

# BENEFITS OVERVIEW

## ATU AND DCU ACTIVES—2021 PLAN YEAR

ATU

DCU



**HEALTH & WELFARE TRUST**  
SCHOOL DISTRICT NO. 1

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	Kaiser Permanente	Providence Personal Option	Providence Option Advantage
<b>Office Visits</b> 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%	<b>In-Network:</b> You pay \$10 copay, then Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60%
<b>Preventive Health Exams and Well-Baby Care</b> (Frequency schedule applies)	You pay \$0; Plan pays 100%	You pay \$0; Plan pays 100%	<b>In-Network:</b> You pay \$0, Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60%
<b>Labs and X-rays</b>	You pay \$0; Plan pays 100%	You pay \$0; Plan pays 100%	<b>In-Network:</b> You pay \$0, Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60%
<b>Maternity Care</b>	Pre- and post-natal: You pay \$0; Plan pays 100% Delivery and hospital services: 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%	<b>Pre- and post-natal—In-Network:</b> You pay \$0, Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60% <b>Delivery and hospital services—In-Network:</b> You pay \$100, then Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60%
<b>Alternative Care</b> Acupuncture, chiropractic, naturopathy and massage therapy	<b>Acupuncture, chiropractic and naturopathy:</b> You pay \$10 copay/visit; then the Plan pays 100% <b>Massage therapy:</b> 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	<b>Acupuncture &amp; Chiropractic:</b> You pay \$15 copay, then Plan pays 100% up to \$1,500/year <b>Naturopathy:</b> You pay \$10 copay, then Plan pays 100% Massage therapy not covered.	<b>Acupuncture &amp; Chiropractic—In-Network:</b> You pay \$25 copay, then Plan pays 100% up to \$500/year <b>Out-of-Network:</b> Not covered <b>Naturopathy—In-Network:</b> You pay \$10 copay, then Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60% Massage therapy not covered.
<b>Telehealth / Virtual Visits</b> Phone and video consultations	You pay \$0; Plan pays 100%	You pay \$0; Plan pays 100%	<b>In-Network:</b> You pay \$0, Plan pays 100% <b>Out-of-Network:</b> Not covered
<b>Urgent Care</b>	You pay \$10 copay/visit; then the Plan pays 100%	You pay \$10 copay/visit; then the Plan pays 100%	<b>In-Network:</b> You pay \$10 copay, then Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60%
<b>Emergency Care</b> (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%
<b>Hospital (Inpatient)</b>	You pay 0%; Plan pays 100%	You pay 0%; Plan pays 100%	<b>In-Network:</b> You pay \$0, Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60%
<b>Ambulatory Surgery Center</b>	You pay 0%; Plan pays 100%	You pay \$0; Plan pays 100%	<b>In-Network:</b> You pay \$0, Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60%
<b>Outpatient Surgery</b>	You pay 0%; Plan pays 100%	You pay 0%; Plan pays 100%	<b>In-Network:</b> You pay \$0, Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60%
<b>Mental Health / Substance Abuse</b>	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%	<b>Inpatient—In-Network:</b> You pay \$0, Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60% <b>Outpatient—In-Network:</b> You pay \$10 copay, then Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60%

This is an overview of commonly used services. For benefit details, go to [sdtrust.com](http://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.

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	Kaiser Permanente	Providence Personal Option	Providence Option Advantage
<b>Routine Hearing Exams/Tests</b>	You pay \$10 copay; then the Plan pays 100%	You pay \$10 copay; then the Plan pays 100%	<b>In-Network:</b> You pay \$10 copay, then the Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60%
<b>Hearing Aids (Adult)</b>	Plan pays \$500/ear every 3 years	You pay 0%; Plan pays 100%	<b>In-Network:</b> You pay \$0, Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60%
<b>Out of Area Dependent Coverage</b>	Limited services	Full services; requires annual enrollment	
<b>Coverage While Traveling</b>	World-wide urgent/ emergency care coverage Routine care available in other KP service areas	World-wide urgent/emergency care coverage Nationwide in-network coverage	

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## Prescription Drug Benefits Overview

