

# BENEFITS OVERVIEW

## PAT EARLY RETIREES

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	Kaiser Permanente HMO Plan	Providence Personal Option Plan
<b>Office Visits for primary or specialty care</b>	You pay \$5 copay/visit (\$0 for pediatric primary care); then the Plan pays 100%	You pay \$5 copay/visit; then the Plan pays 100%
<b>Preventive Health Exams and Services</b> (Frequency schedule applies)	You pay \$0; Plan pays 100%	You pay \$0; Plan pays 100%
<b>Labs and X-rays</b>	You pay \$0; Plan pays 100%	You pay \$0; Plan pays 100%
<b>Maternity Care</b>	You pay \$0; Plan pays 100%	You pay \$0; Plan pays 100%
<b>Alternative Care</b> Acupuncture, chiropractic, naturopathy and massage therapy	<b>Acupuncture, chiropractic and naturopathy:</b> You pay \$10 copay/visit; then the Plan pays 100% <b>Massage therapy:</b> You pay \$25/visit; then the Plan pays 100% up to 12 visits/calendar year \$1,500/year max benefit combined for all alternative care	<b>Acupuncture:</b> You pay \$10 copay/visit; then Plan pays 100%, up to 20 visits/year <b>Naturopathy:</b> You pay \$5 copay/visit; then the Plan pays 100% <b>Chiropractic and massage therapy:</b> Not covered
<b>Telehealth/Virtual Visits</b> Phone and video consultations	You pay \$0; Plan pays 100% (includes email)	You pay \$0; Plan pays 100%
<b>Urgent Care</b>	You pay \$5 copay/visit; then the Plan pays 100%	You pay \$5 copay/visit; then the Plan pays 100%
<b>Emergency Care</b>	You pay \$25 copay/visit (waived if admitted); Plan pays 100%	You pay \$50 copay (waived if admitted); then the Plan pays 100%
<b>Hospital (Inpatient)</b>	You pay \$0; Plan pays 100%	You pay \$0; Plan pays 100%
<b>Ambulatory Surgery Center</b>	You pay \$5 copay/visit; then the Plan pays 100%	You pay \$0; Plan pays 100%
<b>Outpatient</b>	You pay \$5 copay/visit; then the Plan pays 100%	You pay \$0; Plan pays 100%
<b>Mental Health/Substance Abuse</b>	<b>Inpatient:</b> You pay \$0; Plan pays 100% <b>Outpatient:</b> You pay \$5 copay/visit; then the Plan pays 100%	<b>Inpatient:</b> You pay \$0; Plan pays 100% <b>Outpatient:</b> You pay \$5 copay/visit; then the Plan pays 100%
<b>Routine Hearing Exams/Tests</b>	You pay \$5 copay; then the Plan pays 100%	You pay \$5 copay; then the Plan pays 100%
<b>Hearing Aids (Adult)</b>	Not covered	You pay 20%; Plan pays 80%
<b>Out of Area Dependent Coverage</b>	Limited services	Full services
<b>Coverage While Traveling</b>	Worldwide urgent/emergency care coverage. Routine care is available in KP service areas.	Worldwide urgent/emergency care coverage

This is an overview of commonly used services. For medical benefit details, go to [sdtrust.com](http://sdtrust.com). 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.

