

# RATES

## PFSP ACTIVES—2020 PLAN YEAR

PFSP



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### Option 1 Plans

MONTHLY CONTRIBUTION RATES			
Plan Name	Kaiser Permanente Plan	Providence Personal Option Plan	Providence Option Advantage Plan
Includes Dental (Kaiser or Trust Plan) and mandatory self-pay LTD of \$19.30*			
<b>Full-Time Member Only</b>	\$19.30	\$19.30	\$19.30
<b>Full-Time Member + one dependent</b>	\$32.30	\$34.30	\$36.30
<b>Full-Time Member + Family</b>	\$47.30	\$57.30	\$58.30
<b>Part-Time Member Only</b>	\$19.30 (with Trust Dental Plan) \$24.82 (with Kaiser Dental Plan)	\$98.56 (with Trust Dental Plan) \$109.92 (with Kaiser Dental Plan)	\$119.00 (with Trust Dental Plan) \$130.36 (with Kaiser Dental Plan)
<b>Part-Time Member + one dependent</b>	\$652.28 (with Trust Dental Plan) \$676.54 (with Kaiser Dental Plan)	\$829.64 (with Trust Dental Plan) \$850.98 (with Kaiser Dental Plan)	\$870.54 (with Trust Dental Plan) \$891.88 (with Kaiser Dental Plan)
<b>Part-Time Member + Family</b>	\$1,137.72 (with Trust Dental Plan) \$1,177.50 (with Kaiser Dental Plan)	\$1,563.56 (with Trust Dental Plan) \$1,600.42 (with Kaiser Dental Plan)	\$1,624.86 (with Trust Dental Plan) \$1,661.72 (with Kaiser Dental Plan)

\* Your mandatory, self-pay Long-Term Disability contribution of \$19.30 will be taken out of your paycheck on a post-tax basis.

### Option 2 Plans

Plan Name	Kaiser Permanente HMO Plan	Providence Personal Option Plan	Providence Option Advantage Plan
Monthly Contribution Rates			
<b>Part-Time Member Only</b>	\$0	\$0	\$0
<b>Part-Time Member + one dependent</b>	\$155.76	\$610.64	\$615.67
<b>Part-Time Member + Family</b>	\$666.52	\$1,219.14	\$1,228.03

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