BENEFITS OVERVIEW

PFSP ACTIVES—2020 PLAN YEAR

PFSP

HEALTH & WELFARE TRUST
SCHOOL DISTRICT NO.1

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OPTION 1 PLANS	Kaiser Permanente	Providence Personal Option	Providence Option Advantage
Office Visits for primary or specialty care	You pay $10 copay ($0 for pediatric visits), then Plan pays 100%	You pay $10 copay; then Plan pays 100%	**In-Network:** You pay $10 copay, then Plan pays 100% **Out-of-Network:** You pay 40%, Plan pays 60%
Preventive Health Exams and Well-Baby Care (Frequency schedule applies)	You pay $0; Plan pays 100%	You pay $0; Plan pays 100%	**In-Network:** You pay $0, Plan pays 100% **Out-of-Network:** You pay 40%, Plan pays 60%
Labs and X-rays	You pay $0; Plan pays 100%	You pay $0; Plan pays 100%	**In-Network:** You pay $0, Plan pays 100% **Out-of-Network:** You pay 40%, Plan pays 60%
Maternity Care	**Pre- and post-natal:** You pay $0; Plan pays 100% **Delivery and hospital services:** The Plan pays 100%	**Pre- and post-natal:** You pay $0; Plan pays 100% **Delivery and hospital services:** You pay $100; then Plan pays 100%	**Pre- and post-natal—In-Network:** You pay $0, Plan pays 100% **Out-of-Network:** You pay 40%, Plan pays 60% **Delivery and hospital services—In-Network:** You pay $100, then Plan pays 100% **Out-of-Network:** You pay 40%, Plan pays 60%
Alternative Care Acupuncture, chiropractic, naturopathy, and massage therapy	**Acupuncture, chiropractic, 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 & Chiropractic:** You pay $15 copay, then Plan pays 100% up to $1,500/year **Naturopathy:** You pay $10 copay, then Plan pays 100% Massage therapy not covered.	**Acupuncture & Chiropractic—In-Network:** You pay $25 copay, then Plan pays 100% up to $500/year **Out-of-Network:** Not covered **Naturopathy—In-Network:** You pay $10 copay, then Plan pays 100% **Out-of-Network:** You pay 40%, Plan pays 60% Massage therapy not covered.
Telehealth / Virtual Visits Phone and video consultations	You pay $0; Plan pays 100%	You pay $0; Plan pays 100%	**In-Network:** You pay $0, Plan pays 100% **Out-of-Network:** Not covered
Urgent Care	You pay $10 copay/visit; then the Plan pays 100%	You pay $10 copay/visit; then the Plan pays 100%	**In-Network:** You pay $10 copay, then Plan pays 100% **Out-of-Network:** You pay 40%, Plan pays 60%
Emergency Care (Copay waived if admitted)	You pay 10%; Plan pays 90%	You pay $100 copay, then the Plan pays 100%	You pay $100 copay, then the Plan pays 100%
Hospital (Inpatient)	You pay 0%; Plan pays 100%	You pay 0%; Plan pays 100%	**In-Network:** You pay $0, Plan pays 100% **Out-of-Network:** You pay 40%, Plan pays 60%
Ambulatory Surgery Center	You pay 0%; Plan pays 100%	You pay $0; Plan pays 100%	**In-Network:** You pay $0, Plan pays 100% **Out-of-Network:** You pay 40%, Plan pays 60%
Outpatient Surgery	You pay 0%; Plan pays 100%	You pay 0%; Plan pays 100%	You pay 0%; Plan pays 100%
Mental Health / Substance Abuse	**Inpatient:** You pay 0%; Plan pays 100% **Outpatient:** You pay $10 copay ($0 for pediatric); then Plan pays 100%	**Inpatient:** You pay $0 Plan pays 100% **Outpatient:** You pay $10 copay; then Plan pays 100%	**Inpatient—In-Network:** You pay $0, Plan pays 100% **Out-of-Network:** You pay 40%, Plan pays 60% **Outpatient—In-Network:** You pay $10 copay, then Plan pays 100% **Out-of-Network:** You pay 40%, Plan pays 60%
Routine Hearing Exams/Tests	You pay $10 copay; then the Plan pays 100%	You pay $10 copay; then the Plan pays 100%	**In-Network:** You pay $10 copay, then the Plan pays 100% **Out-of-Network:** You pay 40%, Plan pays 60%
Hearing Aids (Adult)	Plan pays $500/year every 3 years	You pay 0%; Plan pays 100%	**In-Network:** You pay $0, Plan pays 100% **Out-of-Network:** You pay 40%, Plan pays 60%
Out of Area Dependent Coverage	Limited services	Full services; requires annual enrollment	
Coverage While Traveling	World-wide urgent/ emergency care coverage Routine care available in other KP service areas	World-wide urgent/emergency care coverage	

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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.

