

RATES

PFSP, ATU AND DCU EARLY RETIREES—2021 PLAN YEAR



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

Medical and Prescription Plans

MEDICAL/PRESCRIPTION		Choose One of These Health Plans	
Plan Name	Kaiser Permanente Plan	Providence Option Advantage Plan	Providence Personal Option Plan
Medical			
How the Plan Pays Benefits	The Plan pays 90%-100% for most in-network covered services after you pay the deductible and copay/coinsurance. No out-of-network coverage except emergency care and urgent care when traveling.	The Plan pays 80% for most in-network covered charges after you pay the deductible and copay/coinsurance; and 60% of UCR for out-of-network covered charges—plus you pay any amount billed over the UCR.	The Plan pays 90%-100% for most in-network covered services after you pay the deductible and copay/coinsurance No out-of-network coverage except emergency care.
Provider Choices	Choose providers in these networks: <ul style="list-style-type: none"> • Kaiser Permanente: kp.org • The Portland Clinic: theportlandclinic.com 	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	Choose providers from the Providence network: ProvidenceHealthPlan.org/members
Prescription		Trust Prescription Drug Plan	
Retail and Mail Order Available	Use Kaiser Permanente pharmacies and mail order	Use Express Scripts	
Your Costs			
Annual Medical Plan Deductible	\$100/person \$300/family	\$100/person \$200/family	\$100/person \$200/family
Annual Medical Plan Out-of-Pocket Maximum	\$1,200/person \$2,400/family	\$2,200/person \$4,400/family	\$2,200/person \$4,400/family
Annual Prescription Drug Plan Out-of-Pocket Maximum	Included in Medical Plan Out-of-Pocket Maximum	\$2,200/person \$4,400/family	\$2,200/person \$4,400/family

Chart continued on next page

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.

RATES

PFSP, ATU AND DCU EARLY RETIREES—2021 PLAN YEAR



MEDICAL/PRESCRIPTION, cont.		Choose One of These Health Plans	
Plan Name	Kaiser Permanente Plan	Providence Option Advantage Plan	Providence Personal Option Plan
Monthly Contribution Rates			
If you are eligible for the district-paid contribution			
Retiree only ¹	\$187.84	\$374.50	\$369.34
Retiree + spouse/ domestic partner ¹	\$525.92	\$905.22	\$894.94
Retiree + spouse/ domestic partner and child(ren) ¹	\$884.38	\$1,590.72	\$1,575.34
Retiree + one child ²	\$699.92	\$1,079.22	\$1,068.94
Retiree + two or more children ²	\$1,058.38	\$1,764.72	\$1,749.34
If you are not eligible for the district-paid contribution			
Retiree only	\$535.84	\$722.50	\$717.34
Retiree + one	\$1,047.92	\$1,427.22	\$1,416.94
Retiree + family	\$1,406.38	\$2,112.72	\$2,097.34

¹ District-paid contribution for 60 months, then eligible for self-pay. Includes district-paid contribution for spouse/domestic partner if enrolled.

² District-paid contribution for member only for 60 months, then eligible for self-pay.

RATES

PFSP, ATU AND DCU EARLY RETIREES—2021 PLAN YEAR

PFSP

ATU

DCU

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 Option Advantage Plan	Providence Personal Option Plan
	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	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 Kaiser Vision and Kaiser Dental Plans	Kaiser Medical* Plan with Kaiser Vision and Trust Dental Plans	Providence Medical Plan with Trust Vision and Kaiser Dental Plans	Providence Medical Plan with Trust Vision and Trust Dental 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	\$53.02	\$66.58	\$59.94
Retiree + one	\$112.04	\$99.58	\$125.86	\$113.40
Retiree + family	\$193.48	\$171.96	\$209.32	\$187.80

*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.