

ATU Type 10 Drivers

ATU

# YOUR BENEFITS

COVERAGE FROM OCTOBER 1, 2024-MARCH 31, 2025



Photo by Tungsten Rising on Unsplash




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](http://sdtrust.com)


*Your Trust. Benefits Since 1972.*

# WE'RE HERE TO HELP

## Trust Administrative Office ZENITH AMERICAN SOLUTIONS

 **zenith-american.com**  
Access to personalized eligibility and enrollment information, secure messaging and more.

 **Customer Service:**  
833-255-4123  
503-486-2107 (Portland)  
971-239-0672 (Fax)

 **Mailing Address:**  
12205 SW Tualatin Rd., Suite 200  
Tualatin, OR 97062

### PPS HR/BENEFITS


 PPS-provided benefit information:  
503-916-6464

### PPS IT SERVICE DESK


 Forgot your PPS password?  
503-916-3375  
 **itservicedesk@pps.net**


## Kaiser Permanente Medical, Prescription Drug, and Vision Plan

 **kp.org**  
Choose a provider, email your doctor, make appointments and learn about your coverage.

 **Customer Service:**  
503-813-2000 (Portland)  
800-813-2000

## Providence PPO and In-Network Only Medical Plans


 **myProvidence.com**  
Find an in-network provider, view claims and learn about your coverage.

 **Customer Service:**  
503-574-7500 or 800-878-4445  
(TTY: 711) Monday-Friday  
8:00 am-5:00 pm (Pacific Time)

## Trust Prescription Drug Plan

(For Providence Health Plan participants)

### ADMINISTERED BY EXPRESS-SCRIPTS

 **Express-scripts.com**  
Find a participating pharmacy, use the mail order service and view claims.

 **Customer Service:**  
800-282-2881

## Trust Vision Plan

(For Providence Health Plan participants)


### ADMINISTERED BY VSP

 **vsp.com**  
Find a provider, view claims and print an ID card.

 **Customer Service:**  
800-877-7195


## Trust Dental Plan

### ADMINISTERED BY DELTA DENTAL OF OREGON

 **deltadentalor.com**  
Learn about your coverage, get treatment plan estimates, view claims and print an ID card.


 **Customer Service:**  
888-217-2365

## Kaiser Permanente Dental Plan

 **kp.org/dental/nw**  
Learn about your coverage, get treatment plan estimates and view claims.

 **Customer Service:**  
800-813-2000

## Keep Informed

 Your benefits are a valuable part of your overall compensation. Watch for helpful communications from the Trust so that you can make the most of your benefits.

- You'll get important tips and reminders from the Trust via email and text messaging.
- Follow the **SDTrust Facebook page** for healthy ideas, benefit tips and local information you can really use!
- Go to **sdtrust.com** to find everything you need to know about your benefits. Plus, check out the library of blog posts, infographics and videos to help you use your benefits better!

# FIND IT FAST




## Find everything you need to know to use your benefits wisely on the [sdtrust.com](https://sdtrust.com) website.


### On [sdtrust.com](https://sdtrust.com), you can:

- Choose your bargaining group and work status to get details for the benefit plans that are available to you.
- Get important contact information.
- Learn how to enroll or make a midyear change.
- Find a form.
- Log in to your carrier's website to find a doctor, check a claim status or send a secure message.
- Get healthy ideas and benefit tips.
- And, much more!

## Your ID card has the numbers, too.

 Your key provider phone numbers are as close as the back of your Plan ID card. You'll get an ID card when you enroll, and your eligibility has been verified by the Trust; after that, you'll get a new card when you change Plans, and add or remove dependents. Keep your Medical and Dental ID cards each year (you can print a Vision Plan card at [vsp.com](https://vsp.com)).

## Get the apps.

 Most of the Trust's Plan partners have an app, giving you anytime/anywhere access to your personal health plan information. You can view claims, see your ID card, send and receive secure messages, refill prescriptions, see test results, access wellness tools ... and more!



