

BENEFITS OVERVIEW

SUBSTITUTE TEACHERS—2022–2023 PLAN YEAR

PAT



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

IMPORTANT: Beginning April, 1, 2023, the In-Network Only Plan is administered by Providence and the provider network is the Providence PPS/SD-1 Trust network.

Medical Benefits Overview

	Kaiser Permanente	Providence In-Network Only Plan (No out-of-network coverage except emergency care)
Office visits for primary, naturopathic medicine or specialty care	You pay \$5 copay/visit (\$0 for pediatric primary care); then the Plan pays 100%	You pay \$10 copay/visit; then the Plan pays 100%
Preventive Health Exams and Well-Baby Care (according to frequency schedule)	You pay \$0; Plan pays 100%	You pay \$0; Plan pays 100%
Labs and X-rays	You pay \$0; Plan pays 100%	You pay 10%; Plan pays 90%
Maternity care	You pay \$0; Plan pays 100%	You pay 10%; Plan pays 90%
Alternative Care (self-referred) (acupuncture, chiropractic care, massage therapy)	Plan pays 100% after copay Acupuncture: \$10/visit up to 12 visits/ calendar year Chiropractic: \$10/visit up to 20 visits/ calendar year Massage: \$25/visit up to 12 visits/calendar year	Plan pays 100% after copay Acupuncture: \$10/visit up to 20 visits/ calendar year Chiropractic: \$10/visit up to 20 visits/ calendar year Massage: Not covered
Health Coaching	You pay \$0; Plan pays 100% (unlimited)	You pay \$0; Plan pays 100% (up to 12 sessions/calendar year)
Telemedicine Phone and video consultations	You pay \$0; Plan pays 100% (Includes email)	Plan pays 100%
Urgent care	You pay \$5 copay/visit; then the Plan pays 100%	You pay \$10 copay/visit; then the Plan pays 100%
Emergency care	You pay \$25 copay/visit; Plan pays 100% (copay waived if admitted)	You pay \$100 copay/visit; then the Plan pays 100% (copay waived if admitted; all services are subject to inpatient benefits)
Hospital (Inpatient)	You pay \$0; Plan pays 100%	You pay 10%; Plan pays 90%
Ambulatory Surgery Center (Outpatient)	You pay \$5 copay/visit; then the Plan pays 100%	You pay \$0; Plan pays 100%
Mental Health/Substance Abuse	Outpatient: You pay \$5 copay/visit; then Plan pays 100% Inpatient: You pay \$0; Plan pays 100%	Outpatient: You pay \$10 copay/visit; then the Plan pays 100% Inpatient: You pay 10%; Plan pays 90%
Routine Hearing Exams/Tests	You pay \$5 copay/visit; then the Plan pays 100%	You pay \$10 copay/visit; then the Plan pays 100%
Hearing Aids (Adult)	Not covered	You pay 10%; Plan pays 90%
Out of Area Dependent Coverage Requires annual enrollment	Limited services	Full services
Coverage while traveling	World-wide urgent/emergency care coverage Routine care is also available in other KP service areas	World-wide urgent/emergency care coverage Nationwide in-network coverage

This is an overview of commonly used services. 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.

BENEFITS OVERVIEW

SUBSTITUTE TEACHERS—2022–2023 PLAN YEAR

PAT

Prescription Drug Benefits Overview

	Kaiser Permanente Plan	Trust Prescription Drug Plan (administered by Express Scripts) For members enrolled in the Providence medical plan
In-network/participating pharmacy network	Kaiser Permanente	Express-Scripts
Participating Pharmacy Benefits	Plan pays 100% after your copay: Generic \$5 per 30-day supply Brand name \$10 per 30-day supply	Plan pays 100% after your copay: Generic \$5/\$10/\$15 per 34/68/90-day supply Brand name \$10/\$20/\$30 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	Plan pays 100% after your copay: Generic \$10 per 90-day supply Brand name \$20 per 90-day supply	Plan pays 100% after your copay: Generic \$5 per 90-day supply Brand name \$10 per 90-day supply

Dental Benefits Overview

Members Only	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 Kaiser: fillings, extractions, crowns, minor oral surgery Trust Dental: fillings, crowns, implants, extractions, endodontics, minor oral surgery	You pay 20%; Plan pays 80% of UCR	You pay 20%; Plan pays 80%
Major Services Kaiser: dentures Trust Dental: dentures, bridges	You pay 50%; Plan pays 50% of UCR	You pay 50%; Plan pays 50%
Orthodontia	No coverage	No coverage

This is an overview of commonly used services. 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.