



Comparison Chart Health Care Benefits for PAT Full-Time, Part-Time Option 1

Effective January 1, 2017

Medical & Prescription Drug Benefits

	Trust Preferred Provider Plan (Regence)	Kaiser Permanente HMO	Providence Personal Option Plan
Provider choice	Choose a Regence preferred provider, a Regence participating provider, or a non-Regence participating provider. Benefits vary based on which category you choose. Find a list of providers at regence.com	Must use Kaiser or Portland Clinic providers, except in cases of emergency or when referred outside the network by Kaiser	Freedom to use any provider in the Providence Signature Network. May use out-of-network providers for emergency and urgent services only
How the plan pays benefits	After you meet the annual deductible, plan pays a percentage of covered charges: Preferred: 80% Non-preferred: 70% of allowable charges	Most covered services paid in full after applicable copayment	Office visits are covered at 100% after you pay a \$10 copayment; most other covered services are paid at 90%
Annual* deductible	\$100/individual, \$300/family	None	None
Annual* out-of-pocket maximum	\$1,000/individual, \$2,000/family; after the annual deductible	\$600/individual, \$1,200/family	\$1,200/individual, \$2,400/family
Covered services	What the plan pays	What the plan pays	What the plan pays
Physician services			
Office visits (including mental health and chemical dependency)	Preferred: 80% after deductible Participating and Non-Contracted: 70% of allowable charges after deductible	100% after you pay a \$5 copayment per visit	100% after you pay a \$10 copayment per visit
Hospital visits (including mental health and chemical dependency)	Preferred: 80% after deductible Participating and Non-Regence participating: 70% of allowable charges after deductible	100%	90%
Preventive care services			
Periodic health exams and well-baby care	Preferred: 100%, according to frequency schedule** Participating and Non-Contracted: 70% of allowable charges after deductible	100%, according to frequency schedule**	100%, according to frequency schedule**
Routine immunizations	Preferred: 100%, according to frequency schedule** Participating and Non-Contracted: 70% of allowable charges after deductible	100%, according to frequency schedule**	100%, according to frequency schedule**

* Based on Calendar year

** Contact your medical plan for schedule



Effective January 1, 2017

Medical & Prescription Drug Benefits (continued)

	Trust Preferred Provider Plan (Regence)	Kaiser Permanente HMO	Providence Personal Option Plan
Covered services	What the plan pays	What the plan pays	What the plan pays
Lab and X-ray	Preferred: 80% after deductible Participating and Non-Contracted: 70% of allowable charges after deductible	100%	90%
Emergency care	Any Provider: 100% after you pay a \$100 copayment per visit, deductible waived; copayment waived if admitted	Kaiser or non-Kaiser facility: 100% after you pay a \$25 copayment, in or outside the service area; waived if admitted	100% after you pay a \$100 copayment at nearest emergency facility
Urgent care	Preferred: 80% after deductible Participating and Non-Contracted: 70% of allowable charges after deductible	When inside the service area, must use Kaiser or Portland Clinic facility: 100% after you pay a \$5 office visit copayment	100% after you pay a \$10 copayment per visit. Lab and X-ray 90%
Hospital facility services			
Acute hospital care (including mental health and chemical dependency)	Preferred: 80% after deductible Participating and Non-Contracted: 70% of allowable charges after deductible	100%	90%
Ambulatory Surgery Center Benefit	90% of allowable charges after deductible	N/A	90%
Maternity services			
Pre- and post-natal care	Preferred: 80% after deductible Non-preferred and Non-Contracted: 70% of allowable charges after deductible	100%	Pre-natal: Covered in full Post-natal: 90%
Delivery and hospital services	Preferred: 80% after deductible Non-preferred and Non-Contracted: 70% of allowable charges after deductible	100%	90%
Alternative care			
	Chiropractic, naturopathy, acupuncture: Preferred, Non-preferred and Non-Contracted: 80% after deductible	Self-referred through the CHP group. Chiropractic, naturopathy, acupuncture: 100% after you pay a \$10 copayment per visit; \$1,500 annual benefit maximum for all services combined Therapeutic massage: 100% after you pay a \$25 copayment per visit, up to 12 visits per year	Chiropractic only: 100% after you pay a \$10 copayment per visit; up to 20 visits per calendar year

Comparison Chart Health Care Benefits for PAT Full-Time, Part-Time Option I

Effective January 1, 2017

Medical & Prescription Drug Benefits (continued)

