



PFSP Actives
January 1–December 31, 2025

YOUR BENEFITS **2025 PLAN YEAR**





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 benefit 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

 Enrollment information and PPS-provided benefit information: 503-916-6464


 **benefits@pps.net**

IT SERVICE DESK


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


Kaiser Permanente 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 Health 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:**
844-827-7518


Kaiser Permanente Dental Plan

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

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

Trust Life, AD&D and LTD Coverage

ADMINISTERED BY THE STANDARD

 **Life and AD&D Customer Service:**
800-628-8600

 **LTD Customer Service:**
800-368-1135

Health Reimbursement Arrangement (HRA) and Flexible Spending Account (FSA)

ADMINISTERED BY PACIFICSOURCE

 **Customer Service:**
800-422-7038

 **psa.pacificsource.com/Flex**
 **psacustomerservice@pacificsource.com**

FIND IT FAST



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

On 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).

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, from 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 the January 1–December 31, 2025 Plan Year

You are, if:

- You're a member of the Portland Federation of School Professionals (PFSP) bargaining unit
- And, a regular employee of the District, as defined in the current PFSP/PPS negotiated agreement, that requires contributions to the Trust

 You are full-time if you are regularly scheduled to work 30 hours or more per week.

 You are part-time if you are regularly scheduled to work at least 20 but less than 30 hours per week.

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.

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 retroactive to the coverage effective date.

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 you first become eligible

Enroll within 31 days after you're notified that you're eligible.

If you miss this deadline, your next opportunity to enroll will be during Open Enrollment, unless you have a major life change


When Open Enrollment takes place

This is your annual opportunity to enroll for benefits, or change your benefit options and add or drop dependents if you're already enrolled.

Open Enrollment typically takes place in October for the next Plan Year.

When you have a qualifying life event

Qualifying life 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.

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


Here's how to enroll


- 1** You must enroll online via PPS Peoplesoft Employee Self-Service (ESS). We encourage you to complete online benefits enrollment and/or changes in PeopleSoft ESS while on-site. In order to access PeopleSoft ESS off-site, you must be set up with Duo 2-Step Security. For assistance, contact the IT Service Desk at support@apps.net or 503-916-3375.
- 2** Go to selfservice.pps.net and log in using your PPS username and password.
- 3** Click **Benefits Information**, then select your Open Enrollment event.
- 4** Make or edit your selections and add or drop dependents.
- 5** To decline Medical, Prescription, Dental, Vision, or Optional Life and Voluntary AD&D coverage, click **Waive Medical Plan Coverage**. (You must have proof of other Medical coverage.)
- 6** Verify your selections and click **Submit** to complete your enrollment.

Here's when benefits begin

- **Open Enrollment** changes take effect beginning January 1 of the new Plan Year.
- **Initial Enrollment:** When you become eligible, benefits begin on the first day of the next calendar month, provided that you enroll by the deadline.
- **Qualifying Life Events:** Benefit changes take effect on the first day of the month following the event, provided that you submit your enrollment changes by the deadline.

Don't remember your login information?

 Contact the PPS IT Service Desk.

 If you are a full-time active employee, you will receive LTD coverage even if you waive medical plan coverage. See page 15 for more information.

COMPARE YOUR OPTIONS

Option 1 Plans

Full-Time and Part-Time Employees—Full Coverage including: Medical, Prescription, Dental, Vision, Long-Term Disability (LTD), Basic Term-Life and Accidental Death and Dismemberment (AD&D), Optional Term Life and Voluntary AD&D

