

RATES

ATU AND DCU ACTIVES—2022 PLAN YEAR

ATU

DCU



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

Full-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, Prescription, Dental Plans

MEDICAL/Rx/VISION		Choose One of These Plans*	
Plan Name	Kaiser Permanente Plan	Cigna PDA In-Network Only Plan (previously Providence Personal Option Plan)	Cigna PDA PPO Plan (previously 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 Cigna Open Access Plus network: myCigna.com	You may choose any Provider, but your out-of-pocket costs will be lower when you choose a Provider in the Cigna Open Access Plus Network: myCigna.com
Prescription		Trust Prescription Drug Plan (administered by Express Scripts) For members enrolled in a Cigna medical plan	
Retail and Mail Order Available	Use Kaiser Permanente pharmacies and mail order	Use Express-Scripts network pharmacies and mail order	
Vision		Trust Vision Plan (administered by VSP) For members enrolled in a Cigna medical plan	
Provider Choice	Use Kaiser Permanente Providers	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 may enroll in a medical and dental plan. You cannot enroll in medical only or dental only. DCU members may not decline coverage.

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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	Cigna PDA In-Network Only Plan	Cigna PDA PPO 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		

What Your Rate Includes



Rates include Medical, Prescription, Vision, Dental (Kaiser or Trust Plan) and a mandatory self-pay Long-Term Disability contribution of \$21.00 which will be taken out of your paycheck on a post-tax basis.