

BENEFITS OVERVIEW

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

ATU



HEALTH & WELFARE TRUST
SCHOOL DISTRICT NO. 1

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	Kaiser Permanente*	Providence In-Network Only Plan**	Providence PPO Plan
Office Visits*** For primary, naturopathy or specialty care	You pay \$5 copay/visit for up to 3 visits/person; then you pay \$10 copay/visit	You pay \$5 copay/visit for up to 3 primary or naturopathic care visits/person and up to 3 behavioral health or substance use disorder visits/person; then you pay a \$10 copay/visit	In-Network: You pay \$5 copay/visit for up to 3 primary or naturopathic care visits/person and up to 3 behavioral health or substance use disorder visits/person; then you pay a \$10 copay/visit Out-of-Network: You pay 40%, Plan pays 60%
Preventive Health Exams and Well-Baby Care (Frequency schedule applies)	You pay \$0; Plan pays 100%	You pay \$0; Plan pays 100%	In-Network: You pay \$0, Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60%
Labs and X-rays	You pay \$0; Plan pays 100%	You pay \$0; Plan pays 100%	In-Network: You pay \$0, Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60%
Maternity Care	Pre- and post-natal: You pay \$0; Plan pays 100% Delivery and hospital services: The Plan pays 100%	Pre- and post-natal: You pay \$0; Plan pays 100% Delivery and hospital services: You pay \$100; then Plan pays 100%	Pre- and post-natal—In-Network: You pay \$0, Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60% Delivery and hospital services—In-Network: You pay \$100, then Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60%
Alternative Care Acupuncture, chiropractic and massage therapy	Plan pays 100% after copay Acupuncture: \$10/visit up to 24 visits/calendar year Chiropractic: \$10/visit up to 30 visits/calendar year Massage: \$25/visit up to 12 visits/calendar year	Plan pays 100% after copay Acupuncture: \$15/visit up to 9 visits/calendar year Chiropractic: \$15/visit up to 12 visits/calendar year Massage: Not covered	Plan pays 100% after employee copay up to 4 visits/calendar year Acupuncture—In-Network: \$25/visit Chiropractic—In-Network: \$25/visit Out-of-Network: Not covered Massage: Not covered
Telehealth / Virtual Visits Phone and video consultations	You pay \$0; Plan pays 100%	You pay \$0; Plan pays 100%	In-Network: You pay \$0, Plan pays 100% Out-of-Network: Not covered
Urgent Care	You pay \$10 copay/visit; then the Plan pays 100%	You pay \$10 copay/visit; then the Plan pays 100%	In-Network: You pay \$10 copay, then Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60%
Emergency Care (Copay waived if admitted)	You pay 10%; Plan pays 90%	You pay \$100 copay, then the Plan pays 100%	You pay \$100 copay, then the Plan pays 100%
Hospital (Inpatient)	You pay 0%; Plan pays 100%	You pay 0%; Plan pays 100%	In-Network: You pay \$0, Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60%
Ambulatory Surgery Center	You pay 0%; Plan pays 100%	You pay \$0; Plan pays 100%	In-Network: You pay \$0, Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60%
Outpatient Surgery	You pay 0%; Plan pays 100%	You pay 0%; Plan pays 100%	In-Network: You pay \$0, Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60%

*No out-of-network coverage except urgent or emergency care while traveling.

**No out-of-network coverage except emergency care.

***Virtual care visits count towards the first three office visits.

Chart continued on next page

This is an overview of commonly used services. For benefit details, go to sdtrust.com. 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.

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	Kaiser Permanente*	Providence In-Network Only Plan**	Providence PPO Plan
Inpatient Mental Health/ Substance Use Disorders	You pay 0%; Plan pays 100%	You pay \$0 Plan pays 100%	In-Network: You pay \$0, Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60%
Routine Hearing Exams/Tests	You pay \$10 copay; then the Plan pays 100%	You pay \$10 copay; then the Plan pays 100%	In-Network: You pay \$10 copay, then the Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60%
Hearing Aids (Adult)	Plan pays \$500/ear every 3 years	One hearing aid per ear every 3 years You pay 0%; Plan pays 100%	One hearing aid per ear every 3 years In-Network: You pay \$0, Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60%
Out of Area Dependent Coverage	Limited services	Full services; requires annual enrollment	
Coverage While Traveling	World-wide urgent/ emergency care coverage Routine care available in other KP service areas	World-wide urgent/emergency care coverage Nationwide in-network coverage	

*No out-of-network coverage except urgent or emergency care while traveling.

**No out-of-network coverage except emergency care

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Prescription Drug Benefits Overview

	Kaiser Permanente Prescription Drug Plan	Trust Prescription Drug Plan (administered by Express Scripts) For members enrolled in a Providence medical plan
In-network/Participating Pharmacies	Kaiser Permanente	Use Express-Scripts
Participating Pharmacy Benefits	Plan pays 100% after your copay: Generic: \$5/30 day supply Brand name: \$10/30 day supply	Plan pays 100% after your copay: Generic: \$10/\$20/\$30 per 34/68/90-day supply Brand name: \$20/\$40/\$60 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: \$10/90-day supply Brand name: \$20/90-day supply	Plan pays 100% after your copay: Generic: \$20/90-day supply Brand name: \$40/90-day supply

Vision Benefits Overview

	Kaiser Permanente	Trust Vision Plan (administered by VSP) For members enrolled in a Providence medical plan
Well Vision Exam	You pay \$10 copay per exam; then Plan pays 100%	Every 12 months VSP Provider: 100% Other Provider: Up to \$70
Contact Lens Exam (Fitting and Evaluation)	You pay \$30 contact fitting fee	Every 12 months VSP Provider: Not to exceed \$60 copay per exam Other Provider: Combined with contacts
Frames	\$250 credit every 24 months towards frames, lenses and contacts	Every 24 months VSP Provider: Up to \$150 allowance and 20% off amount over allowance Other Provider: Up to \$75
Lenses	Included in \$250 credit	Every 12 months VSP Provider: 100% for most lens types Other Provider: Up to \$50-\$100 for most lens types
Contacts Instead of Glasses	Included in \$250 credit	Every 12 months VSP Provider: Up to \$150 for contacts Other Provider: Up to \$137 for fitting, evaluation and contacts

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Dental Benefits Overview

	Kaiser Permanente Dental	Trust Dental Plan/Delta Dental of Oregon
Diagnostic and Preventive Care (exams, cleaning, X-rays)	Plan pays 100%	Plan pays 100% of the UCR
Basic and Restorative Services	You pay 20%; Plan pays 80%	You pay 20%; Plan pays 80% of the UCR
Major Services	You pay 50%; Plan pays 50%	You pay 50%; Plan pays 50% of the UCR
Orthodontia	Plan pays 50% up to \$4,000 maximum lifetime benefit per person	Plan pays 50% up to \$4,000 maximum lifetime benefit per person
Maximum Annual Benefit	\$2,500	\$2,500

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