

# RATES

## PFSP, ATU AND DCU EARLY RETIREES—2023 PLAN YEAR



**HEALTH & WELFARE TRUST**  
SCHOOL DISTRICT NO. 1

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

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

### Medical and Prescription Plans

MEDICAL/PRESCRIPTION		Choose One of These Health Plans	
Plan Name	Kaiser Permanente Plan	Providence PDA Retiree PPO Plan	Providence PDA Retiree In-Network Only Plan
<b>Monthly Contribution Rates*</b>			
<b>Retiree only</b>	\$591.76	\$741.16	\$735.68
<b>Retiree + one</b>	\$1,179.68	\$1,484.64	\$1,473.76
<b>Retiree + family</b>	\$1,591.22	\$2,208.12	\$2,191.84
<b>Medical</b>			
<b>How the Plan Pays Benefits</b>	The Plan pays 90%-100% for most in-network covered services after you pay the deductible and copay/coinsurance. <b>No out-of-network coverage except emergency care and urgent care when traveling.</b>	The Plan pays 80% for most in-network covered charges after you pay the deductible and copay/coinsurance; and 60% of UCR for out-of-network covered charges—plus you pay any amount billed over the UCR.	The Plan pays 90%-100% for most in-network covered services after you pay the deductible and copay/coinsurance <b>No out-of-network coverage except emergency care.</b>
<b>Provider Choices</b>	Choose providers in these networks: • Kaiser Permanente: <a href="http://kp.org">kp.org</a> • The Portland Clinic: <a href="http://theportlandclinic.com">theportlandclinic.com</a>	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: <a href="http://myProvidence.com">myProvidence.com</a>	Choose providers from the Providence PPS/SD-1 Trust network: <a href="http://myProvidence.com">myProvidence.com</a>
<b>Prescription</b>		<b>Trust Prescription Drug Plan (administered by Express Scripts) 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>	\$100/person \$300/family	\$100/person \$200/family	\$100/person \$200/family
<b>Annual Medical Plan Out-of-Pocket Maximum</b>	\$1,200/person \$2,400/family	\$2,200/person \$4,400/family	\$2,200/person \$4,400/family
<b>Annual Prescription Drug Plan Out-of-Pocket Maximum</b>	Included in Medical Plan Out-of-Pocket Maximum	\$2,200/person \$4,400/family	\$2,200/person \$4,400/family

\* 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* Plan with Kaiser Vision and Kaiser Dental Plans	Kaiser Medical* Plan with Kaiser Vision and Trust Dental Plans	Providence Medical Plan with Trust Vision and Kaiser Dental Plans	Providence Medical Plan with Trust Vision and Trust Dental 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	\$62.42	\$66.38	\$69.14
<b>Retiree + one</b>	\$112.04	\$117.24	\$125.46	\$130.66
<b>Retiree + family</b>	\$193.48	\$202.46	\$208.86	\$217.84

\*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.

VISION	Kaiser Permanente Plan	Trust Vision Plan (administered by VSP) For members enrolled in a Providence medical plan
<b>Provider Choice</b>	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)
<b>Provider Choice</b>	Use Kaiser Permanente providers	Use any provider; save money with an in-network provider
<b>Your Costs</b>		
<b>Annual Dental Deductible</b>	<b>Basic:</b> \$50/person <b>Buy Up:</b> \$0	<b>Basic:</b> \$50/person <b>Buy Up:</b> \$0
<b>Dental Maximum Annual Benefit</b>	<b>Basic:</b> \$1,200 <b>Buy Up:</b> \$2,500	<b>Basic:</b> \$1,200 <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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