

RATES

PAT EARLY RETIREES—2020 PLAN YEAR

PAT



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Medical and Prescription Plans

Plan Name	Choose One of These Health Plans			Closed to New Enrollment
	Kaiser Permanente Plan	Providence Personal Option Plan	Regence Early Retiree Trust Plan 2	Regence Early Retiree Trust Plan 1
Monthly Contribution Rates				
If you are eligible for the district-paid contribution				
Retiree only ¹	\$0	\$0	\$0	\$0
Retiree + spouse/ domestic partner ¹	\$273.84	\$348.48	\$344.40	\$403.54
Retiree + spouse/ domestic partner and child(ren) ¹	\$657.22	\$1,027.48	\$934.76	\$1,095.30
Retiree + one child ²	\$547.68	\$696.98	\$688.82	\$807.10
Retiree + two or more children ²	\$931.06	\$1,375.98	\$1,279.18	\$1,498.86
If you are not eligible for the district-paid contribution				
Retiree only	\$567.26	\$711.00	\$681.38	\$793.92
Retiree + one	\$1,114.94	\$1,407.98	\$1,370.20	\$1,601.02
Retiree + family	\$1,498.32	\$2,086.98	\$1,960.56	\$2,292.78

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.

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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.

RATES	Kaiser Medical* Plan participant with <i>Kaiser Vision</i> and <i>Kaiser Dental</i> Plans	Kaiser Medical* Plan participant with <i>Kaiser Vision</i> and <i>Trust Dental</i> Plans**	Providence and Regence Medical Plan participant with <i>Trust Vision</i> and <i>Kaiser Dental</i> Plans	Providence and Regence Medical Plan participant with <i>Trust Vision</i> and <i>Trust Dental</i> Plans**
Monthly Contributions—Basic Coverage				
Retiree only	\$41.12	\$26.16	\$45.22	\$30.26
Retiree + one	\$77.22	\$49.12	\$85.40	\$57.30
Retiree + family	\$133.32	\$84.84	\$142.68	\$94.20
Monthly Contributions—Buy-Up Coverage				
Retiree only	\$59.66	\$48.30	\$66.38	\$55.02
Retiree + one	\$112.04	\$90.70	\$125.54	\$104.20
Retiree + family	\$193.48	\$156.62	\$208.86	\$172.00

*If you are enrolled in the Kaiser Medical/Prescription Plan, vision coverage is included in that Plan.

Monthly contribution rates are for optional, self-pay Dental only.

** Regence through Dec. 31, 2019; Delta Dental of OR beginning Jan. 1, 2020]