Choose One of These Plans if You are Full- or Part-Time and Want Full Coverage			
Plan Name	Kaiser Permanente Plan	Providence PDA In-Network Only Plan	Providence PDA PPO Plan
Monthly Contribution Rates*			
Full-Time Member Only	\$66.00	\$66.00	\$71.00
Full-Time Member + one dependent	\$111.00	\$121.00	\$131.00
Full-Time Member + Family	\$201.00	\$211.00	\$231.00
Part-Time Member Only	\$118.54 (with Trust Dental Plan) \$111.54 (with Kaiser Dental Plan)	\$179.02 (with Trust Dental Plan) \$172.02 (with Kaiser Dental Plan)	\$202.82 (with Trust Dental Plan) \$195.82 (with Kaiser Dental Plan)
Part-Time Member + one dependent	\$985.06 (with Trust Dental Plan) \$971.88 (with Kaiser Dental Plan)	\$1,112.46 (with Trust Dental Plan) \$1,099.28 (with Kaiser Dental Plan)	\$1,160.14 (with Trust Dental Plan) \$1,146.96 (with Kaiser Dental Plan)
Part-Time Member + Family	\$1,640.44 (with Trust Dental Plan) \$1,617.64 (with Kaiser Dental Plan)	\$2,049.50 (with Trust Dental Plan) \$2,026.68 (with Kaiser Dental Plan)	\$2,120.98 (with Trust Dental Plan) \$2,098.16 (with Kaiser Dental Plan)

* Your mandatory, self-pay Long-Term Disability contribution of \$21.00 will be taken out of your paycheck on a post-tax basis and is included in the rates above.

MEDICAL/Rx/VISION			
Plan Name	Kaiser Permanente Plan	Providence PDA In-Network Only Plan	Providence PDA 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 the Kaiser Permanente network: 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
Prescription	Kaiser Permanente	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	

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.

MEDICAL/Rx/VISION			
Plan Name	Kaiser Permanente Plan	Providence PDA In-Network Only Plan	Providence PDA PPO Plan
Vision	Kaiser Vision Plan	Trust Vision Plan (administered by VSP) For members enrolled in a Providence Plan	
Provider Choice	Use Kaiser Permanente Providers	Use VSP Providers	
Your Out-of-Pocket Costs			
Annual Medical Deductible	\$200/individual \$600/family	\$200/individual \$400/family	\$200/individual \$400/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

DENTAL*	Choose One of These Dental Plans	
	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 may enroll in a medical and dental plan. You cannot enroll in medical only or dental only.

INCOME SECURITY BENEFITS (Administered by The Standard)	
Long-Term Disability (LTD) Insurance	
Basic Coverage	Self-pay coverage required for all employees
Term Life and Accidental Death and Dismemberment (AD&D) Insurance	
Basic Coverage	Included for all Plans
Optional Life and AD&D Coverage	Available to purchase for all Plans

COMPARE YOUR OPTIONS CONTINUED

Option 2 Plans


Part-Time Employees Only—Medical and Prescription Drug, Optional Term Life and Voluntary Accidental Death and Dismemberment (AD&D)

Choose One of These Plans if You are Part-Time and Want Medical & Prescription Only			
Plan Name	Kaiser Permanente Plan	Providence PDA In-Network Only	Providence PDA PPO
Monthly Contribution Rates			
Part-Time Member Only	\$0	\$28.26	\$31.00
Part-Time Member + one dependent	\$433.84	\$844.34	\$849.80
Part-Time Member + Family	\$1,015.54	\$1,639.40	\$1,647.52
Medical			
How the Plan Pays Benefits Copays and deductible waived for commonly used in-network services	The Plan pays 90% for most covered services after you pay the deductible (and 100% after you pay copays for certain services). No out-of-network coverage except emergency care and urgent care while traveling.	The Plan pays 90% for most covered services after you pay the deductible (and 100% after you pay copays for certain services). No out-of-network coverage except emergency care.	The Plan pays 80% for most in-network covered charges after you pay the 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	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	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	
Term Life and Accidental Death and Dismemberment (AD&D) Insurance (Administered by The Standard)			
Optional Coverage	Available to purchase for all Plans		
Your Costs			
Annual Medical Deductible	\$200/individual \$600/family	\$200/individual \$400/family	\$200/individual \$400/family
Annual Medical Out-of-Pocket Maximum	\$1,200/individual \$2,400/family	\$2,200/individual \$4,400/family	\$2,200/individual \$4,400/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


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 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 or Medicare) 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

