

BENEFITS OVERVIEW

PFSP, ATU AND DCU EARLY RETIREES—2022 PLAN YEAR



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*	Cigna PDA Retiree	Cigna PDA Retiree In-Network Only**
Annual Medical Plan Deductible	\$100/person \$300/family	\$100/person \$200/family	\$100/person \$200/family
Annual Medical Plan Out-of-Pocket Maximum	\$1,200/person \$2,400/family	\$2,200/person \$4,400/family	\$2,200/person \$4,400/family
Office Visits for primary, naturopathy or specialty care	You pay \$20 copay/visit (\$0 for pediatric primary care); then the Plan pays 100%	In-Network: You pay \$20 copay/visit; then the Plan pays 100% Out-of-Network: You pay 40%; Plan pays 60%	You pay \$20 copay/visit; then the Plan pays 100%
Preventive Health Exams and Services (Frequency schedule applies)	You pay \$0; Plan pays 100%	In-Network: You pay \$0; Plan pays 100% Out-of-Network: You pay 40%; Plan pays 60%	You pay \$0; Plan pays 100%
Labs and X-rays	You pay \$0; Plan pays 100%	In-Network: You pay 20%; Plan pays 80% Out-of-Network: You pay 40%; Plan pays 60%	You pay 10%; Plan pays 90%
Maternity Care	Pre- and Post-Natal Care: You pay \$0; Plan pays 100% Delivery & Hospital Services: You pay 10%; Plan pays 90%	Pre- and Post-Natal Care—In-Network: You pay \$0; Plan pays 100%; Out-of-Network: You pay 40%; Plan pays 60% Delivery & Hospital Services: You pay \$200 copay/delivery; then the Plan pays 100%. Out-of-Network: You pay 40%; Plan pays 60%	Pre and Post Natal Care: You pay \$0; Plan pays 100% Delivery & Hospital Services: You pay \$200 copay/delivery; then the Plan pays 100%
Alternative Care Acupuncture, chiropractic, and massage therapy	Plan pays 100% after copay Acupuncture: \$10/visit up to 24 visits/year Chiropractic: \$10/visit up to 30 visits/year Massage: \$25/visit up to 12 visits/year	Acupuncture: \$20 copay/visit; then Plan pays 100% up to 4 visits/year; no out-of-network Chiropractic: \$20 copay/visit; then Plan pays 100% up to 4 visits/year; no out-of-network Massage therapy: Not covered	Acupuncture: \$20 copay/visit; then Plan pays 100% up to 4 visits/year; no out-of-network Chiropractic: \$20 copay/visit; then Plan pays 100% up to 4 visits/year; no out-of-network Massage therapy: Not covered
Telehealth/Virtual Visits Phone and video consultations	You pay \$0; Plan pays 100% (includes email)	Cigna Telehealth Connection Services: Plan pays 100%	Cigna Telehealth Connection Services: Plan pays 100%
Urgent Care	You pay \$20 copay; then the Plan pays 100% Within service area, you must use Kaiser facility or Portland Clinic	In-Network: You pay \$20 copay; then the Plan pays 100% Out-of-Network: You pay 40%; Plan pays 60%	You pay \$20 copay/visit; then the Plan pays 100%
Emergency Care	Kaiser or non-Kaiser facility: You pay 10%; Plan pays 90%	In-Network or Out-of-Network: You pay \$100 copay; then the Plan pays 100%	In-Network or Out-of-Network: You pay \$100 copay; then the Plan pays 100%