Chart continued on next page

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	Regence Early Retiree Trust Plan 2	Regence Early Retiree Trust Plan 1
<b>Office Visits for primary or specialty care</b>	<b>Preferred:</b> You pay 10%; Plan pays 90% <b>Participating and Nonparticipating:</b> You pay 30%; Plan pays 70% of allowable expense	<b>Preferred:</b> You pay 15%; Plan pays 85% <b>Participating and Nonparticipating:</b> You pay 25%; Plan pays 75% of allowable expense
<b>Preventive Health Exams and Services</b> (Frequency schedule applies)	You pay \$0; Plan pays 100% (deductible waived)	You pay \$0; Plan pays 100% (deductible waived)
<b>Labs and X-rays</b>	<b>Preferred:</b> You pay 10%; Plan pays 90% <b>Participating and Nonparticipating:</b> You pay 30%; Plan pays 70%	<b>Preferred:</b> You pay 15%; Plan pays 85% <b>Participating and Nonparticipating:</b> You pay 25%; Plan pays 75%
<b>Maternity Care</b>	<b>Preferred:</b> You pay 10%; Plan pays 90% <b>Participating and Nonparticipating:</b> You pay 30%; Plan pays 70%	<b>Preferred:</b> You pay 15%; Plan pays 85% <b>Participating and Nonparticipating:</b> You pay 25%; Plan pays 75%
<b>Alternative Care</b> Acupuncture, chiropractic and naturopathy (Massage therapy not covered)	<b>Acupuncture and Chiropractic:</b> You pay 10%; Plan pays 90%. Up to 20 visits/year for all complementary care services combined <b>Naturopath:</b> Preferred: You pay 10%; Plan pays 90% / Participating and Nonparticipating: You pay 30%; Plan pays 70%	<b>Preferred:</b> You pay 15%; Plan pays 85% <b>Participating and Nonparticipating:</b> You pay 25%; Plan pays 75%
<b>Telehealth/Virtual Visits</b> Phone and video consultations	<b>Preferred:</b> You pay 10%; Plan pays 90% <b>Participating and Nonparticipating:</b> You pay 30%; Plan pays 70%	<b>Preferred:</b> You pay 15%; Plan pays 85% <b>Participating and Nonparticipating:</b> You pay 25%; Plan pays 75%
<b>Urgent Care</b>	<b>Preferred:</b> You pay 10%; Plan pays 90% <b>Participating and Nonparticipating:</b> You pay 30%; Plan pays 70%	<b>Preferred:</b> You pay 15%; Plan pays 85% <b>Participating and Nonparticipating:</b> You pay 25%; Plan pays 75%
<b>Emergency Care</b>	You pay \$25 copay (waived if admitted); then you pay 10%; Plan pays 90%	You pay 15%; Plan pays 85% (deductible does not apply)
<b>Hospital (Inpatient)</b>	<b>Preferred:</b> You pay 10%; Plan pays 90% <b>Participating and Nonparticipating:</b> You pay 30%; Plan pays 70%	<b>Preferred:</b> You pay 15%; Plan pays 85% <b>Participating and Nonparticipating:</b> You pay 25%; Plan pays 75%
<b>Ambulatory Surgery Center</b>	<b>Preferred:</b> You pay 5%; Plan pays 95% <b>Participating and Nonparticipating:</b> You pay 30%; Plan pays 70%	<b>Preferred:</b> You pay 10%; Plan pays 90% <b>Participating and Nonparticipating:</b> You pay 25%; Plan pays 75%
<b>Outpatient</b>	<b>Preferred:</b> You pay 10%; Plan pays 90% <b>Participating and Nonparticipating:</b> You pay 30%; Plan pays 70%	<b>Preferred:</b> You pay 15%; Plan pays 85% <b>Participating and Nonparticipating:</b> You pay 25%; Plan pays 75%
<b>Mental Health/Substance Abuse</b>	<b>Preferred:</b> You pay 10%; Plan pays 90% <b>Participating and Nonparticipating:</b> You pay 30%; Plan pays 70% <b>Outpatient:</b> deductible does not apply	<b>Preferred:</b> You pay 15%; Plan pays 85% <b>Participating and Nonparticipating:</b> You pay 25%; Plan pays 75% <b>Outpatient:</b> deductible does not apply
<b>Routine Hearing Exams/Tests</b>	Not covered	Not covered
<b>Hearing Aids (Adult)</b>	<b>Preferred:</b> You pay 10%; Plan pays 90% <b>Participating and Nonparticipating:</b> You pay 30%; Plan pays 70%	<b>Preferred:</b> You pay 15%; Plan pays 85% <b>Participating and Nonparticipating:</b> You pay 25%; Plan pays 75%
<b>Out of Area Dependent Coverage</b>	Full services through Blue Card program	Full services through Blue Card program
<b>Coverage While Traveling</b>	Blue Card Program	Blue Card program

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### Prescription Drug Benefits Overview

