

RATES

PAT ACTIVES—2023 PLAN YEAR

PAT



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

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

Choose One of These Plans if You are Full- or Part-Time and Want Full Coverage

Plan Name	Kaiser Permanente Plan	Providence PAT In-Network Only Plan	Providence PAT PPO Plan
Monthly Contribution Rates (Includes dental and mandatory self-pay LTD of \$21.00*)			
FULL TIME: Member only or member + dependents	\$150.92	\$150.92	\$150.92
PART TIME: Member only or member + dependents	\$938.56	\$938.56	\$938.56

* 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.

Medical/Rx/Vision Benefits	Kaiser Permanente Plan	Providence PAT In-Network Only Plan	Providence PAT 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 90% of most covered services; and 100% for office visits, after you pay a \$10 copay No out-of-network coverage except emergency care.	The Plan pays 80% of most covered services when you choose Providence In-network Providers; 70% when you choose providers outside the Providence PPS/SD-1 Trust network—plus you pay any amount billed over the allowed amount.
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	Choose any provider. Search for a provider in the Providence PPS/SD-1 Trust network: myProvidence.com
Prescription			
Retail and Mail Order Available	Use Kaiser Permanente pharmacies and mail order	Trust Prescription Drug Plan (administered by Express Scripts) For members enrolled in a Providence medical plan Use Express-Scripts pharmacies and mail order	
Vision			
Provider Choice	Use Kaiser Permanente Providers	Trust Vision Plan (administered by VSP) For members enrolled in a Providence medical plan Use VSP Providers	
Your Out-of-Pocket Costs			
Annual Medical Deductible	\$0	\$0	\$100/individual \$300/family
Annual Medical Out-of-Pocket Maximum	\$600/individual \$1,200/family	\$1,200/individual \$2,400/family	\$1,000/individual \$2,000/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

Chart continued on next page

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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 Provided by the Trust for all Plans

Optional Life and AD&D Coverage Available to purchase for all Plans

Dental Benefits	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



Choose a medical/prescription/vision plan and a dental plan. You cannot enroll in medical/prescription/vision only or 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.

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

Option 2 Plans

Part-Time Employees Only—Medical and Prescription Drug, Long-Term Disability (LTD), Basic Term Life and Accidental Dismemberment (AD&D), Optional Term Life and Voluntary AD&D Coverage Only

(Note: Where the cost for coverage under an Option 2 Plan is higher than the cost of coverage under an Option 1 Plan, you will need to enroll in an Option 1 Plan. See pages 8–9.)

Choose One of These Plans if You are Part-Time and Want Medical and Prescription Only			
Plan Name	Kaiser Permanente Plan	Providence PAT In-Network Only Plan	Providence PAT PPO Plan
Monthly Contribution Rates (Includes mandatory self-pay LTD of \$21.00*)			
Member Only	\$21.00	\$21.00	\$21.00
Member + one dependent	\$487.71	\$615.03	\$817.97
Member + Family	Coverage provided through Option 1 Plans only	Coverage provided through Option 1 Plans only	Coverage provided through Option 1 Plans only
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 while traveling.	The Plan pays 90% of most covered services (and 100% for office visits, after you pay a \$10 copay) No out-of-network coverage except emergency care.	The Plan pays 80% of most covered services after you meet the annual deductible. If you choose a provider outside the Providence PPS/SD-1 Trust network you pay any amount billed over the allowed amount.
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	Choose any provider. Search for a provider in the 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 Clinics	Use Express Scripts network pharmacies and mail order	
Long-Term Disability (LTD) Insurance (administered by The Standard)			
Basic Coverage	Self-pay coverage required for all employees		
Term Life and Accidental Death and Dismemberment (AD&D) Insurance (administered by The Standard)			
Basic Coverage	Provided by the Trust for all Plans		
Optional Coverage	Available to purchase for all Plans		
Your Costs			
Annual Medical Deductible	\$0	\$0	\$200/individual \$600/family
Annual Medical Out-of-Pocket Maximum	\$600/individual \$1,200/family	\$1,200/individual \$2,400/family	\$1,000/individual \$3,000/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

* 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.

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