

RATES

PAT EARLY RETIREES—2025 PLAN YEAR



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

Medical and Prescription Plans

Plan Name	Choose One of These Health Plans			Closed to New Enrollment
	Kaiser Permanente Plan	Providence PAT Retiree In-Network Only	Providence PAT Retiree Trust Plan 2	Providence PAT Retiree Trust Plan 1
Monthly Contribution Rates—Self-Pay				
Retiree only	\$795.40	\$928.38	\$814.82	\$948.78
Retiree + one	\$1,563.68	\$1,837.94	\$1,634.66	\$1,909.38
Retiree + family	\$2,101.38	\$2,720.90	\$2,337.32	\$2,732.74
Monthly Contribution Rates—with District Contribution*				
Retiree only ¹	\$0	\$0	\$0	\$0
Retiree + spouse/ domestic partner ¹	\$384.14	\$454.78	\$409.92	\$480.30
Retiree + spouse/ domestic partner and child(ren) ¹	\$921.84	\$1,337.74	\$1,112.58	\$1,303.66
Retiree + one child ²	\$768.28	\$909.56	\$819.84	\$960.60
Retiree + two or more children ²	\$1,305.98	\$1,792.52	\$1,522.50	\$1,783.96

* District-paid contribution for 60 months immediately following retirement, then eligible for self-pay. Includes 50% District-paid contribution for spouse/
 domestic partner if enrolled. ² District-paid contribution for member only for 60 months immediately following retirement, then eligible for self-pay.

Chart continued on next page

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.

RATES

PAT EARLY RETIREES—2025 PLAN YEAR

PAT

Plan Name	Choose One of These Health Plans			Closed to New Enrollment
	Kaiser Permanente Plan	Providence PAT Retiree In-Network Only	Providence PAT Retiree Trust Plan 2	Providence PAT Retiree Trust Plan 1
Medical				
How the Plan Pays Benefits	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% of most covered services after you pay the copay/coinsurance. No out-of-network coverage except emergency care.	After you pay the deductible: The Plan pays 90% of most covered services when you choose a Providence In-network Provider. Plan pays 70% of most covered services when you choose a provider outside the Providence network—plus you pay any amount billed over the allowed amount.	After you pay the deductible: The Plan pays 85% of most covered services when you choose a Providence In-network Provider. Plan pays 75% of most covered services when you choose a provider outside the Providence network—plus you pay any amount billed over the allowed amount.
Provider Choices	Choose providers in this network: • Kaiser Permanente: kp.org	Choose a provider in the Providence PPS/SD-1 Trust network: myProvidence.com	You may choose any provider, but your out-of-pocket costs will be lower when you choose a provider in the Providence PPS/SD-1 Trust network: myProvidence.com	You may choose any provider, but your out-of-pocket costs will be lower when you choose a provider in the Providence PPS/SD-1 Trust network: myProvidence.com
Prescription	Kaiser Permanente Plan	Trust Prescription Drug Plan (administered by Express Scripts) For members enrolled in a Providence Plan		
Retail and Mail Order Available	Use Kaiser Permanente pharmacies and mail order	Use Express Scripts network pharmacies and mail order		
Your Costs				
Annual Medical Plan Deductible	\$0	\$0	\$200/person, \$400/family	\$200/person, \$400/family
Annual Medical Plan Out-of-Pocket Maximum	\$600/person, \$1,200/family	\$700/person, \$2,000/family	In-network: \$1,000/person, \$14,000/family Out-of-network: \$3,000/person, unlimited/family	Preferred: \$1,000/person up to \$14,000
Annual Prescription Drug Plan Out-of-Pocket Maximum	N/A	\$2,200/person, \$4,400/family	Prescription expenses apply to medical out-of-pocket maximum	Prescription expenses apply to medical out-of-pocket maximum

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.

PAT EARLY RETIREES—2025 PLAN YEAR

Optional, Self-Pay Dental and Vision Plans

You must be enrolled in a Medical Plan to enroll in the self-pay, optional Dental and Vision Plan coverage. Dental and Vision cannot be purchased separately.

RATES	Kaiser Medical* Plan with <i>Kaiser Vision</i> and <i>Kaiser Dental</i> Plans	Kaiser Medical* Plan with <i>Kaiser Vision</i> and <i>Trust Dental</i> Plans	Providence Medical Plan with <i>Trust Vision</i> and <i>Kaiser Dental</i> Plans	Providence Medical Plan with <i>Trust Vision</i> and <i>Trust Dental</i> Plans
Monthly Contributions—Basic Coverage				
Retiree only	\$40.00	\$35.24	\$44.30	\$39.54
Retiree + one	\$75.12	\$66.16	\$83.72	\$74.76
Retiree + family	\$129.68	\$114.30	\$139.52	\$124.14
Monthly Contributions—Buy-Up Coverage				
Retiree only	\$58.04	\$65.04	\$65.10	\$72.10
Retiree + one	\$109.00	\$122.18	\$123.10	\$136.28
Retiree + family	\$188.20	\$211.00	\$204.36	\$227.16

*If you are enrolled in the Kaiser Medical/Prescription Plan, vision coverage is included in that Plan. Monthly contribution rates are for optional, self-pay Dental only.

VISION	Kaiser Permanente Plan	Trust Vision Plan (administered by VSP) For members enrolled in a Providence medical plan
Provider Choice	Use Kaiser Permanente providers No out-of-network coverage	Use any provider but save money if you use a VSP provider

DENTAL	Choose One of These Plans	
	Kaiser Permanente Dental	Trust Dental Plan (administered by Delta Dental of Oregon)
Provider Choice	Use Kaiser Permanente providers No out-of-network coverage	Use any provider; save money with an in-network provider
Your Costs		
Annual Dental Deductible	Basic: \$50/person Buy Up: \$0	Basic: \$50/person Buy Up: \$0
Dental Maximum Annual Benefit	Basic: \$1,200 Buy Up: \$2,500	Basic: \$1,200 Buy Up: \$2,500

Consider your choice for Dental coverage carefully: You will not be able to change your choice in the future.

If you enroll and then decline coverage later, you cannot re-enroll in the future.

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.