OPTION 1 PLANS	Kaiser Permanente*	Providence PDA In-Network Only**	Providence PDA PPO
Office Visits*** Primary, naturopathic and behavioral health care, and substance use disorders	You pay \$5 copay/visit for up to 3 visits/person; then you pay \$20 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 \$20 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 \$20 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/year Chiropractic: \$10/visit up to 30 visits/year Massage: \$25/visit up to 12 visits/year	Acupuncture: \$15 copay/visit; then Plan pays 100% up to 9 visits/year Chiropractic: \$15 copay/visit; then Plan pays 100% up to 12 visits/year Massage therapy not covered.	Acupuncture—In-Network: \$25 copay/visit; then Plan pays 100% up to 4 visits/year Chiropractic—In-Network: \$25 copay/visit; then Plan pays 100% up to 4 visits/year Massage therapy not covered. Out-of-Network: Alternative care not covered
Telehealth / Virtual Visits*** Phone and video consultations	You pay \$0; Plan pays 100%	You pay \$0; Plan pays 100%	You pay \$0; Plan pays 100%
Urgent Care	You pay \$20 copay/visit; then the Plan pays 100%	You pay \$20 copay/visit; then the Plan pays 100%	In-Network: You pay \$20 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%
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/year every 3 years	You pay 0%; Plan pays 100%	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.

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

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.

OPTION 2 PLANS	Kaiser Permanente*	Providence PDA In-Network Only**	Providence PDA PPO
Office Visits*** Primary, naturopathic and behavioral health care, and substance use disorders	You pay \$5 copay/visit for up to 3 visits/person; then you pay \$30 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 \$30 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 \$30 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 10%; then Plan pays 90%	In-Network: You pay 20%, Plan pays 80% 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: You pay 10%; Plan pays 90%	Pre- and post-natal: You pay \$0; Plan pays 100% Delivery and hospital services: You pay \$200; 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 \$200, 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/year Chiropractic: \$10/visit up to 30 visits/year Massage: \$25/visit up to 12 visits/year	Acupuncture: \$15 copay/visit; then Plan pays 100% up to 9 visits/year Chiropractic: \$15 copay/visit; then Plan pays 100% up to 12 visits/year Massage therapy not covered.	Acupuncture: \$25 copay/visit; then Plan pays 100% up to 4 visits/year; no out-of-network Chiropractic: \$25 copay/visit; then Plan pays 100% up to 4 visits/year; no out-of-network Massage therapy not covered. Out-of-Network: Alternative care not covered
Telehealth / Virtual Visits*** Phone and video consultations	You pay \$0, Plan pays 100%	You pay \$0; Plan pays 100%	You pay \$0; Plan pays 100%
Urgent Care	You pay \$30 copay, then the Plan pays 100%	You pay \$30 copay, then the Plan pays 100%	In-Network: You pay \$30 copay, then Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60%
Emergency Care (Copay waived if admitted)	You pay 10%/visit; Plan pays 90%	You pay \$100 copay/visit; then the Plan pays 100%	You pay \$100 copay, then the Plan pays 100%
Hospital (Inpatient)	You pay 10%; Plan pays 90%	You pay 10%; Plan pays 90%	In-Network: You pay 20%, Plan pays 80% Out-of-Network: You pay 40%, Plan pays 60%
Ambulatory Surgery Center	You pay 10%; Plan pays 90%	You pay 10%; Plan pays 90%	In-Network: You pay 20%, Plan pays 80% Out-of-Network: You pay 40%, Plan pays 60%
Outpatient Surgery	You pay 10%; Plan pays 90%	You pay 10%; Plan pays 90%	In-Network: You pay 20%, Plan pays 80% Out-of-Network: You pay 40%, Plan pays 60%
Inpatient Mental Health / Substance Use Disorders	You pay 10%; Plan pays 90%	You pay 10%; Plan pays 90%	In-Network: You pay 20%, Plan pays 80% Out-of-Network: You pay 40%, Plan pays 60%
Routine Hearing Exams/Tests	You pay \$20 copay; then the Plan pays 100%	You pay \$20 copay; then the Plan pays 100%	In-Network: You pay \$20 copay, then the Plan pays 100% Out-of-Network: You pay 40%, Plan pays 60%
Hearing Aids (Adult)	Not covered	You pay 10%; Plan pays 90%	In-Network: You pay 20%, Plan pays 80% 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	

