

BENEFITS OVERVIEW

SUBSTITUTE TEACHERS

PAT



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Medical Benefits Overview

	Kaiser Permanente HMO	Providence Personal Option
Office visits for primary or specialty care	You pay \$5 copay/visit (\$0 for pediatric primary care); then the Plan pays 100%	You pay \$10 copay/visit; then the Plan pays 100%
Preventive Health Exams and Well-Baby Care (according to frequency schedule)	You pay \$0; Plan pays 100%	You pay \$0; Plan pays 100% (according to recommended schedule)
Labs and X-rays	You pay \$0; Plan pays 100%	You pay 10%; Plan pays 90%
Maternity care	You pay \$0; Plan pays 100%	Prenatal and post-natal: You pay \$0; Plan pays 100% Deliver and hospital services: You pay 10%; Plan pays 90%
Alternative Care (acupuncture, chiropractic care, naturopathic care)	You pay \$10 copay/visit; then the Plan pays 100% up to \$1,500/calendar year (combined for all alternative care)	You pay \$10 copay/visit; then the Plan pays 100% (up to 20 visits/calendar year)
Massage Therapy	You pay \$25/visit; then the Plan pays 100% up to 12 visits/calendar year	Not covered
Telemedicine Phone and video consultations	You pay \$0; Plan pays 100% (Includes email)	Plan pays 100% when you use Providence Express Care Virtual
Urgent care	You pay \$5 copay/visit; then the Plan pays 100%	You pay \$10 copay/visit; then the Plan pays 100%
Emergency care	You pay \$25 copay/visit; Plan pays 100% (copay waived if admitted)	You pay \$100 copay/visit; then the Plan pays 100% (copay waived if admitted; all services are subject to inpatient benefits)
Hospital (Inpatient)	You pay \$0; Plan pays 100%	You pay 10%; Plan pays 90%
Ambulatory Surgery Center (Outpatient)	Outpatient Surgery: You pay \$5 copay/visit; then the Plan pays 100%	You pay \$0; Plan pays 100%
Mental Health/Substance Abuse	Outpatient: You pay \$5 copay/visit; then Plan pays 100% Inpatient: You pay \$0; Plan pays 100%	Outpatient: You pay \$10 copay/visit; then the Plan pays 100% Inpatient: You pay 10%; Plan pays 90%
Routine Hearing Exams/Tests	You pay \$5 copay/visit; then the Plan pays 100%	You pay \$10 copay/visit; then the Plan pays 100%
Hearing Aids (Adult)	Not covered	You pay 20%; Plan pays 80%
Out of Area Dependent Coverage Requires annual enrollment	Limited services	Full services
Coverage while traveling	World-wide urgent/emergency care coverage Routine care is also available in other KP service areas	World-wide urgent/emergency care coverage

This is an overview of commonly used services. For medical benefit details, go to 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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Prescription Drug Benefits Overview

	Kaiser Permanente HMO Plan	Providence Personal Option Plan/Trust Prescription Drug Plan
In-network/participating pharmacy network	Kaiser Permanente	CVS/caremark
Participating Pharmacy Benefits	Plan pays 100% after your copay: Generic \$5 per 30-day supply Brand name \$10 per 30-day supply	Plan pays 100% after your copay: Generic \$5/\$10/\$15 per 34/68/90-day supply Brand name \$10/\$20/\$30 per 34/68/90-day supply
Non-Participating Pharmacy Benefits	Generally not covered	You pay the full amount, then submit a claim for reimbursement
Mail-Order Service Benefits	Plan pays 100% after your copay: Generic \$10 per 90-day supply Brand name \$20 per 90-day supply	Plan pays 100% after your copay: Generic \$5 per 90-day supply Brand name \$10 per 90-day supply

This is an overview of commonly used services. For prescription drug benefit details, go to 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.

Dental Benefits Overview

Members Only	Trust Dental Plan through Regence
Diagnostic and Preventive Care (exams, cleaning, X-rays)	Plan pays 100% of UCR
Basic and Restorative Services (fillings, extractions, crowns, minor oral surgery)	You pay 20%; Plan pays 80% of UCR
Prosthodontic Services (bridges, dentures)	You pay 50%; Plan pays 50% of UCR
Orthodontia	No coverage
Maximum Annual Benefit	Plan pays up to \$1,750 per person per calendar year

This is an overview of commonly used services. For dental benefit details, go to 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.