	Kaiser Permanente Prescription Drug Plan	Providence Personal Option Plan Trust Prescription Drug Plan	Providence Option Advantage Plan Trust Prescription Drug Plan
<b>In-network/Participating Pharmacies</b>	Kaiser Permanente	Use Express-Scripts	Use Express-Scripts
<b>Participating Pharmacy Benefits</b>	Plan pays 100% after your copay: <b>Generic:</b> \$5/30 day supply <b>Brand name:</b> \$10/30 day supply	Plan pays 100% after your copay: <b>Generic:</b> \$10/\$20/\$30 per 34/68/90-day supply <b>Brand name:</b> \$20/\$40/\$60 per 34/68/90-day supply	Plan pays 100% after your copay: <b>Generic:</b> \$10/\$20/\$30 per 34/68/90-day supply <b>Brand name:</b> \$20/\$40/\$60 per 34/68/90-day supply
<b>Non-Participating Pharmacy Benefits</b>	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
<b>Mail-order Service Benefits</b>	Plan pays 100% after your copay: <b>Generic:</b> \$10/90-day supply <b>Brand name:</b> \$20/90-day supply	Plan pays 100% after your copay: <b>Generic:</b> \$20/90-day supply <b>Brand name:</b> \$40/90-day supply	Plan pays 100% after your copay: <b>Generic:</b> \$20/90-day supply <b>Brand name:</b> \$40/90-day supply

## Vision Benefits Overview

	Kaiser Permanente	Providence Personal Option Plan Trust Vision Plan administered by VSP	Providence Option Advantage Plan
<b>Well Vision Exam</b>	You pay \$10 copay per exam; then Plan pays 100%	Every 12 months <b>VSP Provider:</b> 100% <b>Other Provider:</b> Up to \$70	
<b>Contact Lens Exam</b> (Fitting and Evaluation)	You pay \$30 contact fitting fee	Every 12 months <b>VSP Provider:</b> Not to exceed \$60 copay per exam <b>Other Provider:</b> Combined with contacts	
<b>Frames</b>	\$250 credit every 24 months towards frames, lenses and contacts	Every 24 months <b>VSP Provider:</b> Up to \$150 allowance and 20% off amount over allowance <b>Other Provider:</b> Up to \$70	
<b>Lenses</b>	Included in \$250 credit	Every 12 months <b>VSP Provider:</b> 100% for most lens types <b>Other Provider:</b> Up to \$50-\$100 for most lens types	
<b>Contacts Instead of Glasses</b>	Included in \$250 credit	Every 12 months <b>VSP Provider:</b> Up to \$150 for contacts <b>Other Provider:</b> Up to \$137 for fitting, evaluation and contacts	

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## Dental Benefits Overview

	Kaiser Permanente Dental	Trust Dental Plan/Delta Dental of Oregon
<b>Diagnostic and Preventive Care</b> (exams, cleaning, X-rays)	Plan pays 100% of UCR	Plan pays 100%
<b>Basic and Restorative Services</b>	You pay 20%; Plan pays 80% of UCR	You pay 20%; Plan pays 80%
<b>Major Services</b>	You pay 50%; Plan pays 50% of UCR	You pay 50%; Plan pays 50%
<b>Orthodontia</b>	Plan pays 50% up to \$4,000 maximum lifetime benefit per person	Plan pays 50% up to \$4,000 maximum lifetime benefit per person
<b>Maximum Annual Benefit</b>	\$2,500	\$2,500

## Term Life and Accidental Death & Dismemberment Benefits Overview

	Life Insurance	AD&D Insurance
Provided by The Trust	<b>Basic Term Life</b> \$30,000 per member	<b>Basic AD&amp;D</b> Up to \$30,000 per member
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. You can find the Enrollment Guide and a needs calculator on <a href="http://sdtrust.com">sdtrust.com</a> .	<b>Optional Life;</b> <b>Employee and Spouse:</b> \$10,000 to \$500,000 in \$10,000 increments not to exceed 5 times annual salary <b>Child(ren):</b> \$2,000 to \$10,000 in \$2,000 increments	<b>Voluntary AD&amp;D</b> <b>Employee:</b> \$25,000 to \$300,000 in \$25,000 increments <b>Spouse:</b> 50% of your selected coverage <b>Child(ren) Only:</b> 15% of your AD&D coverage amount for each child up to \$25,000 <b>Spouse and Child(ren):</b> 40% of your selected coverage for your spouse and 10% of your selected coverage (up to \$25,000) per child

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## Long Term Disability Overview

	Coverage
All eligible, full-time 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 \$6,000/month, if you become disabled as a result of a covered injury, sickness or pregnancy.

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