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Medical and Prescription Plans

	Choose One of These Health Plans			Closed to New Enrollment
	Kaiser Permanente HMO Plan	Providence Personal Option Plan	Regence Early Retiree Trust Plan 2	Regence Early Retiree Trust Plan 1
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	Preferred: \$1,000/person up to \$14,000 Participating and Nonparticipating: \$3,000	\$1,000/person up to \$14,000
Annual Prescription Drug Plan Out-of-Pocket Maximum	Prescription expenses apply to medical out-of-pocket maximum	\$2,200/person, \$4,400/family	Prescription expenses apply to medical out-of-pocket maximum	Prescription expenses apply to medical out-of-pocket maximum
Monthly Contribution Rates—Medical & Prescription				
If you are eligible for the district-paid contribution				
Retiree only¹	\$0	\$0	\$0	\$0
Retiree + spouse/ domestic partner¹	\$286.22	\$324.60	\$339.74	\$398.08
Retiree + spouse/ domestic partner and child(ren)¹	\$686.92	\$954.70	\$922.10	\$1,080.46
Retiree + one child²	\$572.44	\$649.22	\$679.48	\$796.16
Retiree + two or more children²	\$973.14	\$1,279.32	\$1,261.84	\$1,478.54
If you are not eligible for the district-paid contribution				
Retiree only	\$432.46	\$503.26	\$512.84	\$623.86
Retiree + one	\$1,004.90	\$1,152.48	\$1,192.32	\$1,420.02
Retiree + family	\$1,405.60	\$1,782.58	\$1,774.68	\$2,102.40

¹ 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.

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.

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 for that Medical Plan.

	Kaiser Permanent HMO Plan	Providence Personal Option Plan	Regence Early Retiree Trust Plans 1 & 2
Dental	Trust Dental Plan (Administered by Regence)		
Provider Choice	Choose any licensed dentist	Choose any licensed dentist	Choose any licensed dentist
Vision	Kaiser Permanente	Trust Vision Plan (Administered by VSP)	Trust Vision Plan (Administered by VSP)
Provider Choice	Use Kaiser Permanente providers No out-of-network coverage	Use VSP providers	Use VSP providers
Your Costs			
Annual Dental Deductible	Basic: \$50/person Buy Up: \$0	Basic: \$50/person Buy Up: \$0	Basic: \$50/person Buy Up: \$0
Monthly Contributions—Basic			
Retiree only	\$32.64*	\$36.34	\$36.34
Retiree + one	\$61.30*	\$68.66	\$68.66
Retiree + family	\$105.86*	\$114.28	\$114.28
Monthly Contributions—Buy-Up			
Retiree only	\$60.26*	\$66.32	\$66.32
Retiree + one	\$113.18*	\$125.34	\$125.34
Retiree + family	\$195.44*	\$209.28	\$209.28

*Vision is included in Kaiser Permanente Medical and Prescription Plan coverage. Monthly contribution rates are for optional, self-pay Dental only.

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