

RATES

SUBSTITUTE TEACHERS—2020–2021 PLAN YEAR

PAT



HEALTH & WELFARE TRUST
SCHOOL DISTRICT NO. 1

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Tualatin, OR 97062
833-255-4123 (toll-free) or 503-486-2107
sdtrust.com

MEDICAL/PRESCRIPTION		
Choose One of These Medical/Prescription Drug Plans		
	Kaiser Permanente Plan	Providence Personal Option Plan
How the Plan Pays Benefits	The Plan pays 100% of most covered services after you pay the copay	The Plan pays 90% of most covered services; 100% for office visits after you pay a \$10 copay
Provider Choices	Choose from providers in these networks: <ul style="list-style-type: none"> • Kaiser Permanente: kp.org • The Portland Clinic: theportlandclinic.com 	Choose from providers in the Providence Signature Network: ProvidenceHealthPlan.com/members
Prescription	Kaiser Permanente	Trust Prescription Drug Plan
Retail and Mail Order Available	Use Kaiser Permanente Clinics	Use Express-Scripts network pharmacies
Your Costs		
Annual Medical Plan Deductible	\$0	\$0
Annual Medical Plan Out-of-Pocket Maximum	\$600/member only, \$1,200/member + enrolled dependent(s)	\$1,200/member only, \$2,400/member + enrolled dependent(s)
Annual Prescription Drug Plan Out-of-Pocket Maximum	Prescription expenses apply to medical out-of-pocket maximum	\$2,200/individual \$4,400/family
Monthly Contribution Rates		
Member only	\$10	\$14.50
Member + one	\$606	\$743
Member + family	\$1,023	\$1,453

DENTAL		
Choose One of These Dental Plans		
	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	No	No
Your Costs		
Annual Dental Plan Deductible	None	None
Maximum Annual Dental Benefit	\$1,750	\$1,750
Monthly Contribution Rates		
Member only—Dental	\$15	\$4

This is an overview of commonly used services. 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.