# ABOUT YOUR PLAN

## Your Trust. Benefits Since 1972.

The School District No. 1 Health and Welfare Trust provides you and your family with the security of knowing that you have health insurance coverage you can count on—for help with everyday bumps along the road, to managing challenging health issues, to financial protection in the event of a catastrophic illness or accident.

The security of having health coverage is a valuable benefit you receive as a Trust member. The Trust works with Portland Public Schools and your bargaining group to offer high-quality benefits that are low in cost to members and provide the option to cover their eligible dependents.

For more than four decades, the Trust has provided group health and welfare benefits to active employees and retirees of the Portland Public Schools (PPS) who are members of the Portland Association of Teachers (PAT), Portland Federation of School Professionals (PFSP), District Council of Unions (DCU), and Amalgamated Transit Union (ATU) bargaining groups.



Photo by Element5 Digital on unsplash.com

# TERMS TO KNOW

**COPAY:** The fixed dollar amount you pay each time you receive covered services.

**COINSURANCE:** The percentage you pay for covered services after any applicable deductible.

**COVERED AMOUNT:** The maximum amount your Plan allows for a covered service. The percentage the Plan pays is based on the covered amount, not the billed amount. The covered amount is equal to the discounted network rate charged by participating providers, or the Usual, Customary and Reasonable (UCR) rate explained at right.

**COVERED SERVICES:** Medically necessary health care services or course of treatment. See your Plan Booklet for details on services that your Plan excludes or limits.

**DEDUCTIBLE:** The annual amount you pay for covered services before the Plan pays benefits.

## EXPLANATION OF BENEFITS

**(EOB):** For each medical claim, you'll receive an EOB statement that shows how your claim was paid. Compare this to your provider's bill to see if you are responsible for any amount.

**NETWORK:** Participating providers, facilities, and suppliers your Plan has contracted with to provide health care services.

## OUT-OF-POCKET MAXIMUM:

When the amount you've paid in deductibles, copays and coinsurance in a Plan Year reaches a certain limit, called the Out-of-Pocket Maximum, the Plan pays 100% of covered expenses for the rest of the year.

## UCR (USUAL, CUSTOMARY, AND REASONABLE) RATE:

The maximum amount your Plan allows for a covered service, based on the prevailing rate in a geographic area. When applicable, Plan payment is based on this amount, instead of the covered amount.

# ELIGIBILITY

## Who's Eligible for Coverage from October 1, 2024–March 31, 2025

### You are, if:

- You're a member of the Amalgamated Transit Union (ATU) bargaining unit,
- A regular, Type 10 bus driver of PPS,
- And, you worked an average of 20 hours or more per week during the previous semester.
- Please refer to your Collective Bargaining Agreement for more information.

### You may also enroll these eligible dependents in the same Plan:

- Your legally married spouse or eligible domestic partner
- Your children and your legal spouse's or domestic partner's children, up to age 26, including natural children, stepchildren, legally adopted children, children for whom you are the legal guardian, foster children, and children for whom you are

legally responsible to provide health coverage under a Qualified Medical Child Support Order (QMCSO)

- Disabled children over age 26 if unmarried, incapable of self-support, dependent on you for primary support, and the disability occurred before the age of 26

### Eligible dependents do not include:

- A spouse from whom you are legally separated or divorced
- Anyone on active military duty
- Children over the age of 26 who are not disabled
- Your grandchildren, nieces/nephews or other relatives who live with you (unless you have court-appointed custody)



See a complete list of qualifying life events at [sdtrust.com](https://sdtrust.com).

### Verifying your dependent's eligibility.



The Trust works with an independent agency, Secova, to confidentially verify eligibility for each enrolled dependent. You'll be asked to securely submit documentation (such as a birth certificate, marriage certificate, domestic partner affidavit, etc.) to Secova, which will protect the privacy of your personal information. **You must submit the required documents to Secova for each covered dependent by the deadline as instructed in the verification packet, or your dependent's coverage will be terminated.**

### When a dependent's eligibility ends.



You must notify the Trust's Administrative Office when a dependent is no longer eligible. You may be required to repay any benefits paid after the dependent's eligibility ends.


