

BENEFITS OVERVIEW

PFSP, ATU AND DCU EARLY RETIREES—2019 PLAN YEAR



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Medical Benefits Overview

	Kaiser Permanente HMO Plan	Providence Option Advantage Plan	Providence Personal Option Plan
Office Visits for primary or specialty care	You pay \$20 copay/visit (\$0 for pediatric primary care); then the Plan pays 100%	In-Network: You pay \$20 copay/visit; then the Plan pays 100% Out-of-Network: You pay 40%; Plan pays 60%	You pay \$20 copay/visit; then the Plan pays 100%
Preventive Health Exams and Services (Frequency schedule applies)	You pay \$0; Plan pays 100%	In-Network: You pay \$0; Plan pays 100% Out-of-Network: You pay 40%; Plan pays 60%	You pay \$0; Plan pays 100%
Labs and X-rays	You pay \$0; Plan pays 100%	In-Network: You pay 20%; Plan pays 80% Out-of-Network: You pay 40%; Plan pays 60%	You pay 10%; Plan pays 90%
Maternity Care	Pre- and Post-Natal Care: You pay \$0; Plan pays 100% Delivery & Hospital Services: You pay \$250 copay; then the Plan pays 100%	Pre- and Post-Natal Care—In-Network: You pay \$0; Plan pays 100%; Out-of-Network: You pay 40%; Plan pays 60% Delivery & Hospital Services: You pay \$200 copay/delivery; then the Plan pays 100%. Out-of-Network: You pay 40%; Plan pays 60%	Pre and Post Natal Care: You pay \$0; Plan pays 100% Delivery & Hospital Services: You pay \$200 copay/delivery; then the Plan pays 100%
Alternative Care Acupuncture, chiropractic, naturopathy, and massage therapy	Acupuncture, chiropractic, and naturopathy: You pay \$10 copay/visit; then the Plan pays 100% Massage therapy: 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	Acupuncture and Chiropractic—In-Network: You pay \$25 copay/visit; then the Plan pays 100% up to \$500/year. Out of Network: Not covered. Naturopathy—In-Network: You pay \$20 copay/visit; then the Plan pays 100%. Out-of-Network: You pay 40%; Plan pays 60% Massage therapy: Not covered	Acupuncture and Chiropractic: You pay \$25 copay/visit; then Plan pays 100%, up to \$500/year Naturopathy: You pay \$20 copay/visit; then the Plan pays 100% Massage therapy: Not covered
Telehealth/Virtual Visits Phone and video consultations	You pay \$0; Plan pays 100% (includes email)	In-Network: You pay \$0; Plan pays 100% Out-of-Network: Not covered	You pay \$0 copay; then the Plan pays 100%
Urgent Care	You pay \$20 copay; then the Plan pays 100% Within service area, you must use Kaiser facility or Portland Clinic	In-Network: You pay \$20 copay; then the Plan pays 100% Out-of-Network: You pay 40%; Plan pays 60%	You pay \$20 copay/visit; then the Plan pays 100%
Emergency Care	Kaiser or non-Kaiser facility: You pay 10%; Plan pays 90%	In-Network or Out-of-Network: You pay \$100 copay; then the Plan pays 100%	In-Network or Out-of-Network: You pay \$100 copay; then the Plan pays 100%
Hospital (Inpatient)	You pay 10%; Plan pays 90%	In-Network: You pay 20%; Plan pays 80% Out-of-Network: You pay 40%; Plan pays 60%	You pay 10%; Plan pays 90%

