

Substitute Teachers

October 1–September 30

PAT

YOUR BENEFITS

2023–2024 PLAN YEAR




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

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


Kaiser Permanente HMO

 **kp.org**
Choose a KP provider, view claims and learn about your coverage.

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

Providence In-Network Only Medical Plan

 **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


**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 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

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 whenever you make a Plan change.

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!

FIND IT FAST

Find everything you need to know to use your benefits wisely on the all new sdtrust.com website



Navigate the entire site for your benefit details, enrollment, forms and MORE.

See who to contact for what, AT-A-GLANCE.

See all the benefits that apply to you, CLEARLY.
Find a doctor or check a claim status, QUICKLY.
Check your eligibility and enrollment, SECURELY.
Make midyear changes, EASILY.

Get healthy ideas and benefit tips, ELECTRONICALLY.

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.



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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 the October 1, 2023–September 30, 2024 Plan Year?

Eligibility requirements are established in Article 12 of the Portland Association of Teachers—Substitute Educators Collective Bargaining Agreement. You may find the current Agreement at [pps.net](https://www.pps.net) under Departments, Human Resources, Employee and Labor Relations.

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 age 26

 Dependents are not eligible for dental.


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)

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. Please respond within the timeframe you're allowed, to ensure your eligible dependents are enrolled in coverage.

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.


 See a complete list of qualifying life events at sdtrust.com.


GETTING STARTED


Annual Enrollment

Your benefit Plan Year begins October 1 and ends September 30.

Each year, before the new plan year begins, you will be notified if you meet the eligibility requirements for Substitute Teacher Plan benefits (see page 6).

 If you're eligible but not enrolled, you must enroll during Annual Enrollment to have coverage.

 If you're eligible and enrolled, your current benefit choices will continue unless you update your enrollment selections during Annual Enrollment.


 If you want to have a Flexible Spending Account (FSA), you must enroll each year during Annual Enrollment. FSAs do not roll over.

When you have a qualifying life event

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

- For example, you can make changes if you get married or establish a domestic partnership; acquire children through birth, adoption or marriage; or divorce, legally separate or end a domestic partnership.

- You may also make a change if you become disabled, lose your other health care coverage or the employer's contribution toward it (for example, through your spouse's employer).


 You must enroll dependents or make changes by the deadline. Go to sdtrust.com to learn more.


Here's when benefits begin


Your benefits begin at the beginning of the Plan Year (October 1) if you are enrolled.

For a qualified life event, your benefit changes take effect on the first day of the month following that change if you complete and submit the Enrollment/Change Form by the deadline for the event.

Your monthly payments

 Your benefits WILL terminate if payment is not received within 30 days of the due date, and you may not reinstate coverage until the next Annual Enrollment period (unless you have a qualifying event).

 To ensure your payments are made timely, complete and submit the Electronic Funds Transfer Authorization form to have payments automatically deducted from your bank account.

 Or, mail your payments to the Trust Administrative Office to be received by the fifth day of the month, (i.e. payment for February coverage is due February 5.)



Here's how to enroll

You have two options to complete your enrollment:

1 Enroll on-line at edge.zenith-american.com. Register to create your account and complete your enrollment. You can find an enrollment manual on sdtrust.com.

2 Complete the Benefits Enrollment/Change Form in your enrollment packet or on sdtrust.com. Then fax, mail or deliver it to the Trust Administrative Office so that it is received on or before the deadline.

COMPARE YOUR OPTIONS

MEDICAL/PRESCRIPTION		Choose One of These Medical/Prescription Drug Plans	
	Kaiser Permanente Plan	Providence In-Network Only Plan / Trust Prescription Drug Plan (Express Scripts)	
Monthly Contribution Rates			
Member only	\$10	\$14.50	
Member + one	\$740	\$828	
Member + family	\$1,251	\$1,621	
Your Costs			
Annual Medical Plan Deductible	\$0	\$0	
Annual Medical Plan Out-of-Pocket Maximum	\$600/member only, \$1,200/member + enrolled dependent(s)	\$1,200/member only, \$2,400/member + enrolled dependent(s)	
Annual Prescription Drug Plan Out-of-Pocket Maximum	Prescription expenses apply to medical out-of-pocket maximum	\$2,200/individual \$4,400/family	
Coverage and Provider Networks			
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 90% of most covered services; 100% for office visits after you pay a \$10 copay No out-of-network coverage except emergency care	
Provider Networks	Choose from providers in these networks: <ul style="list-style-type: none"> • Kaiser Permanente: kp.org • The Portland Clinic: theportlandclinic.com 	Choose from providers 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 Clinics	Use Express-Scripts network pharmacies	

DENTAL		Choose One of These Dental Plans	
	Kaiser Permanente Dental	Trust Dental Plan/Delta Dental of Oregon	
Monthly Contribution Rates			
Member only—Dental	\$15	\$5.04	
Your Costs			
Annual Dental Plan Deductible	None	None	
Maximum Annual Dental Benefit	\$1,750	\$1,750	
Coverage and Provider Networks			
Provider Networks	Use Kaiser Permanente providers	Use any provider; save money with an in-network provider	
Dependent Dental Coverage	No	No	