	Kaiser Permanente HMO Plan	Providence Personal Option Plan	Regence Early Retiree Trust Plan 2	Regence Early Retiree Trust Plan 1
	Kaiser Permanente	Trust Prescription Drug Plan Administered by CVS/caremark	Administered by Regence	
<b>In-Network / Participating Pharmacies</b>	Kaiser Permanente	CVS/caremark network	Regence participating pharmacies	Regence participating pharmacies
<b>Preventive</b>	Match generic	Match generic	You pay \$0 for certain preventive drugs	You pay \$0 for certain preventive drugs
<b>Participating Pharmacy Benefits</b>	You pay 50% up to \$50; Plan pays remainder. Per 30-day supply	*You pay 50% up to \$50; Plan pays remainder. Per 30-day supply	You pay 20%; Plan pays 80% Up to 90-day supply	You pay 20%; Plan pays 80% Up to 90-day supply
<b>Non-Participating Pharmacy Benefits</b>	Generally not covered	You pay the full amount, then submit a claim for reimbursement	You pay the full amount, then submit a claim for reimbursement	You pay the full amount, then submit a claim for reimbursement
<b>Mail-Order Service Benefits</b>	You pay 50% up to \$100; Plan pays remainder. Up to 90-day supply	*You pay 50% up to \$100; Plan pays remainder. Up to 90-day supply	You pay 20%; Plan pays 80% Up to 90-day supply	You pay 20%; Plan pays 80% Up to 90-day supply

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

For details and rates, go to [sdtrust.com](http://sdtrust.com). 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.

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### Optional Vision Benefits Overview

	Kaiser Permanente HMO Plan	Providence Personal Option and Regence Early Retiree Trust Plans 1 & 2 Trust Early Retiree Vision Plan administered by VSP	
	Included in Medical Plan	VSP Provider	Non-VSP Provider
<b>Basic Vision Plan: Every 24 months</b>			
<b>Well Vision Exam</b>	You pay \$5/exam; then Plan pays 100%	You pay \$25 copay; then the Plan pays 100%	You pay \$25 copay; then the Plan pays up to \$45
<b>Frames</b>	\$100 credit every 24 months	You pay \$25 copay; then the Plan pays up to \$120 allowance and 20% off amount over allowance	You pay \$25 copay; then the Plan pays up to \$47
<b>Lenses</b>	Included in credit	You pay \$25 copay; then the Plan pays 100%	You pay \$25 copay; then the Plan pays up to: \$45 Single vision \$65 Lined bifocal \$85 Lined trifocal
<b>Contact Lenses instead of glasses</b>	<b>Contact lens exam:</b> Included in well vision exam <b>Contacts:</b> Included in credit	<b>Contact lens exam:</b> Plan pays up to \$60 <b>Contacts:</b> Plan pays up to \$105	Plan pays up to \$105
<b>Buy-Up Vision Plan: Adults—every 24 months; Children under age 17—every 12 months</b>			
<b>Well Vision Exam</b>	N/A	You pay \$0; Plan pays 100%	Plan pays up to \$70
<b>Frames</b>	N/A	Plan pays up to \$100 and 20% off amount over allowance	Plan pays up to \$75
<b>Lenses</b>	N/A	Plan pays 100%	Plan pays up to: \$50 Single vision \$75 Lined bifocal \$100 Lined trifocal
<b>Contact Lenses instead of glasses</b>	N/A	<b>Contact lens exam:</b> Plan pays up to \$60 <b>Contacts:</b> Plan pays up to \$137	Plan pays up to \$137

### Optional Dental Benefits Overview

All Plans	Basic Dental	Buy-Up Dental
	Early Retiree Trust Dental Plan Administered by Regence	
<b>Diagnostic and Preventive Care (exams, cleanings, X-rays)</b>	You pay 20%; Plan pays 80% of UCR*	You pay \$0; Plan pays 100% of UCR*
<b>Basic Services (fillings, extractions, minor oral surgery)</b>	You pay 20%; Plan pays 80% of UCR*	You pay 20%; Plan pays 80% of UCR*
<b>Restorative Services (onlays, crowns)</b>	You pay 50%; Plan pays 50% of UCR*	You pay 20%; Plan pays 80% of UCR*
<b>Prosthetic Services (bridges, dentures)</b>	You pay 50%; Plan pays 50% of UCR*	You pay 50%; Plan pays 50% of UCR*
<b>Orthodontia</b>	Not covered	You pay 50%; Plan pays 50% of UCR*, up to \$4,000/person lifetime benefit maximum
<b>Maximum Annual Benefit</b>	Up to \$1,200/person	Up to \$2,500/person

Plan payment is based on the "Usual, Customary and Reasonable" amount. Charges from Regence participating dentists will not exceed the UCR. Nonparticipating dentists may charge more than the UCR; you are responsible to pay the difference.