

# RATES

ATU TYPE 10 DRIVERS—OCTOBER 1, 2023—MARCH 31, 2024



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[sdtrust.com](http://sdtrust.com)

## Medical, Prescription, Dental Plans

ATU Type 10 Driver coverage includes:  
 Medical, Prescription, Dental, and Vision

MONTHLY CONTRIBUTION RATES			
Plan Name	Kaiser Permanente Plan	Providence In-Network Only Plan	Providence PPO Plan
Includes Kaiser Dental Plan			
Full-Time Member Only	\$79.28	\$126.08	\$148.90
Full-Time Member + one dependent	\$848.88	\$946.38	\$992.04
Full-Time Member + Family	\$1,432.12	\$1,773.34	\$1,841.78
Includes Trust Dental Plan (Delta Dental of Oregon)			
Full-Time Member Only	\$80.34	\$127.14	\$149.96
Full-Time Member + one dependent	\$850.90	\$948.40	\$994.06
Full-Time Member + Family	\$1,435.60	\$1,776.82	\$1,845.26

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This is an overview of commonly used services. For additional Plan comparisons, go to [sdtrust.com](http://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.

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ATU

MEDICAL/Rx/VISION PLANS— COVERAGE AND COSTS		Choose One of These Plans*	
Plan Name	Kaiser Permanente Plan	Providence In-Network Only Plan	Providence PPO Plan
<b>Medical</b>			
<b>How the Plan Pays Benefits</b> Copays and deductible waived for commonly used in-network services	The Plan pays 100% of most covered services after you pay the copay <b>No out-of-network coverage except emergency care and urgent care when traveling.</b>	The Plan pays 100% for most covered services after you pay copays and deductible <b>No out-of-network coverage except emergency care.</b>	The Plan pays 100% for most in-network covered charges after you pay copays and deductible, and 60% of UCR for out-of-network covered charges
<b>Provider Choices</b>	Choose a provider in these networks: • Kaiser Permanente: <a href="http://kp.org">kp.org</a> • The Portland Clinic: <a href="http://theportlandclinic.com">theportlandclinic.com</a>	Choose a provider in the Providence PPS/SD-1 Trust network: <a href="http://myProvidence.com">myProvidence.com</a>	Choose any provider, but save money when you choose a provider in the Providence PPS/SD-1 Trust network: <a href="http://myProvidence.com">myProvidence.com</a>
<b>Prescription</b>	<b>Kaiser Permanente</b>	<b>Trust Prescription Drug Plan</b>	
<b>Retail and Mail Order Available</b>	Use Kaiser Permanente pharmacies and mail order	Use Express-Scripts	
<b>Vision</b>			
<b>Provider Choice</b>	Use Kaiser Permanente Providers	Use VSP Providers	
<b>Your Out-of-Pocket Costs</b>			
<b>Annual Medical Deductible</b>	\$100/individual \$300/family	\$100/individual \$200/family	\$100/individual \$200/family
<b>Annual Medical Out-of-Pocket Maximum</b>	\$600/individual \$1,200/family	\$1,200/individual \$2,400/family	\$1,200/individual \$2,400/family
<b>Annual Prescription Out-of-Pocket Maximum</b>	Prescription expenses apply to the medical out-of-pocket maximum	\$2,200/individual \$4,400/family	\$2,200/individual \$4,400/family

\*You must enroll in a Dental Plan if you enroll in a Medical/Prescription Plan.

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

\* You must be enrolled in a Medical/Prescription Plan to enroll in a Dental Plan.