

# RATES

## PFSP ACTIVES—2022 PLAN YEAR

PFSP



**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](http://sdtrust.com)

### 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	Cigna PDA In-Network Only Plan (previously Providence Personal Option Plan)	Cigna PDA PPO Plan (previously Providence Option Advantage Plan)
<b>Medical</b>			
<b>How the Plan Pays Benefits</b> Copays and deductible waived for commonly used in-network services	The Plan pays 100% of most covered services after you pay the copay <b>No out-of-network coverage except emergency care and urgent care when traveling</b>	The Plan pays 100% for most covered services after you pay copays and deductible <b>No out-of-network coverage except emergency care.</b>	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
<b>Provider Choices</b>	Choose a Provider in these networks: <ul style="list-style-type: none"> <li>• Kaiser Permanente: <a href="http://kp.org">kp.org</a></li> <li>• The Portland Clinic: <a href="http://theportlandclinic.com">theportlandclinic.com</a></li> </ul>	Choose a Provider in the Cigna Open Access Plus network: <a href="http://myCigna.com">myCigna.com</a>	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: <a href="http://myCigna.com">myCigna.com</a>
<b>Prescription</b>		<b>Trust Prescription Drug Plan (administered by Express Scripts) For members enrolled in a Cigna medical plan</b>	
<b>Retail and Mail Order Available</b>	Use Kaiser Permanente pharmacies and mail order	Use Express Scripts network pharmacies and mail order	
<b>Vision</b>		<b>Trust Vision Plan (administered by VSP) For members enrolled in a Cigna medical plan</b>	
<b>Provider Choice</b>	Use Kaiser Permanente Providers	Use VSP Providers	
<b>Your Out-of-Pocket Costs</b>			
<b>Annual Medical Deductible</b>	\$100/individual \$300/family	\$100/individual \$200/family	\$100/individual \$200/family
<b>Annual Medical Out-of-Pocket Maximum</b>	\$600/individual \$1,200/family	\$1,200/individual \$2,400/family	\$1,200/individual \$2,400/family
<b>Annual Prescription Out-of-Pocket Maximum</b>	Prescription expenses apply to the medical out-of-pocket maximum	\$2,200/individual \$4,400/family	\$2,200/individual \$4,400/family
<b>INCOME SECURITY BENEFITS (Administered by The Standard)</b>			
<b>Long-Term Disability (LTD) Insurance</b>			
<b>Basic Coverage</b>	Self-pay coverage required for all employees		
<b>Term Life and Accidental Death and Dismemberment (AD&amp;D) Insurance</b>			
<b>Basic Coverage</b>	Included for all Plans		
<b>Optional Life and AD&amp;D Coverage</b>	Available to purchase for all Plans		

\*You may enroll in a medical and dental plan. You cannot enroll in medical only or dental only.

This is an overview of commonly used services. For additional Plan comparisons, go to [sdtrust.com](http://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
<b>Provider Choice</b>	Use Kaiser Permanente providers	Use any provider; save money with an in-network provider
<b>Dependent Dental Coverage</b>	Yes	Yes
<b>Your Costs</b>		
<b>Annual Dental Plan Deductible</b>	None	None
<b>Maximum Annual Dental Benefit</b>	\$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*			
<b>Full-Time Member Only</b>	\$21.00	\$21.00	\$21.00
<b>Full-Time Member + one dependent</b>	\$34.00	\$36.00	\$38.00
<b>Full-Time Member + Family</b>	\$49.00	\$59.00	\$60.00
<b>Part-Time Member Only</b>	\$21.00 (with Trust Dental Plan) \$21.00 (with Kaiser Dental Plan)	\$48.38 (with Trust Dental Plan) \$51.60 (with Kaiser Dental Plan)	\$70.40 (with Trust Dental Plan) \$73.62 (with Kaiser Dental Plan)
<b>Part-Time Member + one dependent</b>	\$767.12 (with Trust Dental Plan) \$776.16 (with Kaiser Dental Plan)	\$840.66 (with Trust Dental Plan) \$846.70 (with Kaiser Dental Plan)	\$884.74 (with Trust Dental Plan) \$890.78 (with Kaiser Dental Plan)
<b>Part-Time Member + Family</b>	\$1,337.76 (with Trust Dental Plan) \$1,348.42 (with Kaiser Dental Plan)	\$1,638.30 (with Trust Dental Plan) \$1,648.74 (with Kaiser Dental Plan)	\$1,704.36 (with Trust Dental Plan) \$1,714.80 (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	Cigna PDA In-Network Only	Cigna PDA PPO
<b>Medical</b>			
<b>How the Plan Pays Benefits</b> 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) <b>No out-of-network coverage except emergency care and urgent care while traveling.</b>	The Plan pays 90% for most covered services after you pay the deductible (and 100% after you pay copays for certain services) <b>No out-of-network coverage except emergency care.</b>	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
<b>Provider Choices</b>	Choose a Provider in these networks: <ul style="list-style-type: none"> <li>• Kaiser Permanente: <a href="http://kp.org">kp.org</a></li> <li>• The Portland Clinic: <a href="http://theportlandclinic.com">theportlandclinic.com</a></li> </ul>	Choose a Provider in the Cigna Open Access Plus network: <a href="http://myCigna.com">myCigna.com</a>	You may choose any Provider, but your out-of-pocket costs will be lower when you choose a Provider in the Cigna PPO network: <a href="http://myCigna.com">myCigna.com</a>
<b>Prescription</b>			
	Kaiser Permanente	Trust Prescription Drug Plan (administered by Express Scripts) For members enrolled in a Cigna medical plan	
<b>Retail and Mail Order Available</b>	Use Kaiser Permanente pharmacies and mail order	Use Express Scripts network pharmacies and mail order	
<b>Term Life and Accidental Death and Dismemberment (AD&amp;D) Insurance (Administered by The Standard)</b>			
<b>Optional Coverage</b>	Available to purchase for all Plans		
<b>Your Costs</b>			
<b>Annual Medical Deductible</b>	\$100/individual \$300/family	\$100/individual \$200/family	\$100/individual \$200/family
<b>Annual Medical Out-of-Pocket Maximum</b>	\$1,200/individual \$2,400/family	\$2,200/individual \$4,400/family	\$2,200/individual \$4,400/family
<b>Annual Prescription Out-of-Pocket Maximum</b>	Prescription expenses apply to the medical out-of-pocket maximum	\$2,200/individual \$4,400/family	\$2,200/individual \$4,400/family
<b>Monthly Contribution Rates</b>			
<b>Part-Time Member Only</b>	\$0	\$0	\$0
<b>Part-Time Member + one dependent</b>	\$192.16	\$586.97	\$592.41
<b>Part-Time Member + Family</b>	\$790.20	\$1,202.91	\$1,212.51

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