20 copay (\$0 for pediatric); then Plan pays 100%	Inpatient: You pay 10%; Plan pays 90% Outpatient: You pay \$20 copay; then Plan pays 100%	Inpatient—In-Network: You pay 20%, Plan pays 80% Out-of-Network: You pay 40%, Plan pays 60% Outpatient—In-Network: You pay \$20 copay, then Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60%
Routine Hearing Exams/Tests	You pay \$20 copay; then the Plan pays 100%	You pay \$20 copay; then the Plan pays 100%	In-Network: You pay \$20 copay, then the Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60%
Hearing Aids (Adult)	Not covered	You pay 10%; Plan pays 90%	In-Network: You pay 20%, Plan pays 80% Out-of-Network: You pay 40%, Plan pays 60%
Out of Area Dependent Coverage	Limited services	Full services; requires annual enrollment	
Coverage While Traveling	World-wide urgent/emergency care coverage Routine care available in other KP service areas	World-wide urgent/emergency care coverage	

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PFSP ACTIVES—2019 PLAN YEAR

PFSP

Prescription Drug Benefits Overview

	Kaiser Permanente Prescription Drug Plan (Option 1 & 2)	Providence Personal Option Plan Option 1 & 2 Plans Trust Prescription Drug Plan	Providence Option Advantage Plan Option 1 & 2 Plans Trust Prescription Drug Plan
		Administered by CVS/caremark	
In-network/Participating Pharmacies	Kaiser Permanente	CVS/caremark	CVS/caremark
Participating Pharmacy Benefits	Plan pays 100% after your copay: Generic: \$5/30 day supply Brand name: \$10/30 day supply	Plan pays 100% after your copay: 34/68/90-day supply Generic: \$10/\$20/\$30 per 34/68/90-day supply Brand name: \$20/\$40/\$60 per 34/68/90-day supply	Plan pays 100% after your copay: 34/68/90-day supply Generic: \$10/\$20/\$30 per 34/68/90-day supply Brand name: \$20/\$40/\$60 per 34/68/90-day supply
Non-Participating Pharmacy Benefits	Generally not covered	You pay the full amount, then submit a claim for reimbursement	You pay the full amount, then submit a claim for reimbursement
Mail-order Service Benefits	Plan pays 100% after your copay: Generic: \$10/90-day supply Brand name: \$20/90-day supply	Plan pays 100% after your copay: Generic: \$20/90-day supply Brand name: \$40/90-day supply	Plan pays 100% after your copay: Generic: \$20/90-day supply Brand name: \$40/90-day supply

Vision Benefits Overview

OPTION 1 PLANS ONLY	Kaiser Permanente HMO	Providence Personal Option Plan	Providence Option Advantage Plan
		Trust Vision Plan administered by VSP	
Well Vision Exam	You pay \$10 copay per exam; the Plan pays 100%	Every 12 months VSP Provider: 100% Other Provider: Up to \$70	
Frames	\$250 credit every 24 months towards frames, lenses and contacts	Every 24 months VSP Provider: Up to \$100 allowance and 20% off amount over allowance Other Provider: Up to \$70	
Lenses	Included in \$250 credit	Every 12 months VSP Provider: 100% for most lens types Other Provider: Up to \$50-\$125 for most lens types	
Contacts Instead of Glasses	Included in \$250 credit	Every 12 months VSP Provider: Up to \$137 for contacts Other Provider: Up to \$137 for fitting, evaluation and contacts	

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PFSP ACTIVES—2019 PLAN YEAR

PFSP

Dental Benefits Overview

OPTION 1 PLANS ONLY	Trust Dental Plan administered by Regence
Diagnostic and Preventive Care (exams, cleaning, X-rays)	Plan pays 100% of UCR
Basic and Restorative Services (fillings, extractions, crowns, minor oral surgery)	You pay 20%; Plan pays 80% of UCR
Prosthodontic Services (bridges, dentures)	You pay 50%; Plan pays 50% of UCR
Orthodontia	Plan pays 50% up to \$4,000 maximum lifetime benefit per person
Maximum Annual Benefit	Plan pays up to \$2,500 per person per calendar year

Term Life and Accidental Death & Dismemberment Benefits Overview

	Life Insurance	AD&D Insurance
Option 1 Plans Only: Provided by The Trust	Basic Term Life Up to \$30,000 per member	Basic AD&D Up to \$30,000
All Plans—Option 1 and 2: You may purchase coverage for yourself and eligible covered dependents. You must purchase Optional Life and Voluntary AD&D for yourself in order to buy coverage for your dependents. Coverage may be subject to medical underwriting approval.	Optional Life; Employee and Spouse: \$10,000 to \$500,000 in \$10,000 increments not to exceed 5 times annual salary Child(ren): \$2,000 to \$10,000 in \$2,000 increments	Voluntary AD&D Employee: \$25,000 to \$300,000 in \$25,000 increments Spouse: 50% of your selected coverage Child(ren) Only: 15% of your AD&D coverage amount for each child up to \$25,000 Spouse and Child(ren): 40% of your selected coverage for your spouse and 10% of your selected coverage (up to \$25,000) per child

Administered by The Standard

Long Term Disability Overview

Option 1 Plans Only	Coverage
All eligible employees are automatically enrolled for self-pay Long-Term Disability benefits, without the option to decline, regardless of enrollment for healthcare benefits.	Plan pays 60% of your pre-disability earnings, up to \$3,500/month, if you become disabled as a result of a covered injury, sickness or pregnancy.

Administered by The Standard

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