

## ATU AND DCU ACTIVES—2024 PLAN YEAR



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

## Medical, Prescription, Dental Plans

Full-Time Employees—Full Coverage including: Medical, Prescription, Dental, Vision, Long-Term Disability (LTD), Basic Term-Life and Accidental Death and Dismemberment (AD&D), Optional Term Life and Voluntary AD&D

MONTHLY CONTRIBUTION RATES				
Plan Name	Kaiser Permanente Plan	Providence PDA In-Network Only Plan	Providence PDA PPO Plan	
Medical, Prescription, Dental, Vision, Basic Life and Self-Pay LTD*				
Full-Time Member Only	\$41.00	\$41.00	\$46.00	
Full-Time Member + one dependent	\$61.00	\$66.00	\$71.00	
Full-Time Member + Family	\$111.00	\$119.00	\$131.00	

<sup>\*</sup> Your mandatory, self-pay Long-Term Disability contribution of \$21.00 will be taken out of your paycheck on a post-tax basis and is included in the rates above.

MEDICAL/Rx/VISION		Choose One of These Plans	
Plan Name	Kaiser Permanente Plan	Providence PDA In-Network Only Plan	Providence PDA PPO Plan
Medical			
How the Plan Pays Benefits	The Plan pays 100% of most covered services after you pay the copay	The Plan pays 100% for most covered services after you pay copays and deductible	network covered charges after you pay copays and deductible, and 60% of UCR for out-of-network
Copays and deductible waived for commonly used in-network services	No out-of-network coverage except emergency care and urgent care when traveling.	No out-of-network coverage except emergency care.	
Provider Choices	Choose a Provider in these networks:	Choose a Provider in the Providence PPS/SD-1 Trust	You may choose any Provider, but your out-of-pocket costs will be
	<ul> <li>Kaiser Permanente: kp.org</li> <li>The Portland Clinic: theportlandclinic.com</li> </ul>	network: myProvidence.com	lower when you choose a Providence PPS/SD-1 Trust network: <b>myProvidence.com</b>
Prescription	Kaiser Permanente	Trust Prescription Drug Plan (a For members enrolled in a Prov	dministered by Express Scripts) vidence medical plan
Retail and Mail Order Available	Use Kaiser Permanente pharmacies and mail order	Use Express-Scripts network pharmacies and mail order	
Vision	Kaiser Vision Plan	Trust Vision Plan (administered by VSP) For members enrolled in a Providence medical plan	
Provider Choice	Use Kaiser Permanente Providers	Use VSP Providers	
Your Out-of-Pocket Costs			
Annual Medical Deductible	\$100/individual \$300/family	\$100/individual \$200/family	\$100/individual \$200/family
Annual Medical Out-of-Pocket Maximum	\$600/individual \$1,200/family	\$1,200/individual \$2,400/family	\$1,200/individual \$2,400/family
Annual Prescription Out-of-Pocket Maximum	Prescription expenses apply to the medical out-of-pocket maximum	\$2,200/individual \$4,400/family	\$2,200/individual \$4,400/family

## **RATES**



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INCOME SECURITY BENEFITS (Administered by The Standard)		
Long-Term Disability (LTD) Insurance		
Basic Coverage	Self-pay coverage required for all employees	
Term Life and Accidental Death and Dismemberment (AD&D) Insurance		
Basic Coverage	Included for all Plans	
Optional Life and AD&D Coverage	Available to purchase for all Plans	

DENTAL	Choose One of These Dental Plans		
Plan Name	Kaiser Permanente Dental	Trust Dental Plan/Delta Dental of Oregon	
Provider Choice	Use Kaiser Permanente providers	Use any provider; save money with an in-network provider	
Dependent Dental Coverage	Yes	Yes	
Your Costs			
Annual Dental Plan Deductible	None	None	
Maximum Annual Dental Benefit	\$2,500	\$2,500	

DCU members may not decline coverage. If you don't enroll, you will be enrolled in the employee-only Providence PDA PPO Medical Plan and Trust Dental Plan.

This is an overview of commonly used services. For additional Plan comparisons, go to **sdtrust.com**. Rates are evaluated annually and are subject to change. 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.