

RATES

PAT EARLY RETIREES—2022 PLAN YEAR

PAT



HEALTH & WELFARE TRUST
SCHOOL DISTRICT NO. 1

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Medical and Prescription Plans

Plan Name	Choose One of These Health Plans			Closed to New Enrollment
	Kaiser Permanente Plan	Cigna PAT Retiree In-Network Only (previously Providence Personal Option Plan)	Cigna PAT Retiree Trust Plan 2 (previously Regence Early Retiree Trust Plan 2)	Cigna PAT Retiree Trust Plan 1 (previously 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 Cigna In-network Provider. Plan pays 70% of most covered services when you choose a provider outside the Cigna network—plus you pay any amount billed over the allowed amount.	After you pay the deductible: The Plan pays 85% of most covered services when you choose a Cigna In-network Provider. Plan pays 75% of most covered services when you choose a provider outside the Cigna network—plus you pay any amount billed over the allowed amount.
Provider Choices	Choose providers 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	You may choose any provider, but your out-of-pocket costs will be lower when you choose a provider in the Cigna PPO network: myCigna.com
Prescription	Kaiser Permanente Plan	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		
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	In-network: \$1,000/person, \$14,000/family Out-of-network: \$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	Cigna PAT Retiree In-Network Only (previously Providence Personal Option Plan)	Cigna PAT Retiree Trust Plan 2 (previously Regence Early Retiree Trust Plan 2)	Cigna PAT Retiree Trust Plan 1 (previously 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	\$320.18	\$376.20	\$348.78	\$408.68
Retiree + spouse/ domestic partner and child(ren)¹	\$768.46	\$1,109.04	\$946.66	\$1,109.24
Retiree + one child²	\$640.38	\$752.40	\$697.58	\$817.38
Retiree + two or more children²	\$1,088.66	\$1,485.24	\$1,295.46	\$1,517.94
If you are not eligible for the district-paid contribution				
Retiree only	\$608.80	\$714.72	\$638.62	\$752.58
Retiree + one	\$1,249.18	\$1,467.12	\$1,336.20	\$1,569.96
Retiree + family	\$1,697.46	\$2,199.96	\$1,934.08	\$2,270.52

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.

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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*	Trust Vision Plan (administered by VSP) For members enrolled in a Cigna medical plan
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 (administered by Delta Dental of Oregon)
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	Cigna Medical Plan with <i>Trust Vision</i> and <i>Kaiser Dental</i> Plans	Cigna Medical Plan with <i>Trust Vision</i> and <i>Trust Dental</i> Plans
Monthly Contributions—Basic Coverage				
Retiree only	\$41.12	\$30.58	\$45.32	\$34.78
Retiree + one	\$77.22	\$57.40	\$85.60	\$65.78
Retiree + family	\$133.32	\$99.16	\$142.92	\$108.76
Monthly Contributions—Buy-Up Coverage				
Retiree only	\$59.66	\$56.44	\$66.56	\$63.34
Retiree + one	\$112.04	\$106.00	\$125.88	\$119.84
Retiree + family	\$193.48	\$183.04	\$209.26	\$198.82

*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.

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