# GETTING STARTED

## When bi-annual enrollment takes place

If you are eligible, you will have the opportunity to enroll for benefits coverage from October 1–March 31 or from April 1–September 30.

If you are notified that you are eligible to enroll during bi-annual enrollment and you are already enrolled, you do not need to enroll. Your benefits coverage will roll over. If you are not currently enrolled, you must enroll by the deadline or you will not have coverage until the next bi-annual enrollment, or unless you have a qualifying life event.

Your eligibility for coverage is based on the hours that you worked during the previous fall semester.

 Your completed enrollment form for benefits coverage from October 1, 2024–March 31, 2025 must be received by September 13, 2024.



## Here's how to enroll

**1** Complete the Benefits Enrollment/Change Form in your enrollment packet or on [sdtrust.com](https://sdtrust.com).

**2** Submit the completed form to the PPS Benefits Department to be received by the deadline.

Email: [benefits@pps.net](mailto:benefits@pps.net)

Fax: 503-916-3107

In person or by mail:

501 N. Dixon St., Suite 200

Portland, OR 97227


## When you have a qualifying life event

Qualifying events in your family (marriage, divorce, birth, adoption, disability, etc.) or changes in employment status or other health care coverage may allow you to enroll dependents and/or make Plan changes midyear.

Qualifying life event enrollments take effect depending on when you submit your enrollment:

- Enroll before the mid-month payroll cutoff date, and benefits begin on the first day of the next month.

- Enroll after the mid-month payroll cutoff date, and benefits begin the first day of the following month.

 You must enroll dependents or make changes by the deadline. Go to [sdtrust.com](https://sdtrust.com) to learn more.

# COMPARE YOUR OPTIONS

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

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 this network: • Kaiser Permanente: <a href="http://kp.org">kp.org</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>Kaiser Vision Plan</b>	<b>Trust Vision Plan (Administered by VSP)</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.


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

# GET THE MOST FROM YOUR BENEFITS


## Understand coordination of benefit rules

 If you have other coverage (i.e., through your spouse's employer) check with the other plan before you enroll to understand how the two plans will coordinate your benefit coverage.


## Find an in-network Urgent Care clinic

 For non-life-threatening but urgent care or for care when your doctor's office is closed, find the nearest in-network Urgent Care clinic to save time and money.


## In an emergency!

 In a medical emergency, where a person's life or body is in serious jeopardy, call 9-1-1 or go to the nearest Emergency Department. Care will be covered at your Plan's in-network benefit level.


## Try virtual care—from wherever you are

 With virtual care, you can connect with a doctor by phone or video visit from anywhere to get care for you and your family. It could even save you time and money!


## Get preventive care—at no cost to you

 Preventive services are so important to maintaining good health and detecting issues early that your Plan pays 100% of the covered amount. So, get that annual checkup and those recommended screenings, tests and immunizations!


## Some services require prior authorization

 Your Plan requires a medical review of certain procedures (inpatient and outpatient surgery, for example) to help you make informed decisions about your medical care and use your benefits cost effectively. Your in-network provider will obtain prior authorization when required. If you use an out-of-network provider, it is highly recommended that you get prior authorization from your Plan before you receive services, whenever possible.


## Make sure your eligible out-of-area dependents are covered

 If you have eligible dependents who are temporarily out of the area, be sure you take the necessary steps each year to ensure that they are enrolled in dependent out-of-area coverage.


## Choose generics

 Did you know that, by law, generic drugs are just as safe and effective as their brand-name counterparts? And, that the average cost of a generic drug is 80% less than the brand-name version? Whenever possible, choose generics!

## Use the mail-order program for ongoing meds

 Skip the monthly trip to the drugstore by using your Plan's mail-order option to buy prescriptions that you take every day. You save with a lower copay for a 90-day supply (compared to a monthly drugstore refill) and enjoy the convenience of having your medication delivered right to your mailbox.

