

RATES

ATU AND DCU ACTIVES—2023 PLAN YEAR



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IMPORTANT: Beginning April, 1, 2023, the PDA In-Network Only and PPO Plans are administered by Providence and the provider network is the Providence PPS/SD-1 Trust network.

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

MONTHLY CONTRIBUTION RATES			
Plan Name	Kaiser Permanente Plan	Providence PDA In-Network Only Plan	Providence 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

MEDICAL/Rx/VISION		Choose One of These Plans	
Plan Name	Kaiser Permanente Plan	Providence PDA In-Network Only Plan	Providence PDA PPO 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 PPS/SD-1 Trust network: myProvidence.com	You may choose any Provider, but your out-of-pocket costs will be lower when you choose a Providence PPS/SD-1 Trust network: myProvidence.com
Prescription	Kaiser Permanente	Trust Prescription Drug Plan (administered by Express Scripts) For members enrolled in a Providence medical plan	
Retail and Mail Order Available	Use Kaiser Permanente pharmacies and mail order	Use Express-Scripts network pharmacies and mail order	
Vision	Kaiser Vision Plan	Trust Vision Plan (administered by VSP) For members enrolled in a Providence 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

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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

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

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.

 Choose a Medical/ Prescription/Vision plan and a Dental plan. You cannot enroll in Medical/Prescription/Vision only or Dental only. DCU members may not decline coverage.