

RATES

PFSP, DCU AND ATU EARLY RETIREES—2025 PLAN YEAR



HEALTH & WELFARE TRUST
SCHOOL DISTRICT NO. 1

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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
Monthly Contribution Rates*			
Retiree only	\$700.46	\$875.28	\$869.36
Retiree + one	\$1,373.78	\$1,731.68	\$1,719.92
Retiree + family	\$1,845.10	\$2,561.56	\$2,543.96
Medical			
How the Plan Pays Benefits	The Plan pays 90%-100% for most in-network covered services after you pay the deductible and copay/coinsurance. No out-of-network coverage except emergency care and urgent care when traveling.	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. No out-of-network coverage except emergency care.
Provider Choices	Choose providers in the Kaiser Permanente network: kp.org	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: myProvidence.com	Choose providers from the 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	
Your Costs			
Annual Medical Plan Deductible	\$200/person \$600/family	\$200/person \$400/family	\$200/person \$400/family
Annual Medical Plan Out-of-Pocket Maximum	\$1,200/person \$2,400/family	\$2,200/person \$4,400/family	\$2,200/person \$4,400/family
Annual Prescription Drug Plan Out-of-Pocket Maximum	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. 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
Monthly Contributions—Basic Coverage				
Retiree only	\$40.00	\$35.24	\$44.42	\$39.66
Retiree + one	\$75.12	\$66.16	\$83.92	\$74.96
Retiree + family	\$129.68	\$114.30	\$139.76	\$124.38
Monthly Contributions—Buy-Up Coverage				
Retiree only	\$58.04	\$66.86	\$65.30	\$74.12
Retiree + one	\$109.00	\$125.58	\$123.46	\$140.04
Retiree + family	\$188.20	\$216.88	\$204.78	\$233.46

*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 Plan
Provider Choice	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)
Provider Choice	Use Kaiser Permanente providers	Use any provider; save money with an in-network provider
Your Costs		
Annual Dental Deductible	Basic: \$50/person Buy Up: \$0	Basic: \$50/person Buy Up: \$0
Dental Maximum Annual Benefit	Basic: \$1,200 Buy Up: \$2,500	Basic: \$1,200 Buy Up: \$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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