

RATES

ATU TYPE 10 DRIVERS—OCTOBER 1—MARCH 31, 2025

ATU



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, 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			
Member Only	\$83.82	\$113.98	\$137.30
Member + one dependent	\$901.10	\$966.12	\$1,012.78
Member + Family	\$1,516.80	\$1,821.52	\$1,891.46
Includes Trust Dental Plan (Delta Dental of Oregon)			
Member Only	\$88.24	\$118.40	\$141.72
Member + one dependent	\$909.44	\$974.46	\$1,021.12
Member + Family	\$1,531.24	\$1,835.96	\$1,905.90

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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.

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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
Medical			
How the Plan Pays Benefits Copays and deductible waived for commonly used in-network services	The Plan pays 100% of most covered services after you pay the copay No out-of-network coverage except emergency care and urgent care when traveling.	The Plan pays 100% for most covered services after you pay copays and deductible No out-of-network coverage except emergency care.	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
Provider Choices	Choose a provider in this network: • Kaiser Permanente: kp.org	Choose a provider in the Providence PPS/SD-1 Trust network: myProvidence.com	Choose any provider, but save money when you choose a provider in the Providence PPS/SD-1 Trust network: myProvidence.com
Prescription	Kaiser Permanente	Trust Prescription Drug Plan	
Retail and Mail Order Available	Use Kaiser Permanente pharmacies and mail order	Use Express-Scripts	
Vision	Kaiser Vision Plan	Trust Vision Plan (Administered by VSP)	
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

*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	
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	

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