ADDITIONAL BENEFITS OVERVIEW

Prescription Drug Benefits Overview

	Kaiser Permanente Prescription Drug Plan (Option 1 & 2)	Trust Prescription Drug Plan (administered by Express Scripts) For members enrolled in a Providence Plan
In-network/Participating Pharmacies	Kaiser Permanente	Use Express-Scripts
Participating Pharmacy Benefits	Plan pays 100% after your copay: Generic: \$10/30 day supply Brand name: \$20/30 day supply	Plan pays 100% after your copay: Generic: \$20/\$40/\$60 per 34/68/90-day supply Brand name: \$40/\$80/\$120 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: \$20/90-day supply Brand name: \$40/90-day supply	Plan pays 100% after your copay: Generic: \$40/90-day supply Brand name: \$80/90-day supply

Vision Benefits Overview

OPTION 1 PLANS ONLY	Kaiser Permanente	Trust Vision Plan (administered by VSP) For members enrolled in a Providence 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
Vision Therapy (if qualified)	N/A	VSP Provider: 100% for evaluation; 75% for approved therapy sessions up to \$750/year Other Provider: Up to \$85 for evaluation; 75% for approved therapy sessions up to \$750/year

Dental Benefits Overview

OPTION 1 PLANS ONLY	Kaiser Permanente Dental	Trust Dental Plan/Delta Dental Plan 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

Term Life and Accidental Death & Dismemberment Benefits Overview

Administered by The Standard	Life Insurance	AD&D Insurance
Provided by the Trust: All eligible full-time employees (regardless of enrollment in a medical plan) and part-time employees who are enrolled in an Option 1 Plan are automatically enrolled for Basic Term Life and Basic AD&D.	Basic Term Life \$30,000 per member	Basic AD&D Up to \$30,000 per member
All Plans—Option 1 and 2: You may purchase coverage for yourself and eligible covered dependents. You must purchase Optional Life and Voluntary AD&D for yourself in order to buy coverage for your dependents. Coverage may be subject to medical underwriting approval.	Optional Life; Employee and Spouse: \$10,000 to \$500,000 in \$10,000 increments not to exceed 5 times annual salary Child(ren): \$2,000 to \$10,000 in \$2,000 increments During Open Enrollment: Evidence of Insurability (EOI) for Optional Life will be waived (unless you have previously submitted EOI that was not approved by The Standard) if you apply for an increase (up to \$10,000/year) up to the Guaranty Issue Amount (\$100,000).	Voluntary AD&D Employee: \$25,000 to \$300,000 in \$25,000 increments Spouse: 50% of your selected coverage Child(ren) Only: 15% of your AD&D coverage amount for each child up to \$25,000 Spouse and Child(ren): 40% of your selected coverage for your spouse and 10% of your selected coverage (up to \$25,000) per child

Long Term Disability Overview

Administered by The Standard	Coverage
All eligible full-time employees (regardless of enrollment in a medical plan) and part-time employees enrolled in an Option 1 Plan are automatically enrolled for self-pay Long-Term Disability benefits without the option to decline.	Plan pays 60% of your pre-disability earnings, up to \$6,000/month, if you become disabled as a result of a covered injury, sickness or pregnancy.

For details and rates, go to 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.

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 Health Participants:
Get details at myProvidence.com



Kaiser Permanente Participants
(medical/prescription, vision and/or dental):
Get details at kp.org



VSP Participants:
Get details at 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

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.

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. Learn more on pps.net/Page/1730.

PROFESSIONAL DEVELOPMENT: The District offers programs that provide tuition reimbursement and vouchers to support professional growth.

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.

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.

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.

TRIMET TRANSIT PASS: You may be able to buy a monthly Hop Fastpass on a pre-tax basis through your PPS paycheck. Learn more on pps.net/Page/1657.



PFSP Actives

Your Trust. Benefits Since 1972.