

RATES

PAT ACTIVES—2025 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
Monthly Contribution Rates (Includes dental, vision, and mandatory self-pay LTD of \$21.00*)			
FULL TIME: Member only or member + dependents	\$173.48	\$173.48	\$173.48
PART TIME: Member only or member + dependents	\$1,099.58	\$1,099.58	\$1,099.58

* 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 this network: • Kaiser Permanente: kp.org	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 Plan	
Retail and Mail Order Available	Use Kaiser Permanente pharmacies and mail order	Use Express-Scripts pharmacies and mail order	
Vision			
	Kaiser Vision Plan	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	\$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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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

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

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.

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	\$600.21	\$734.01	\$964.23
Member + Family	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).
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 this network: • Kaiser Permanente: kp.org	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 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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