

RATES

ATU AND DCU ACTIVES—2021 PLAN YEAR

ATU

DCU



HEALTH & WELFARE TRUST
SCHOOL DISTRICT NO. 1

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

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

Medical, Prescription, Dental Plans

MEDICAL/Rx/VISION		Choose One of These Plans*	
Plan Name	Kaiser Permanente Plan	Providence Personal Option Plan	Providence Option Advantage 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 these networks: • Kaiser Permanente: kp.org • The Portland Clinic: theportlandclinic.com	Choose a Provider in the Providence Network: ProvidenceHealthPlan.com/members	You may choose any Provider, but your out-of-pocket costs will be lower when you choose a Provider in the Providence Network: ProvidenceHealthPlan.com/members
Prescription		Trust Prescription Drug Plan	
Retail and Mail Order Available	Use Kaiser Permanente pharmacies and mail order	Use Express-Scripts	
Vision		Trust Vision Plan (Administered by VSP)	
Provider Choice	Use Kaiser Permanente Providers	Use VSP Providers	
Your Out-of-Pocket Costs			
Annual Medical Deductible	\$100/individual \$300/family	\$100/individual \$200/family	\$100/individual \$200/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
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		

*You must enroll in a Dental Plan if you enroll in a Medical/Prescription Plan.

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.

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DENTAL			Choose One of These Dental Plans*	
Plan Name	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 must be enrolled in a Medical/Prescription Plan to enroll in a Dental Plan.

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 \$21.00			
Full-Time Member Only	\$21.00	\$21.00	\$21.00
Full-Time Member + one dependent	\$34.00	\$36.00	\$38.00
Full-Time Member + Family	\$49.00	\$59.00	\$60.00

What Your Rate Includes



Rates include Medical, Prescription, Vision, Dental (Kaiser or Trust Plan) and a mandatory self-pay Long-Term Disability contribution of \$21.00 which will be taken out of your paycheck on a post-tax basis.