

BENEFITS OVERVIEW

ATU TYPE 10 DRIVERS—APRIL 1–SEPTEMBER 30, 2021

ATU



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This is an overview of commonly used services. For 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.

	Kaiser Permanente	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: 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 and 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%	In-Network: You pay \$0, Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60%

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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/ear 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 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
In-network/Participating Pharmacies	Kaiser Permanente	Use Express-Scripts	Use Express-Scripts
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: 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: 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

	Kaiser Permanente	Providence Personal Option Plan	Providence Option Advantage Plan
		Trust Vision Plan administered by VSP	
Well Vision Exam	You pay \$10 copay per exam; then Plan pays 100%	Every 12 months VSP Provider: 100% Other Provider: Up to \$70	
Contact Lens Exam (Fitting and Evaluation)	You pay \$30 contact fitting fee	Every 12 months VSP Provider: Not to exceed \$60 copay per exam Other Provider: Combined with contacts	
Frames	\$250 credit every 24 months towards frames, lenses and contacts	Every 24 months VSP Provider: Up to \$150 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-\$100 for most lens types	
Contacts Instead of Glasses	Included in \$250 credit	Every 12 months VSP Provider: Up to \$150 for contacts Other Provider: 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
Diagnostic and Preventive Care (exams, cleaning, X-rays)	Plan pays 100% of UCR	Plan pays 100%
Basic and Restorative Services	You pay 20%; Plan pays 80% of UCR	You pay 20%; Plan pays 80%
Major Services	You pay 50%; Plan pays 50% of UCR	You pay 50%; Plan pays 50%
Orthodontia	Plan pays 50% up to \$4,000 maximum lifetime benefit per person	Plan pays 50% up to \$4,000 maximum lifetime benefit per person
Maximum Annual Benefit	\$2,500	\$2,500

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