Chart continued on next page

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	Kaiser Permanente HMO Plan	Providence Option Advantage Plan	Providence Personal Option Plan
Ambulatory Surgery Center	You pay 10%; Plan pays 90%	In-Network: You pay 20%; Plan pays 80% Out-of-Network: You pay 40%; Plan pays 60%	You pay 10%; Plan pays 90%
Outpatient	You pay 10%; Plan pays 90%	In-Network: You pay 20%; Plan pays 80% Out-of-Network: You pay 40%; Plan pays 60%	You pay 10%; Plan pays 90%
Mental Health/Substance Abuse	Outpatient: You pay \$20 copay/visit; then the Plan pays 100% Inpatient: You pay 10%; Plan pays 90%	Outpatient—In-Network: You pay \$20 copay/visit; then the Plan pays 100%; Out-of-Network: You pay 40%; Plan pays 60% Inpatient—In-Network: You pay 20%; Plan pays 80%; Out-of-Network: You pay 40%; Plan pays 60%	Outpatient: You pay \$20 copay/visit; then the Plan pays 100% Inpatient: You pay 10%; Plan pays 90%
Routine Hearing Exams/Tests	You pay \$20 copay/visit; then the Plan pays 100%	In-Network: You pay \$20 copay; then the Plan pays 100% Out-of-Network: You pay 40%; Plan pays 60%	You pay \$20 copay; then the Plan pays 100%
Hearing Aids (Adult)	Not covered	In-Network: You pay 20%; Plan pays 80% Out-of-Network: You pay 40%; Plan pays 60%	You pay 10%; Plan pays 90%
Out of Area Dependent Coverage	Limited services	Full services; requires annual enrollment	
Coverage While Traveling	Worldwide urgent/emergency care coverage Routine care is available in 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 Option Advantage Plan	Providence Personal Option Plan
	Kaiser Permanente	Trust Prescription Drug Plan	Trust Prescription Drug Plan
In-Network / Participating Pharmacies	Use Kaiser Permanente Clinics	CVS/caremark network	Regence participating pharmacies
Preventive	Match generic	Match generic	Match generic
Participating Pharmacy Benefits	You pay 50% up to \$50; Plan pays remainder. Up to 30-day supply	Plan pays 100% after your copay: Generic: \$10/\$20/\$30 per 34/68/90-day supply Brand name:* \$20/\$40/\$60 per 34/68/90-day supply	Plan pays 100% after your copay: Generic: \$10/\$20/\$30 per 34/68/90-day supply Brand name:* \$20/\$40/\$60 per 34/68/90-day supply
Non-Participating Pharmacy Benefits	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
Mail-Order Service Benefits	You pay 50% up to \$100; Plan pays remainder. Up to 90-day supply	Plan pays 100% after your copay: Generic: \$20 per 90-day supply Brand name:* \$40 per 90-day supply	Plan pays 100% after your copay: Generic: \$20 per 90-day supply Brand name:* \$40 per 90-day supply

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

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Optional Vision Benefits Overview

	Kaiser Permanente HMO Plan	Providence Personal Option Plan and Regence Early Retiree Trust Plans 1 & 2	
	Included in Medical Plan	Trust Early Retiree Vision Plan administered by VSP	
		VSP Provider	Non-VSP Provider
Basic Vision Plan: Every 24 months			
Well Vision Exam	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
Frames	\$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
Lenses	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
Contact Lenses instead of glasses	Contact lens exam: Included in well vision exam Contacts: Included in credit	Contact lens exam: Plan pays up to \$60 Contacts: Plan pays up to \$105	Plan pays up to \$105
Buy-Up Vision Plan: Adults—every 24 months; Children under age 17—every 12 months			
Well Vision Exam	N/A	You pay \$0; Plan pays 100%	Plan pays up to \$70
Frames	N/A	Plan pays up to \$100 and 20% off amount over allowance	Plan pays up to \$75
Lenses	N/A	Plan pays 100%	Plan pays up to: \$50 Single vision \$75 Lined bifocal \$100 Lined trifocal
Contact Lenses instead of glasses	N/A	Contact lens exam: Plan pays up to \$60 Contacts: 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	
Diagnostic and Preventive Care (exams, cleanings, X-rays)	You pay 20%; Plan pays 80% of UCR*	You pay \$0; Plan pays 100% of UCR*
Basic Services (fillings, extractions, minor oral surgery)	You pay 20%; Plan pays 80% of UCR*	You pay 20%; Plan pays 80% of UCR*
Restorative Services (onlays, crowns)	You pay 50%; Plan pays 50% of UCR*	You pay 20%; Plan pays 80% of UCR*
Prosthetic Services (bridges, dentures)	You pay 50%; Plan pays 50% of UCR*	You pay 50%; Plan pays 50% of UCR*
Orthodontia	Not covered	You pay 50%; Plan pays 50% of UCR*, up to \$4,000/person lifetime benefit maximum
Maximum Annual Benefit	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.