

BENEFITS OVERVIEW

PAT EARLY RETIREES—2021 PLAN YEAR

PAT



HEALTH & WELFARE TRUST
SCHOOL DISTRICT NO. 1

12205 SW Tualatin Rd., Suite 200
Tualatin, OR 97062
833-255-4123 (toll-free) or 503-486-2107
sdtrust.com

Medical Benefits Overview

	Kaiser Permanente Plan	Providence Personal Option Plan
Office Visits for primary or specialty care	You pay \$5 copay/visit (\$0 for pediatric primary care); then the Plan pays 100%	You pay \$5 copay/visit; then the Plan pays 100%
Preventive Health Exams and Services (Frequency schedule applies)	You pay \$0; Plan pays 100%	You pay \$0; Plan pays 100%
Labs and X-rays	You pay \$0; Plan pays 100%	You pay \$0; Plan pays 100%
Maternity Care	You pay 10%; the Plan pays 90%	You pay \$0; Plan pays 100%
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: You pay \$10 copay/visit; then Plan pays 100%, up to 20 visits/year Naturopathy: You pay \$5 copay/visit; then the Plan pays 100% Chiropractic and massage therapy: Not covered
Telehealth/Virtual Visits Phone and video consultations	You pay \$0; Plan pays 100% (includes email)	You pay \$0; Plan pays 100%
Urgent Care	You pay \$5 copay/visit; then the Plan pays 100%	You pay \$5 copay/visit; then the Plan pays 100%
Emergency Care	You pay \$25 copay/visit (waived if admitted); Plan pays 100%	You pay \$50 copay (waived if admitted); then the Plan pays 100%
Hospital (Inpatient)	You pay \$0; Plan pays 100%	You pay \$0; Plan pays 100%
Ambulatory Surgery Center	You pay \$5 copay/visit; then the Plan pays 100%	You pay \$0; Plan pays 100%
Outpatient	You pay \$5 copay/visit; then the Plan pays 100%	You pay \$0; Plan pays 100%
Mental Health/Substance Abuse	Inpatient: You pay \$0; Plan pays 100% Outpatient: You pay \$5 copay/visit; then the Plan pays 100%	Inpatient: You pay \$0; Plan pays 100% Outpatient: You pay \$5 copay/visit; then the Plan pays 100%
Routine Hearing Exams/Tests	You pay \$5 copay; then the Plan pays 100%	You pay \$5 copay; then the Plan pays 100%
Hearing Aids (Adult)	Not covered	You pay 20%; Plan pays 80%
Out of Area Dependent Coverage	Limited services	Full services
Coverage While Traveling	Worldwide urgent/emergency care coverage. Routine care is available in KP service areas.	Worldwide urgent/emergency care coverage Nationwide in-network coverage

Chart continued on next page

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

BENEFITS OVERVIEW

PAT EARLY RETIREES—2021 PLAN YEAR

PAT

	Regence Early Retiree Trust Plan 2	Closed to New Enrollment Regence Early Retiree Trust Plan 1
	Office Visits for primary or specialty care	Preferred: You pay 10%; Plan pays 90% Participating and Nonparticipating: You pay 30%; Plan pays 70% of allowable expense
Preventive Health Exams and Services (Frequency schedule applies)	You pay \$0; Plan pays 100% (deductible waived)	You pay \$0; Plan pays 100% (deductible waived)
Labs and X-rays	Preferred: You pay 10%; Plan pays 90% Participating and Nonparticipating: You pay 30%; Plan pays 70%	Preferred: You pay 15%; Plan pays 85% Participating and Nonparticipating: You pay 25%; Plan pays 75%
Maternity Care	Preferred: You pay 10%; Plan pays 90% Participating and Nonparticipating: You pay 30%; Plan pays 70%	Preferred: You pay 15%; Plan pays 85% Participating and Nonparticipating: You pay 25%; Plan pays 75%
Alternative Care Acupuncture, chiropractic and naturopathy (Massage therapy not covered)	Acupuncture and Chiropractic: You pay 10%; Plan pays 90%. Up to 20 visits/year for all complementary care services combined Naturopath: Preferred: You pay 10%; Plan pays 90% / Participating and Nonparticipating: You pay 30%; Plan pays 70%	Preferred: You pay 15%; Plan pays 85% Participating and Nonparticipating: You pay 25%; Plan pays 75%
Telehealth/Virtual Visits Phone and video consultations	Preferred: You pay 10%; Plan pays 90% Participating and Nonparticipating: You pay 30%; Plan pays 70%	Preferred: You pay 15%; Plan pays 85% Participating and Nonparticipating: You pay 25%; Plan pays 75%
Urgent Care	Preferred: You pay 10%; Plan pays 90% Participating and Nonparticipating: You pay 30%; Plan pays 70%	Preferred: You pay 15%; Plan pays 85% Participating and Nonparticipating: You pay 25%; Plan pays 75%
Emergency Care	You pay \$25 copay (waived if admitted); then you pay 10%; Plan pays 90%	You pay 15%; Plan pays 85% (deductible does not apply)
Hospital (Inpatient)	Preferred: You pay 10%; Plan pays 90% Participating and Nonparticipating: You pay 30%; Plan pays 70%	Preferred: You pay 15%; Plan pays 85% Participating and Nonparticipating: You pay 25%; Plan pays 75%
Ambulatory Surgery Center	Preferred: You pay 10%; Plan pays 90% Participating and Nonparticipating: You pay 30%; Plan pays 70%	Preferred: You pay 10%; Plan pays 90% Participating and Nonparticipating: You pay 25%; Plan pays 75%
Outpatient	Preferred: You pay 10%; Plan pays 90% Participating and Nonparticipating: You pay 30%; Plan pays 70%	Preferred: You pay 15%; Plan pays 85% Participating and Nonparticipating: You pay 25%; Plan pays 75%
Mental Health/Substance Abuse	Preferred: You pay 10%; Plan pays 90% Participating and Nonparticipating: You pay 30%; Plan pays 70% Outpatient: deductible does not apply	Preferred: You pay 15%; Plan pays 85% Participating and Nonparticipating: You pay 25%; Plan pays 75% Outpatient: deductible does not apply
Routine Hearing Exams/Tests	Not covered	Not covered
Hearing Aids	Preferred: You pay 10%; Plan pays 90% Participating and Nonparticipating: You pay 30%; Plan pays 70%	Preferred: You pay 15%; Plan pays 85% Participating and Nonparticipating: You pay 25%; Plan pays 75%
Out of Area Dependent Coverage	Full services through Blue Card program	Full services through Blue Card program
Coverage While Traveling	Blue Card Program	Blue Card program

