

RATES

PAT EARLY RETIREES—2021 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 |
| 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 and urgent care when traveling. | The Plan pays 100% of most covered services after you pay the copay/coinsurance. No out-of-network coverage except emergency care. | After you pay the deductible: The Plan pays 90% of most covered services when you choose a Regence Preferred Provider. Plan pays 70% of most covered services when you choose Regence Participating or Nonparticipating Providers outside the Regence network—plus you pay any amount billed over the allowed amount with Nonparticipating providers. | After you pay the deductible: The Plan pays 85% of most covered services when you choose a Regence Preferred Provider. Plan pays 75% of most covered services when you choose Regence Participating or Nonparticipating Providers outside the Regence network—plus you pay any amount billed over the allowed amount with Nonparticipating providers. |
| Provider Choices | Choose providers in these networks: • 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 . | Choose any Provider. Search for a Regence Preferred or Participating Provider at regence.com . |
| Prescription | | | | |
| Retail and Mail Order Available | Use Kaiser Permanente pharmacies and mail order | Use Express Scripts | Use Regence participating pharmacies | Use Regence participating pharmacies |
| 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/person, unlimited/family | Preferred: \$1,000/person up to \$14,000 |
| Annual Prescription Drug Plan Out-of-Pocket Maximum | N/A | \$2,200/person, \$4,400/family | Prescription expenses apply to medical out-of-pocket maximum | Prescription expenses apply to medical out-of-pocket maximum |

Chart continued on next page

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|--|----------------------------------|---------------------------------|------------------------------------|------------------------------------|
| | 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 only¹ | \$0 | \$0 | \$0 | \$0 |
| Retiree + spouse/ domestic partner¹ | \$283.72 | \$368.76 | \$363.78 | \$426.24 |
| Retiree + spouse/ domestic partner and child(ren)¹ | \$680.94 | \$1,087.00 | \$987.34 | \$1,156.90 |
| Retiree + one child² | \$567.44 | \$737.52 | \$727.56 | \$852.50 |
| Retiree + two or more children² | \$964.66 | \$1,455.76 | \$1,351.12 | \$1,583.16 |
| If you are not eligible for the district-paid contribution | | | | |
| Retiree only | \$591.18 | \$755.28 | \$722.76 | \$841.62 |
| Retiree + one | \$1,158.62 | \$1,492.80 | \$1,450.32 | \$1,694.12 |
| Retiree + family | \$1,555.84 | \$2,211.04 | \$2,073.88 | \$2,424.78 |

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 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.

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. Dental and Vision cannot be purchased separately.

| VISION | Kaiser Permanente Plan | Providence Personal Option Plan | Regence Early Retiree Plans 1 & 2 |
|------------------------|---|---|-----------------------------------|
| | Kaiser Permanente | Trust Vision Plan (Administered by VSP) | |
| Provider Choice | Use Kaiser Permanente providers No out-of-network coverage | Use any provider but save money if you use a VSP provider | |

| DENTAL | Choose One of These Plans | |
|--------------------------------------|---|--|
| | Kaiser Permanente Dental* | Trust Dental Plan |
| Provider Choice | Use Kaiser Permanente providers No out-of-network coverage | Use any provider; save money with an in-network provider |
| Your Costs | | |
| Annual Dental Deductible | Basic: \$50/person Buy Up: \$0 | Basic: \$50/person Buy Up: \$0 |
| Dental Maximum Annual Benefit | Basic: \$1,200 Buy Up: \$2,500 | Basic: \$1,200 Buy Up: \$2,500 |

| RATES | Kaiser Medical* Plan with <i>Kaiser Vision</i> and <i>Kaiser Dental</i> Plans | Kaiser Medical* Plan with <i>Kaiser Vision</i> and <i>Trust Dental</i> Plans | Providence and Regence Medical Plan with <i>Trust Vision</i> and <i>Kaiser Dental</i> Plans | Providence and Regence Medical Plan with <i>Trust Vision</i> and <i>Trust Dental</i> Plans |
|--|---|--|---|--|
| Monthly Contributions—Basic Coverage | | | | |
| Retiree only | \$41.12 | \$27.94 | \$45.34 | \$32.16 |
| Retiree + one | \$77.22 | \$52.46 | \$85.64 | \$60.88 |
| Retiree + family | \$133.32 | \$90.62 | \$142.96 | \$100.26 |
| Monthly Contributions—Buy-Up Coverage | | | | |
| Retiree only | \$59.66 | \$51.58 | \$66.58 | \$58.50 |
| Retiree + one | \$112.04 | \$96.88 | \$125.94 | \$110.78 |
| Retiree + family | \$193.48 | \$167.28 | \$209.32 | \$183.12 |

*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.

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.