## Request a treatment estimate

 If you have dental coverage and need care beyond basic services, ask your dentist to submit a treatment plan so you can get a summary of what the Plan covers and your estimated costs.

To learn more, contact your Plan (see page 2).

# MEDICAL BENEFITS OVERVIEW

This is an overview of commonly used services. For benefit details, go to [sdtrust.com](https://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.

	Kaiser Permanente*	Providence In-Network Only Plan**	Providence PPO Plan
<b>Office Visits***</b> 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	<b>In-Network:</b> 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 <b>Out-of-Network:</b> You pay 40%, Plan pays 60%
<b>Preventive Health Exams and Well-Baby Care</b> (Frequency schedule applies)	You pay \$0; Plan pays 100%	You pay \$0; Plan pays 100%	<b>In-Network:</b> You pay \$0, Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60%
<b>Labs and X-rays</b>	You pay \$0; Plan pays 100%	You pay \$0; Plan pays 100%	<b>In-Network:</b> You pay \$0, Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60%
<b>Maternity Care</b>	<b>Pre- and post-natal:</b> You pay \$0; Plan pays 100% <b>Delivery and hospital services:</b> The Plan pays 100%	<b>Pre- and post-natal:</b> You pay \$0; Plan pays 100% <b>Delivery and hospital services:</b> You pay \$100; then Plan pays 100%	<b>Pre- and post-natal—In-Network:</b> You pay \$0, Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60% <b>Delivery and hospital services—In-Network:</b> You pay \$100, then Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60%
<b>Alternative Care</b> Acupuncture, chiropractic and massage therapy	Plan pays 100% after copay <b>Acupuncture:</b> \$10/visit up to 24 visits/calendar year <b>Chiropractic:</b> \$10/visit up to 30 visits/calendar year <b>Massage:</b> \$25/visit up to 12 visits/calendar year	Plan pays 100% after copay <b>Acupuncture:</b> \$15/visit up to 9 visits/calendar year <b>Chiropractic:</b> \$15/visit up to 12 visits/calendar year <b>Massage: Not covered</b>	Plan pays 100% after employee copay up to 4 visits/calendar year <b>Acupuncture—In-Network:</b> \$25/visit <b>Chiropractic—In-Network:</b> \$25/visit <b>Out-of-Network: Not covered</b> <b>Massage: Not covered</b>
<b>Telehealth / Virtual Visits</b> Phone and video consultations	You pay \$0; Plan pays 100%	You pay \$0; Plan pays 100%	<b>In-Network:</b> You pay \$0, Plan pays 100% <b>Out-of-Network:</b> Not covered
<b>Urgent Care</b>	You pay \$10 copay/visit; then the Plan pays 100%	You pay \$10 copay/visit; then the Plan pays 100%	<b>In-Network:</b> You pay \$10 copay, then Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60%
<b>Emergency Care</b> (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%
<b>Hospital (Inpatient)</b>	You pay 0%; Plan pays 100%	You pay 0%; Plan pays 100%	<b>In-Network:</b> You pay \$0, Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60%
<b>Ambulatory Surgery Center</b>	You pay 0%; Plan pays 100%	You pay \$0; Plan pays 100%	<b>In-Network:</b> You pay \$0, Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60%
<b>Outpatient Surgery</b>	You pay 0%; Plan pays 100%	You pay 0%; Plan pays 100%	<b>In-Network:</b> You pay \$0, Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60%
<b>Inpatient Mental Health/ Substance Use Disorders</b>	You pay 0%; Plan pays 100%	You pay \$0 Plan pays 100%	<b>In-Network:</b> You pay \$0, Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60%
<b>Routine Hearing Exams/Tests</b>	You pay \$10 copay; then the Plan pays 100%	You pay \$10 copay; then the Plan pays 100%	<b>In-Network:</b> You pay \$10 copay, then the Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60%
<b>Hearing Aids (Adult)</b>	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 <b>In-Network:</b> You pay \$0, Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60%
<b>Out of Area Dependent Coverage</b>	Limited services	Full services; requires annual enrollment	
<b>Coverage While Traveling</b>	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

