

# RATES

## PAT ACTIVES—2024 PLAN YEAR

PAT



### Option 1 Plans

Full-Time and Part-Time Employees—Full Coverage including: Medical, Prescription, Dental, Vision, Long-Term Disability (LTD), Basic Term-Life and Accidental Death and Dismemberment (AD&D), Optional Term Life and Voluntary AD&D

#### 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
<b>Monthly Contribution Rates (Includes dental, vision, and mandatory self-pay LTD of \$21.00*)</b>			
<b>FULL TIME:</b> Member only or member + dependents	\$159.28	\$159.28	\$159.28
<b>PART TIME:</b> Member only or member + dependents	\$998.20	\$998.20	\$998.20

\* 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
<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 90% of most covered services; and 100% for office visits, after you pay a \$10 copay  <b>No out-of-network coverage except emergency care.</b>	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.
<b>Provider Choices</b>	Choose a provider in these networks: • Kaiser Permanente: <a href="http://kp.org">kp.org</a> • The Portland Clinic: <a href="http://theportlandclinic.com">theportlandclinic.com</a>	Choose a provider in the Providence PPS/SD-1 Trust network: <a href="http://myProvidence.com">myProvidence.com</a>	Choose any provider. Search for a provider in the Providence PPS/SD-1 Trust network: <a href="http://myProvidence.com">myProvidence.com</a>
<b>Prescription</b>			
	Kaiser Permanente	Trust Prescription Drug Plan (administered by Express Scripts) For members enrolled in a Providence medical plan	
<b>Retail and Mail Order Available</b>	Use Kaiser Permanente pharmacies and mail order	Use Express-Scripts pharmacies and mail order	
<b>Vision</b>			
	Kaiser Vision Plan	Trust Vision Plan (administered by VSP) For members enrolled in a Providence medical plan	
<b>Provider Choice</b>	Use Kaiser Permanente Providers	Use VSP Providers	
<b>Your Out-of-Pocket Costs</b>			
<b>Annual Medical Deductible</b>	\$0	\$0	\$100/individual \$300/family
<b>Annual Medical Out-of-Pocket Maximum</b>	\$600/individual \$1,200/family	\$1,200/individual \$2,400/family	\$1,000/individual \$2,000/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

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
<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
Your Costs		
<b>Annual Dental Plan Deductible</b>	None	None
<b>Maximum Annual Dental Benefit</b>	\$2,500	\$2,500

This is an overview of commonly used services. For additional Plan comparisons, go to [sdtrust.com](https://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.

### 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
<b>Monthly Contribution Rates (Includes mandatory self-pay LTD of \$21.00*)</b>			
<b>Member Only</b>	\$21.00	\$21.00	\$21.00
<b>Member + one dependent</b>	\$545.73	\$651.43	\$858.85
<b>Member + Family</b>	Coverage provided through Option 1 Plans only (see page 8)	Coverage provided through Option 1 Plans only (see page 8)	Coverage provided through Option 1 Plans only (see page 8)
<b>Medical</b>			
<b>How the Plan Pays Benefits</b>	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 while traveling.</b>	The Plan pays 90% of most covered services (and 100% for office visits, after you pay a \$10 copay) <b>No out-of-network coverage except emergency care.</b>	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.
<b>Provider Choices</b>	Choose a provider in these networks: • Kaiser Permanente: <a href="http://kp.org">kp.org</a> • The Portland Clinic: <a href="http://theportlandclinic.com">theportlandclinic.com</a>	Choose a provider in the Providence PPS/SD-1 Trust network: <a href="http://myProvidence.com">myProvidence.com</a>	Choose any provider. Search for a provider in the Providence PPS/SD-1 Trust network: <a href="http://myProvidence.com">myProvidence.com</a>
<b>Prescription</b>			
<b>Retail and Mail Order Available</b>	Use Kaiser Permanente Clinics	Trust Prescription Drug Plan (administered by Express Scripts) For members enrolled in a Providence medical plan	
	Use Express Scripts network pharmacies and mail order		
<b>Long-Term Disability (LTD) Insurance (administered by The Standard)</b>			
<b>Basic Coverage</b>	Self-pay coverage required for all employees		
<b>Term Life and Accidental Death and Dismemberment (AD&amp;D) Insurance (administered by The Standard)</b>			
<b>Basic Coverage</b>	Provided by the Trust for all Plans		
<b>Optional Coverage</b>	Available to purchase for all Plans		
<b>Your Costs</b>			
<b>Annual Medical Deductible</b>	\$0	\$0	\$200/individual \$600/family
<b>Annual Medical Out-of-Pocket Maximum</b>	\$600/individual \$1,200/family	\$1,200/individual \$2,400/family	\$1,000/individual \$3,000/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

\* 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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