

RATES

DCU AND ATU ACTIVES—2025 PLAN YEAR



12205 SW Tualatin Rd., Suite 200
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833-255-4123 (toll-free) or 503-486-2107
sdtrust.com

Full-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

Medical, Prescription, Dental Plans

MONTHLY CONTRIBUTION RATES			
Plan Name	Kaiser Permanente Plan	Providence PDA In-Network Only Plan	Providence PDA PPO Plan
Medical, Prescription, Dental, Vision, Basic Life and Self-Pay LTD*			
Full-Time Member Only	\$66.00	\$66.00	\$71.00
Full-Time Member + one dependent	\$111.00	\$121.00	\$131.00
Full-Time Member + Family	\$201.00	\$211.00	\$231.00

* 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		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 the Kaiser Permanente network: kp.org	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		Trust Prescription Drug Plan (administered by Express Scripts) For members enrolled in a Providence Plan	
Retail and Mail Order Available	Use Kaiser Permanente pharmacies and mail order	Use Express-Scripts network pharmacies and mail order	
Vision		Trust Vision Plan (administered by VSP) For members enrolled in a Providence Plan	
Provider Choice	Use Kaiser Permanente Providers	Use VSP Providers	
Your Out-of-Pocket Costs			
Annual Medical Deductible	\$200/individual \$600/family	\$200/individual \$400/family	\$200/individual \$400/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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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

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

 DCU members may not decline coverage. If you don't enroll, you will be enrolled in the employee-only Providence PDA PPO Medical Plan and Trust Dental Plan.

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.