	Trust Preferred Provider Plan (Regence)	Kaiser Permanente HMO	Providence Personal Option Plan
Covered services	What the plan pays	What the plan pays	What the plan pays
Vision			
	Covered under the Trust Vision Plan VSP providers: 100% for eye exams and standard lenses, up to \$100 for frames Non-VSP providers: Subject to schedule of benefits. Exams and lenses once every 12 months children under age 17, 24 months adults; frames every 24 months for adults and children	100% after you pay a \$5 copayment per exam; up to \$250 credit for lenses, frames and/or contacts, once every 24 months	Covered under the Trust Vision Plan. VSP providers: 100% for eye exams and standard lenses, up to \$100 for frames. Non-VSP providers: Subject to schedule of benefits. Exams and lenses once every 12 months children under age 17, 24 months adults; frames every 24 months
Prescription drugs			
Outpatient Retail	In-network CVS Caremark® pharmacies (per 30-day supply): 100% after you pay a \$10 copayment for generic, \$20 for brand name (can purchase up to a 3-month supply)*** Out-of-network pharmacies: 80%	Kaiser pharmacies (up to 30-day supply): 100% after you pay a \$5 copayment for generic, \$10 for brand name	In-network CVS Caremark® pharmacies (per 30-day supply): 100% after you pay a \$10 copayment for generic, \$20 for brand name (can purchase up to a 3-month supply)*** Out-of-network pharmacies: 80%
Outpatient Mail order (per 90-day supply)	CVS Caremark® mail order service: 100% after you pay a \$20 copayment for generic, \$40 for brand name***	Kaiser mail order service: 100% after you pay a \$5 copayment for generic, \$10 for brand name	CVS Caremark® mail order service: 100% after you pay a \$20 copayment for generic, \$40 for brand name***
Other			
Telehealth	MDLIVE	Phone, email and video consultations covered 100%	Phone and video consultations, including Providence Express Care Virtual, covered 100%

*** You also pay the difference in cost for brand name drugs if a generic drug is available

Comparison Chart Health Care Benefits for PAT Full-Time, Part-Time Option I

Effective January 1, 2017

Dental Plan - Administered by Regence BlueCross BlueShield of Oregon

Dental Plan Highlights

Provider choice	Any licensed dentist*
Annual deductible	None
Covered services	What the plan pays
Diagnostic and preventive care (exams, cleaning, X-rays)	100% of UCR**
Basic services (fillings, extractions, minor oral surgery)	80% of UCR**
Restorative services (onlays, crowns)	80% of UCR**
Prosthetic services (bridges, dentures)	50% of UCR**
Orthodontia	50% of UCR** up to a lifetime maximum benefit of \$1,250
Maximum annual benefit	Plan pays up to \$1,750 per individual, per calendar year

* Regence participating dentists yield a greater discount on services. Call 1-866-240-9580 or visit regence.com for a list of providers.

** Usual, customary and reasonable charges

Perks and Discounts

Provider	Program	Description	Where to get more details
Regence	Advantages	A discount program offering savings on health-related products and services, including discounts on eyewear and laser vision correction services, hearing aids, dental services and fitness products.	regence.com
Providence	Extra Values and Discounts, FitTogether	A discount program offering savings on fitness services, eyewear, alternative care services, hearing aids and free or discounted health education classes.	providencehealthplan.com
Kaiser	CHP Complementary and Alternative Medicine and Healthy Living	Take advantage of a complementary and alternative medicine benefit, including chiropractic services*, naturopathic medicine, massage therapy and acupuncture. This Healthy Living perk also includes discounts on items like lift tickets, weight management programs, gym memberships and more.	kp.org
VSP	Exclusive Member Extras	Get more than \$2,500 in savings through special offers, including savings on the latest in eyewear from leading brands.	vsp.com/specialoffers

*Self-referred chiropractic care is provided by the CHP group. Visit chpgroup.com for details.

Note: This chart provides an overview of the benefits available to you. 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. For details, refer to the plan booklets, available on sdtrust.com or from the Trust Office. Providence and Kaiser plan booklets are only available from Customer Service:

- Providence 503-574-7500 (Portland) or 1-800-878-4445
- Kaiser 503-813-2000 (Portland) or 1-800-813-2000
- Regence 1-866-240-9580 Customer Service
1-800-810-BLUE (2583) for BlueCard questions (out of area services)