Chart continued on next page

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	Kaiser Permanente Plan*	Cigna PDA Retiree	Cigna PDA Retiree In-Network Only**
Hospital (Inpatient)	You pay 10%; Plan pays 90%	In-Network: You pay 20%; Plan pays 80% Out-of-Network: You pay 40%; Plan pays 60%	You pay 10%; Plan pays 90%
Ambulatory Surgery Center	You pay 10%; Plan pays 90%	In-Network: You pay 20%; Plan pays 80% Out-of-Network: You pay 40%; Plan pays 60%	You pay 10%; Plan pays 90%
Outpatient	You pay 10%; Plan pays 90%	In-Network: You pay 20%; Plan pays 80% Out-of-Network: You pay 40%; Plan pays 60%	You pay 10%; Plan pays 90%
Mental Health/Substance Abuse	Outpatient: You pay \$20 copay/visit; then the Plan pays 100% Inpatient: You pay 10%; Plan pays 90%	Outpatient—In-Network: You pay \$20 copay/visit; then the Plan pays 100%; Out-of-Network: You pay 40%; Plan pays 60% Inpatient—In-Network: You pay 20%; Plan pays 80%; Out-of-Network: You pay 40%; Plan pays 60%	Outpatient: You pay \$20 copay/visit; then the Plan pays 100% Inpatient: You pay 10%; Plan pays 90%
Routine Hearing Exams/Tests	You pay \$20 copay/visit; 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%	You pay \$20 copay; then the Plan pays 100%
Hearing Aids (Adult)	Not covered	In-Network: You pay 20%; Plan pays 80% Out-of-Network: You pay 40%; Plan pays 60%	You pay 10%; Plan pays 90%
Out of Area Dependent Coverage	Limited services	Full services; requires annual enrollment	
Coverage While Traveling	Worldwide urgent/emergency care coverage Routine care is available in KP service areas.	World-wide urgent/emergency care coverage Nationwide in-network coverage	

*No out-of-network coverage except urgent or emergency care while traveling. **No out-of-network coverage except emergency care.

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.

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Prescription Drug Benefits Overview

	Kaiser Permanente Prescription Drug Plan	Trust Prescription Drug Plan (administered by Express Scripts) For members enrolled in a Cigna medical plan
In-Network / Participating Pharmacies	Use Kaiser Permanente Clinics	Use Express Scripts
Preventive	Match generic	Match generic
Participating Pharmacy Benefits	You pay 50% up to \$50; Plan pays remainder. Up to 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
Non-Participating Pharmacy Benefits	Generally not covered	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	Plan pays 100% after your copay: Generic: \$20 per 90-day supply Brand name:* \$40 per 90-day supply

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

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)	You pay 50%; Plan pays 50%	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

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Optional Vision Benefits Overview

	Kaiser Permanente Vision Plan	Trust Vision Plan (administered by VSP) For members enrolled in a Cigna medical plan
Basic Vision Plan: Every 24 months		
Well Vision Exam	You pay \$25 copay per exam; then Plan pays 100%	VSP Provider: You pay \$25 copay; then the Plan pays 100% Other Provider: You pay \$25 copay; then Plan pays up to \$45
Contact Lens Exam (Fitting and Evaluation)	You pay \$30 contact fitting fee	VSP Provider: Not to exceed \$60 per exam Other Provider: Combined with contact lenses
Frames	Included in \$100 credit	VSP Provider: Plan pays up to \$150 Other Provider: Plan pays up to \$47
Lenses	Included in \$100 credit	VSP Provider: You pay \$25 copay; then Plan pays single vision, lined bifocal or lined trifocal lenses Other Provider: Plan pays up to \$45 single vision, \$65 lined bifocal or \$85 lined trifocal
Contact Lenses instead of glasses	Included in \$100 credit	VSP Provider: Plan pays up to \$150 Other Provider: Plan pays up to \$105 for contacts and contact lens exam (combined)
Buy-Up Vision Plan		
Well Vision Exam	N/A	VSP Provider (every 12 months): You pay \$0; Plan pays 100% Other Provider: Plan pays up to \$70
Contact Lens Exam (Fitting and Evaluation)	N/A	VSP Provider: Not to exceed \$60 per exam Other Provider: Combined with contact lenses
Frames	N/A	VSP Provider (every 12 months): Plan pays up to \$150 Other Provider: Plan pays up to \$75
Lenses	N/A	VSP Provider (every 12 months): Plan pays single vision, lined bifocal, or lined bifocal in full Other Provider: Plan pays up to \$50 Single Vision, \$75 Lined Bifocal or \$100 Lined Trifocal
Contact Lenses instead of glasses	N/A	VSP Provider (every 12 months): Plan pays up to \$150 Other Provider: Plan pays up to \$137 for contact lenses and contact lens exam (combined)
Vision Therapy (if qualified)	N/A	VSP Provider: 100% for evaluation; 75% for approved therapy up to \$750/year Other Provider: Up to \$85 for evaluation; 75% for approved therapy up to \$750/year

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