

# RATES

## PAT EARLY RETIREES—2023 PLAN YEAR

PAT



IMPORTANT: Beginning April, 1, 2023, the PAT Retiree In-Network Only Plan, Trust Plan 1 and Trust Plan 2 are administered by Providence and the provider network is the Providence PPS/SD-1 Trust network.

### Medical and Prescription Plans

| Plan Name  | Choose One of These Health Plans  |  |  | Closed to New Enrollment   |
|--|---|--|--|--|
|  | Kaiser Permanente Plan  | Providence PAT Retiree In-Network Only   | Providence PAT Retiree Trust Plan 2  | Providence PAT Retiree Trust Plan 1  |
| <b>Monthly Contribution Rates*</b>                         |   |  |  |  |
| <b>Retiree only</b>  | \$655.18  | \$775.84   | \$698.18   | \$816.26   |
| <b>Retiree + one</b>                                       | \$1,306.52  | \$1,554.06   | \$1,420.88   | \$1,663.06   |
| <b>Retiree + family</b>                                    | \$1,762.46  | \$2,312.20   | \$2,040.28   | \$2,388.84   |
| <b>Medical</b>   |   |  |  |  |
| <b>How the Plan Pays Benefits</b>                          | The Plan pays 100% of most covered services after you pay the copay.<br><b>No out-of-network coverage except emergency care and urgent care when traveling.</b>                           | The Plan pays 100% of most covered services after you pay the copay/coinsurance.<br><b>No out-of-network coverage except emergency care.</b> | After you pay the deductible: The Plan pays 90% of most covered services when you choose a Providence In-network Provider.<br><br>Plan pays 70% of most covered services when you choose a provider outside the Providence 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 Providence In-network Provider.<br><br>Plan pays 75% of most covered services when you choose a provider outside the Providence network—plus you pay any amount billed over the allowed amount. |
| <b>Provider Choices</b>                                    | Choose providers in these networks:<br>• Kaiser Permanente: <a href="http://kp.org">kp.org</a><br>• The Portland Clinic: <a href="http://theportlandclinic.com">theportlandclinic.com</a> | Choose a provider in the Providence PPS/SD-1 Trust network:<br><b>myProvidence.com</b>   | You may choose any provider, but your out-of-pocket costs will be lower when you choose a provider in the Providence PPS/SD-1 Trust network:<br><b>myProvidence.com</b>  | You may choose any provider, but your out-of-pocket costs will be lower when you choose a provider in the Providence PPS/SD-1 Trust network:<br><b>myProvidence.com</b>  |
| <b>Prescription</b>  | <b>Kaiser Permanente Plan</b>   | <b>Trust Prescription Drug Plan (administered by Express Scripts)<br/>For members enrolled in a Providence 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>Your Costs</b>  |   |  |  |  |
| <b>Annual Medical Plan Deductible</b>                      | \$0   | \$0  | \$200/person, \$400/family   | \$200/person, \$400/family   |
| <b>Annual Medical Plan Out-of-Pocket Maximum</b>           | \$600/person, \$1,200/family  | \$700/person, \$2,000/family   | <b>In-network:</b> \$1,000/person, \$14,000/family<br><b>Out-of-network:</b> \$3,000/person, unlimited/family  | <b>Preferred:</b> \$1,000/person up to \$14,000  |
| <b>Annual Prescription Drug Plan Out-of-Pocket Maximum</b> | 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   |

\* If you are eligible for the district-paid contribution, please contact the Trust Administrative Office for rates.

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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### 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.

| RATES  | Kaiser Medical*<br>Plan with <i>Kaiser Vision</i><br>and <i>Kaiser Dental</i> Plans | Kaiser Medical*<br>Plan with <i>Kaiser Vision</i><br>and <i>Trust Dental</i> Plans | Providence Medical Plan<br>with <i>Trust Vision</i> and<br><i>Kaiser Dental</i> Plans | Providence Medical Plan<br>with <i>Trust Vision</i> and<br><i>Trust Dental</i> Plans |
|--|---|--|---|--|
| <b>Monthly Contributions—Basic Coverage</b>  |   |  |   |  |
| <b>Retiree only</b>                          | \$41.12   | \$32.90  | \$45.22   | \$37.00  |
| <b>Retiree + one</b>                         | \$77.22   | \$61.76  | \$85.40   | \$69.94  |
| <b>Retiree + family</b>                      | \$133.32  | \$106.70   | \$142.68  | \$116.06   |
| <b>Monthly Contributions—Buy-Up Coverage</b> |   |  |   |  |
| <b>Retiree only</b>                          | \$59.66   | \$60.72  | \$66.38   | \$67.44  |
| <b>Retiree + one</b>                         | \$112.04  | \$114.06   | \$125.46  | \$127.48   |
| <b>Retiree + family</b>                      | \$193.48  | \$196.96   | \$208.86  | \$212.34   |

\*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. If you are eligible for the district-paid contribution, please contact the Trust Administrative Office for rates.

| VISION                 | Kaiser Permanente Plan*                                       | Trust Vision Plan (administered by VSP)<br>For members enrolled in a Providence medical plan |
|------------------------|---|--|
| <b>Provider Choice</b> | Use Kaiser Permanente providers<br>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<br>(administered by Delta Dental of Oregon) |
| <b>Provider Choice</b>               | Use Kaiser Permanente providers<br>No out-of-network coverage | Use any provider; save money with<br>an in-network provider   |
| <b>Your Costs</b>                    |   |   |
| <b>Annual Dental Deductible</b>      | <b>Basic:</b> \$50/person<br><b>Buy Up:</b> \$0               | <b>Basic:</b> \$50/person<br><b>Buy Up:</b> \$0               |
| <b>Dental Maximum Annual Benefit</b> | <b>Basic:</b> \$1,200<br><b>Buy Up:</b> \$2,500               | <b>Basic:</b> \$1,200<br><b>Buy Up:</b> \$2,500               |



Consider your choice for Dental coverage carefully: You will not be able to change your choice in the future.

If you enroll and then decline coverage later, you cannot re-enroll in the future.

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