MEDICAL BENEFITS OVERVIEW

	Kaiser Permanente	Providence In-Network Only Plan (No out-of-network coverage except emergency care)
Office visits for primary, naturopathic medicine or specialty care	You pay \$5 copay/visit (\$0 for pediatric primary care); then the Plan pays 100%	You pay \$10 copay/visit; then the Plan pays 100%
Preventive Health Exams and Well-Baby Care (according to frequency schedule)	You pay \$0; Plan pays 100%	You pay \$0; Plan pays 100%
Labs and X-rays	You pay \$0; Plan pays 100%	You pay 10%; Plan pays 90%
Maternity care	You pay \$0; Plan pays 100%	You pay 10%; Plan pays 90%
Alternative Care (self-referred) (acupuncture, chiropractic care, massage therapy)	Plan pays 100% after copay Acupuncture: \$10/visit up to 12 visits/ calendar year Chiropractic: \$10/visit up to 20 visits/ calendar year Massage: \$25/visit up to 12 visits/calendar year	Plan pays 100% after copay Acupuncture: \$10/visit up to 20 visits/ calendar year Chiropractic: \$10/visit up to 20 visits/ calendar year Massage: Not covered
Health Coaching	You pay \$0; Plan pays 100% (unlimited)	You pay \$0; Plan pays 100% (up to 12 sessions/calendar year)
Telemedicine Phone and video consultations	You pay \$0; Plan pays 100% (Includes email)	Plan pays 100%
Urgent care	You pay \$5 copay/visit; then the Plan pays 100%	You pay \$10 copay/visit; then the Plan pays 100%
Emergency care	You pay \$25 copay/visit; Plan pays 100% (copay waived if admitted)	You pay \$100 copay/visit; then the Plan pays 100% (copay waived if admitted; all services are subject to inpatient benefits)
Hospital (Inpatient)	You pay \$0; Plan pays 100%	You pay 10%; Plan pays 90%
Ambulatory Surgery Center (Outpatient)	You pay \$5 copay/visit; then the Plan pays 100%	You pay \$0; Plan pays 100%
Mental Health/Substance Abuse	Outpatient: You pay \$5 copay/visit; then Plan pays 100% Inpatient: You pay \$0; Plan pays 100%	Outpatient: You pay \$10 copay/visit; then the Plan pays 100% Inpatient: You pay 10%; Plan pays 90%
Routine Hearing Exams/Tests	You pay \$5 copay/visit; then the Plan pays 100%	You pay \$10 copay/visit; then the Plan pays 100%
Hearing Aids (Adult)	Not covered	You pay 10%; Plan pays 90%
Out of Area Dependent Coverage Requires annual enrollment	Limited services	Full services
Coverage while traveling	World-wide urgent/emergency care coverage Routine care is also available in other KP service areas	World-wide urgent/emergency care coverage Nationwide in-network coverage

This is an overview of commonly used services. 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.

ADDITIONAL BENEFITS OVERVIEW

Prescription Drug Benefits Overview

	Kaiser Permanente Plan	Trust Prescription Drug Plan (administered by Express Scripts) For members enrolled in the Providence medical plan
In-network/participating pharmacy network	Kaiser Permanente	Express-Scripts
Participating Pharmacy Benefits	Plan pays 100% after your copay: Generic \$5 per 30-day supply Brand name \$10 per 30-day supply	Plan pays 100% after your copay: Generic \$5/\$10/\$15 per 34/68/90-day supply Brand name \$10/\$20/\$30 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 per 90-day supply Brand name \$20 per 90-day supply	Plan pays 100% after your copay: Generic \$5 per 90-day supply Brand name \$10 per 90-day supply


Dental Benefits Overview

Members Only	Kaiser Permanente Dental	Trust Dental Plan/Delta Dental of Oregon
Diagnostic and Preventive Care (exams, cleaning, X-rays)	Plan pays 100% of UCR	Plan pays 100%
Basic and Restorative Services Kaiser: fillings, extractions, crowns, minor oral surgery Trust Dental: fillings, crowns, implants, extractions, endodontics, minor oral surgery	You pay 20%; Plan pays 80% of UCR	You pay 20%; Plan pays 80%
Major Services Kaiser: dentures Trust Dental: dentures, bridges	You pay 50%; Plan pays 50% of UCR	You pay 50%; Plan pays 50%
Orthodontia	No coverage	No coverage


This is an overview of commonly used services. 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.

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.


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.


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).

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 lots more.



Providence Members:

Get details at myProvidence.com



Kaiser Permanente Members:

Get details at kp.org

The District offers perks, too

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



Get details at pps.net/Page/927

THE EMPLOYEE ASSISTANCE PROGRAM (EAP) is

provided through Uprise Health to you and anyone living in your household at no cost to you. For a complete list of services, go to uprisehealth.com/members and enter access code OEBC, or call 1-866-750-1327.

FLEXIBLE SPENDING ACCOUNT (FSA): Set aside part of your paycheck (you decide how much) before taxes are withheld and use your pre-tax dollars to help pay for eligible health and dependent care expenses. You must enroll each year during Open Enrollment to have an FSA for the next Plan Year. Learn more on pps.net/Page/1652.

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.

CREDIT UNION MEMBERSHIP: You and your immediate family members may join OnPoint Credit Union or Consolidated Federal Credit Union.

TRIMET TRANSIT PASS: You may be able to buy a monthly Hop Fastpass on a pre-tax basis.



Substitute
Teachers

Your Trust. Benefits Since 1972.