

RATES

PFSP ACTIVES—2021 PLAN YEAR

PFSP



HEALTH & WELFARE TRUST
SCHOOL DISTRICT NO. 1

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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	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			
Retail and Mail Order Available	Kaiser Permanente Use Kaiser Permanente pharmacies and mail order	Trust Prescription Drug Plan Use Express Scripts network	
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	\$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*	
	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
Part-Time Member Only	\$46.98 (with Trust Dental Plan) \$55.06 (with Kaiser Dental Plan)	\$146.74 (with Trust Dental Plan) \$154.82 (with Kaiser Dental Plan)	\$168.30 (with Trust Dental Plan) \$176.38 (with Kaiser Dental Plan)
Part-Time Member + one dependent	\$715.98 (with Trust Dental Plan) \$731.14 (with Kaiser Dental Plan)	\$920.08 (with Trust Dental Plan) \$935.24 (with Kaiser Dental Plan)	\$963.22 (with Trust Dental Plan) \$978.38 (with Kaiser Dental Plan)
Part-Time Member + Family	\$1,222.96 (with Trust Dental Plan) \$1,249.16 (with Kaiser Dental Plan)	\$1,696.60 (with Trust Dental Plan) \$1,722.80 (with Kaiser Dental Plan)	\$1,761.26 (with Trust Dental Plan) \$1,787.46 (with Kaiser Dental Plan)

* 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.

Option 2 Plans

Part-Time Employees Only—Medical and Prescription Drug, Optional Term Life and Voluntary Accidental Death and Dismemberment (AD&D)

Choose One of These Plans if You are Part-Time and Want Medical & Prescription Only			
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 90% for most covered services after you pay the deductible (and 100% after you pay copays for certain services)	The Plan pays 90% for most covered services after you pay the deductible (and 100% after you pay copays for certain services)	The Plan pays 80% for most in-network covered charges after you pay the deductible, and 60% of UCR for out-of-network covered charges
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	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			
Retail and Mail Order Available	Use Kaiser Permanente pharmacies and mail order	Use Express Scripts network	
Term Life and Accidental Death and Dismemberment (AD&D) Insurance (Administered by The Standard)			
Optional Coverage	Available to purchase for all Plans		
Your Costs			
Annual Medical Deductible	\$100/individual \$300/family	\$100/individual \$200/family	\$100/individual \$200/family
Annual Medical Out-of-Pocket Maximum	\$1,200/individual \$2,400/family	\$2,200/individual \$4,400/family	\$2,200/individual \$4,400/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
Monthly Contribution Rates			
Part-Time Member Only	\$0	\$16.88	\$19.34
Part-Time Member + one dependent	\$224.58	\$692.18	\$697.08
Part-Time Member + Family	\$725.14	\$1,352.16	\$1,359.50

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