

# RATES

## PFSP ACTIVES—2024 PLAN YEAR

PFSP



### 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 PDA In-Network Only Plan	Providence PDA PPO Plan
<b>Monthly Contribution Rates</b>			
<b>Full-Time Member Only</b>	\$41.00	\$41.00	\$46.00
<b>Full-Time Member + one dependent</b>	\$61.00	\$66.00	\$71.00
<b>Full-Time Member + Family</b>	\$111.00	\$119.00	\$131.00
<b>Part-Time Member Only</b>	\$95.02 (with Trust Dental Plan) \$90.60 (with Kaiser Dental Plan)	\$125.18 (with Trust Dental Plan) \$120.76 (with Kaiser Dental Plan)	\$148.50 (with Trust Dental Plan) \$144.08 (with Kaiser Dental Plan)
<b>Part-Time Member + one dependent</b>	\$916.22 (with Trust Dental Plan) \$907.88 (with Kaiser Dental Plan)	\$981.24 (with Trust Dental Plan) \$972.88 (with Kaiser Dental Plan)	\$1,027.90 (with Trust Dental Plan) \$1,019.56 (with Kaiser Dental Plan)
<b>Part-Time Member + Family</b>	\$1,538.00 (with Trust Dental Plan) \$1,523.56 (with Kaiser Dental Plan)	\$1,842.72 (with Trust Dental Plan) \$1,828.28 (with Kaiser Dental Plan)	\$1,912.66 (with Trust Dental Plan) \$1,898.22 (with Kaiser Dental Plan)

\* 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

Plan Name	Kaiser Permanente Plan	Providence PDA In-Network Only Plan	Providence PDA 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 100% for most covered services after you pay copays and deductible <b>No out-of-network coverage except emergency care.</b>	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
<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>	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>
<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 network pharmacies and mail order	

Chart continued on next page

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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MEDICAL/Rx/VISION			
Plan Name	Kaiser Permanente Plan	Providence PDA In-Network Only Plan	Providence PDA PPO Plan
Vision	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>	\$100/individual \$300/family	\$100/individual \$200/family	\$100/individual \$200/family
<b>Annual Medical Out-of-Pocket Maximum</b>	\$600/individual \$1,200/family	\$1,200/individual \$2,400/family	\$1,200/individual \$2,400/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

INCOME SECURITY BENEFITS (Administered by The Standard)	
<b>Long-Term Disability (LTD) Insurance</b>	
<b>Basic Coverage</b>	Self-pay coverage required for all employees
<b>Term Life and Accidental Death and Dismemberment (AD&amp;D) Insurance</b>	
<b>Basic Coverage</b>	Included for all Plans
<b>Optional Life and AD&amp;D Coverage</b>	Available to purchase for all Plans

\*You may enroll in a medical and dental plan. You cannot enroll in medical only or dental only.

DENTAL	Choose One of These Dental Plans	
	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
<b>Your Costs</b>		
<b>Annual Dental Plan Deductible</b>	None	None
<b>Maximum Annual Dental Benefit</b>	\$2,500	\$2,500

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### Option 2 Plans

Part-Time Employees Only—Medical and Prescription Drug, Optional Term Life and Voluntary Accidental Death and Dismemberment (AD&D)

Choose One of These Plans if You are Part-Time and Want Medical & Prescription Only			
Plan Name	Kaiser Permanente Plan	Providence PDA In-Network Only	Providence PDA PPO
<b>Monthly Contribution Rates</b>			
<b>Part-Time Member Only</b>	\$0	\$0	\$0
<b>Part-Time Member + one dependent</b>	\$370.42	\$721.61	\$727.39
<b>Part-Time Member + Family</b>	940.02	\$1,434.67	\$1,444.81
<b>Medical</b>			
<b>How the Plan Pays Benefits</b> Copays and deductible waived for commonly used in-network services	The Plan pays 90% for most covered services after you pay the deductible (and 100% after you pay copays for certain services) <b>No out-of-network coverage except emergency care and urgent care while traveling.</b>	The Plan pays 90% for most covered services after you pay the deductible (and 100% after you pay copays for certain services) <b>No out-of-network coverage except emergency care.</b>	The Plan pays 80% for most in-network covered charges after you pay the deductible, and 60% of UCR for out-of-network covered charges
<b>Provider Choices</b>	Choose a Provider in these networks: <ul style="list-style-type: none"> <li>Kaiser Permanente: <a href="http://kp.org">kp.org</a></li> <li>The Portland Clinic: <a href="http://theportlandclinic.com">theportlandclinic.com</a></li> </ul>	Choose a Provider in the Providence PPS/SD-1 Trust network: <a href="http://myProvidence.com">myProvidence.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>
<b>Prescription</b>	<b>Kaiser Permanente</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>Term Life and Accidental Death and Dismemberment (AD&amp;D) Insurance (Administered by The Standard)</b>			
<b>Optional Coverage</b>	Available to purchase for all Plans		
<b>Your Costs</b>			
<b>Annual Medical Deductible</b>	\$100/individual \$300/family	\$100/individual \$200/family	\$100/individual \$200/family
<b>Annual Medical Out-of-Pocket Maximum</b>	\$1,200/individual \$2,400/family	\$2,200/individual \$4,400/family	\$2,200/individual \$4,400/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

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 this chart and the official Plan documents, provisions of the official Plan documents will govern how the Plans work and how the Plans pay benefits.