BENEFITS OVERVIEW

PAT EARLY RETIREES—2021 PLAN YEAR

PAT

Prescription Drug Benefits Overview

	Kaiser Permanente Plan	Providence Personal Option Plan	Regence Early Retiree Trust Plan 2	Closed to New Enrollment Regence Early Retiree Trust Plan 1
	Kaiser Permanente	Trust Prescription Drug Plan	Administered by Regence	
In-Network / Participating Pharmacies	Kaiser Permanente	Express Scripts	Regence participating pharmacies	Regence participating pharmacies
Preventive	Match generic	Match generic	You pay \$0 for certain preventive drugs	You pay \$0 for certain preventive drugs
Participating Pharmacy Benefits	You pay 50% up to \$50; Plan pays remainder. Per 30-day supply	*You pay 50% up to \$50; Plan pays remainder. Per 30-day supply	You pay 20%; Plan pays 80% Up to 90-day supply	You pay 20%; Plan pays 80% Up to 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	You pay the full amount, then submit a claim for reimbursement
Mail-Order Service Benefits	You pay 50% up to \$100; Plan pays remainder. Up to 90-day supply	*You pay 50% up to \$100; Plan pays remainder. Up to 90-day supply	You pay 20%; Plan pays 80% Up to 90-day supply	You pay 20%; Plan pays 80% Up to 90-day supply

*You also pay the difference in cost for the brand-name drug if a generic drug is available.

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

BENEFITS OVERVIEW

PAT EARLY RETIREES—2021 PLAN YEAR

PAT

Optional Vision Benefits Overview

Kaiser Permanente Plan		Providence Personal Option and Regence Early Retiree Trust Plans 1 & 2
Kaiser Permanente Provider		Trust Early Retiree Vision Plan administered by VSP
Kaiser Permanente Provider		VSP Provider
Basic Vision Plan: Every 24 months		
Well Vision Exam	You pay \$25 copay per exam; then Plan pays 100%	You pay \$25 copay; then the Plan pays 100%
Contact Lens Exam (Fitting and Evaluation)	You pay \$30 contact fitting fee	Not to exceed \$60 per exam
Frames	Included in \$100 credit	Plan pays up to \$150
Lenses	Included in \$100 credit	You pay \$25 copay; then the Plan pays 100%
Contact Lenses instead of glasses	Included in \$100 credit	Plan pays up to \$150
Buy-Up Vision Plan		
Well Vision Exam	N/A	Every 12 months: You pay \$0; Plan pays 100%
Contact Lens Exam (Fitting and Evaluation)	N/A	Not to exceed \$60 per exam
Frames	N/A	Every 24 months: Plan pays up to \$150
Lenses	N/A	Every 12 months: Plan pays 100%
Contact Lenses instead of glasses	N/A	Every 12 months: Plan pays up to \$150

Optional Dental Benefits Overview

Kaiser Dental or Trust Dental Plan/Delta Dental of Oregon	Basic Dental	Buy-Up Dental
Diagnostic and Preventive Care (exams, cleanings, X-rays)	You pay 20%; Plan pays 80%	You pay \$0; Plan pays 100%
Basic Services (fillings, extractions, minor oral surgery)	You pay 20%; Plan pays 80%	You pay 20%; Plan pays 80%
Restorative Services (onlays, crowns)	Kaiser Permanente and Providence Medical Plans: You pay 50%; Plan pays 50% Regence Medical: You pay 20%; Plan pays 80%	You pay 20%; Plan pays 80%
Major Services (bridges, dentures)	You pay 50%; Plan pays 50%	You pay 50%; Plan pays 50%
Orthodontia	Not covered	You pay 50%; Plan pays 50%, up to \$4,000/person lifetime benefit maximum
Maximum Annual Benefit	\$1,200	\$2,500