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

# ADDITIONAL BENEFITS OVERVIEW

## 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
<b>In-network/Participating Pharmacies</b>	Kaiser Permanente	Use Express-Scripts
<b>Participating Pharmacy Benefits</b>	Plan pays 100% after your copay: <b>Generic:</b> \$5/30 day supply <b>Brand name:</b> \$10/30 day supply	Plan pays 100% after your copay: <b>Generic:</b> \$10/\$20/\$30 per 34/68/90-day supply <b>Brand name:</b> \$20/\$40/\$60 per 34/68/90-day supply
<b>Non-Participating Pharmacy Benefits</b>	Generally not covered	You pay the full amount, then submit a claim for reimbursement
<b>Mail-order Service Benefits</b>	Plan pays 100% after your copay: <b>Generic:</b> \$10/90-day supply <b>Brand name:</b> \$20/90-day supply	Plan pays 100% after your copay: <b>Generic:</b> \$20/90-day supply <b>Brand name:</b> \$40/90-day supply

## Vision Benefits Overview

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



## Dental Benefits Overview

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

For details and rates, go to [sdtrust.com](https://sdtrust.com). 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.

**INTENTIONALLY BLANK**

**INTENTIONALLY BLANK**

# AND THERE'S MORE ...

## Valuable Discounts on health services and more

The Trust's partners offer exclusive member discounts on things like chiropractic care, acupuncture, massage therapy, hearing aids, vision services, fitness centers, gym memberships, recreational activities, wellness products and a lot more.



### Providence Members:

Get details at [myProvidence.com](https://myProvidence.com)



### Kaiser Permanente Members (medical/prescription, vision and/or dental):

Get details at [kp.org](https://kp.org)



### VSP Members:

Get details at [vsp.com/specialoffers](https://vsp.com/specialoffers)

## Benefits and resources through Portland Public Schools

You may be eligible for additional benefits like these through Portland Public Schools:



Get details at [pps.net/Page/927](https://pps.net/Page/927)

**THE EMPLOYEE ASSISTANCE PROGRAM (EAP)** is provided through Canopy Wellbeing (beginning October 1, 2024) to you and anyone living in your household at no cost to you. To learn more, go to [pps.net/Page/1730](https://pps.net/Page/1730).

**LEAVE OF ABSENCE:** You can take time off work to care for your own or your family's medical needs, including time off to care for a new child, in keeping with the Family Medical Leave Act (FMLA), Paid Leave Oregon (PLO), and Oregon Family Leave Act (OFLA). *NOTE:* You are not required to disclose your personal medical information except as required by the FMLA or OFLA for leave approval purposes. Contact PPS HR/Leaves for more information or go to [pps.net/Page/1710](https://pps.net/Page/1710).

**RETIREMENT RESOURCES:** You may be eligible to participate in Oregon Public Services Retirement Plan (PERS/OPSRP) or a 403(b) tax-deferred annuity to help you save for retirement. For more information, call 1-888-320-7377 or go to [pps.net/Page/1660](https://pps.net/Page/1660).

**CREDIT UNION MEMBERSHIP:** You and your immediate family members may join OnPoint Credit Union or Consolidated Federal Credit Union. Be sure to mention that you are a PPS employee.

**EMPLOYEE MILEAGE REIMBURSEMENT:** If you regularly use your car for on-the-job travel, you may be eligible for mileage reimbursement. To learn more, go to [pps.net/Page/1731](https://pps.net/Page/1731).

**TRIMET TRANSIT PASS:** You may be able to buy a monthly Hop Fastpass on a pre-tax basis through your PPS paycheck. To learn more, go to [pps.net/Page/1657](https://pps.net/Page/1657).



ATU Type 10 Drivers

*Your Trust. Benefits Since 1972.*