

RATES

PAT ACTIVES—2021 PLAN YEAR

PAT



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

Option 1 Plans

Full-Time and Part-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/Rx/VISION			
Choose One of These Plans if You are Full- or Part-Time and Want Full Coverage*			
Plan Name	Kaiser Permanente Plan	Providence Personal Option Plan	Regence Trust Preferred Provider 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 90% of most covered services; and 100% for office visits, after you pay a \$10 copay No out-of-network coverage except emergency care.	The Plan pays 80% of most covered services when you choose Regence Preferred Providers; 70% when you choose Regence Participating Providers or Nonparticipating Providers outside the Regence network—plus you pay any amount billed over the allowed amount with Nonparticipating Providers.
Provider Choices	Choose a Provider in these networks: <ul style="list-style-type: none">• Kaiser Permanente: kp.org• The Portland Clinic: theportlandclinic.com	Choose a Provider in the Providence Network: ProvidenceHealthPlan.com/members	Choose any Provider. Search for a Regence Preferred or Participating Provider at regence.com .
Prescription			
Retail and Mail Order Available	Kaiser Permanente Use Kaiser Permanente pharmacies and mail order	Trust Prescription Drug Plan Use Express-Scripts	
Vision			
Provider Choice	Kaiser Vision Plan Use Kaiser Permanente Providers	Trust Vision Plan (Administered by VSP) Use VSP Providers	
Your Out-of-Pocket Costs			
Annual Medical Deductible	\$0	\$0	\$100/individual \$300/family
Annual Medical Out-of-Pocket Maximum	\$600/individual \$1,200/family	\$1,200/individual \$2,400/family	\$1,000/individual \$2,000/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.

Chart continued on next page

RATES

PAT ACTIVES—2021 PLAN YEAR

PAT

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	Regence Trust Preferred Provider Plan
Includes Dental (Kaiser or Trust Plan) and mandatory self-pay LTD of \$21.00*			
FULL TIME: Member only or member + dependents	\$142.16	\$142.16	\$142.16
PART TIME: Member only or member + dependents	\$875.86	\$875.86	\$875.86

* 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.

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.

Option 2 Plans

Part-Time Employees Only—Medical and Prescription Drug, Long-Term Disability (LTD), Basic Term Life and Accidental Dismemberment (AD&D), Optional Term Life and Voluntary AD&D Coverage Only

(Note: Where the cost for coverage under an Option 2 Plan is higher than the cost of coverage under an Option 1 Plan, you will need to enroll in an Option 1 Plan. See pages 8–9.)

Choose One of These Plans if You are Part-Time and Want Medical and Prescription Only			
Plan Name	Kaiser Permanente Plan	Providence Personal Option Plan	Regence Trust Indemnity Plan
Medical			
How the Plan Pays Benefits	The Plan pays 100% of most covered services after you pay the copay No out-of-network coverage except emergency care.	The Plan pays 90% of most covered services (and 100% for office visits, after you pay a \$10 copay) No out-of-network coverage except emergency care.	The Plan pays 80% of most covered services after you meet the annual deductible. If you choose a Nonparticipating Provider outside the Regence network you pay any amount billed over the allowed amount.
Provider Choices	Choose a Provider in these networks: <ul style="list-style-type: none"> • Kaiser Permanente: kp.org • The Portland Clinic: theportlandclinic.com 	Choose a Provider in the Providence Network: ProvidenceHealthPlan.com/members	Choose any Provider. Search for a Regence Preferred or Participating Provider at regence.com .
Prescription		Kaiser Permanente	Trust Prescription Drug Plan
Retail and Mail Order Available	Use Kaiser Permanente Clinics	Use Express Scripts	
Long-Term Disability (LTD) Insurance (Administered by The Standard)			
Basic Coverage	Self-pay coverage required for all employees		
Term Life and Accidental Death and Dismemberment (AD&D) Insurance (Administered by The Standard)			
Basic Coverage	Included for all Plans		
Optional Coverage	Available to purchase for all Plans		
Your Costs			
Annual Medical Deductible	\$0	\$0	\$200/individual \$600/family
Annual Medical Out-of-Pocket Maximum	\$600/individual \$1,200/family	\$1,200/individual \$2,400/family	\$1,000/individual \$3,000/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
Monthly Contribution Rates (Includes mandatory self-pay LTD of \$21.00*)			
Member Only	\$21.00	\$21.00	\$21.00
Member + one dependent	\$389.24	\$618.08	Coverage provided through Option 1 Plans only
Member + Family	\$813.70	Coverage provided through Option 1 Plans only	Coverage provided through Option 1 Plans only

* 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.