OPTION 2 PLANS	Kaiser Permanente	Providence Personal Option	Providence Option Advantage
Office Visits for primary or specialty care	You pay $20 copay ($0 for pediatric visits), then Plan pays 100%	You pay $20 copay; then Plan pays 100%	**In-Network:** You pay $20 copay, then Plan pays 100% **Out-of-Network:** You pay 40%, Plan pays 60%
Preventive Health Exams and Well-Baby Care (Frequency schedule applies)	You pay $0; Plan pays 100%	You pay $0; Plan pays 100%	**In-Network:** You pay $0, Plan pays 100% **Out-of-Network:** You pay 40%, Plan pays 60%
Labs and X-rays	You pay $0; Plan pays 100%	You pay 10%; then Plan pays 90%	**In-Network:** You pay 20%, Plan pays 80% **Out-of-Network:** You pay 40%, Plan pays 60%
Maternity Care	**Pre- and post-natal:** You pay $0; Plan pays 100% **Delivery and hospital services:** You pay 10%; Plan pays 90%	**Pre- and post-natal:** You pay $0; Plan pays 100% **Delivery and hospital services:** You pay $200; then Plan pays 100%	**Pre- and post-natal—In-Network:** You pay $0, Plan pays 100% **Out-of-Network:** You pay 40%, Plan pays 60% **Delivery and hospital services—In-Network:** You pay $200, then Plan pays 100% **Out-of-Network:** You pay 40%, Plan pays 60%
Alternative Care Acupuncture, chiropractic, naturopathy, and massage therapy	**Acupuncture, chiropractic, 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 & Chiropractic:** You pay $15 copay, then Plan pays 100% up to $1,500/year **Naturopathy:** You pay $20 copay, then Plan pays 100% Massage therapy not covered.	**Acupuncture & Chiropractic—In-Network:** You pay $25 copay, then Plan pays 100% up to $500/year **Out-of-Network:** Not covered **Naturopathy—In-Network:** You pay $20 copay, then Plan pays 100% **Out-of-Network:** You pay 40%, Plan pays 60% Massage therapy not covered.
Telehealth / Virtual Visits Phone and video consultations	You pay $0, Plan pays 100%	You pay $0, Plan pays 100%	**In-Network:** You pay $0, Plan pays 100% **Out-of-Network:** Not covered
Urgent Care	You pay $20 copay, then the Plan pays 100%	You pay $20 copay, then the Plan pays 100%	**In-Network:** You pay $20 copay, then Plan pays 100% **Out-of-Network:** You pay 40%, Plan pays 60%
Emergency Care (Copay waived if admitted)	You pay 10%/visit; Plan pays 90%	You pay $100 copay/visit; then the Plan pays 100%	You pay $100 copay, then the Plan pays 100%
Hospital (Inpatient)	You pay 10%; Plan pays 90%	You pay 10%; Plan pays 90%	**In-Network:** You pay 20%, Plan pays 80 **Out-of-Network:** You pay 40%, Plan pays 60%
Ambulatory Surgery Center	You pay 10%; Plan pays 90%	You pay 10%; Plan pays 90%	**In-Network:** You pay 20%, Plan pays 80% **Out-of-Network:** You pay 40%, Plan pays 60%
Outpatient Surgery	You pay 10%; Plan pays 90%	You pay 10%; Plan pays 90%	**In-Network:** You pay 20%, Plan pays 80% **Out-of-Network:** You pay 40%, Plan pays 60%
Mental Health / Substance Abuse	Inpatient: You pay 10%; Plan pays 90% **Outpatient:** You pay $20 copay ($0 for pediatric); then Plan pays 100%	**Inpatient:** You pay 10%; Plan pays 90% **Outpatient:** You pay $20 copay; then Plan pays 100%	**Inpatient—In-Network:** You pay 20%, Plan pays 80% **Out-of-Network:** You pay 40%, Plan pays 60% **Outpatient—In-Network:** You pay $20 copay, then Plan pays 100% **Out-of-Network:** You pay 40%, Plan pays 60%
Routine Hearing Exams/Tests	You pay $20 copay; then the Plan pays 100%	You pay $20 copay; 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%
Hearing Aids (Adult)	Not covered	You pay 10%; Plan pays 90%	**In-Network:** You pay 20%, Plan pays 80% **Out-of-Network:** You pay 40%, Plan pays 60%
Out of Area Dependent Coverage	Limited services	Full services; requires annual enrollment	
Coverage While Traveling	World-wide urgent/emergency care coverage Routine care available in other KP service areas	World-wide urgent/emergency care coverage	

BENEFITS OVERVIEW

PFSP ACTIVES—2020 PLAN YEAR

PFSP

Prescription Drug Benefits Overview

	Kaiser Permanente Prescription Drug Plan (Option 1 & 2)	Providence Personal Option Plan Option 1 & 2 Plans Trust Prescription Drug Plan	Providence Option Advantage Plan Option 1 & 2 Plans Trust Prescription Drug Plan
In-network/Participating Pharmacies	Kaiser Permanente	CVS/caremark through Dec. 31, 2019; Express-Scripts beginning Jan. 1, 2020	CVS/caremark through Dec. 31, 2019; Express-Scripts beginning Jan. 1, 2020
Participating Pharmacy Benefits	Plan pays 100% after your copay: **Generic:** $5/30 day supply **Brand name:** $10/30 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	Plan pays 100% after your copay: **Generic:** $10/90-day supply **Brand name**: $20/90-day supply	Plan pays 100% after your copay: **Generic**: $20/90-day supply **Brand name**: $40/90-day supply	Plan pays 100% after your copay: **Generic**: $20/90-day supply **Brand name**: $40/90-day supply

Vision Benefits Overview

OPTION 1 PLANS ONLY	Kaiser Permanente	Providence Personal Option Plan / Providence Option Advantage Plan
		Trust Vision Plan administered by VSP
Well Vision Exam	You pay $10 copay per exam; then Plan pays 100%	Every 12 months **VSP Provider**: 100% **Other Provider**: Up to $70
Contact Lens Exam (Fitting and Evaluation)	You pay $30 contact fitting fee	Every 12 months **VSP Provider**: Not to exceed $60 per exam **Other Provider**: Combined with contacts
Frames	$250 credit every 24 months towards frames, lenses and contacts	Every 24 months **VSP Provider**: Up to $150 allowance and 20% off amount over allowance **Other Provider**: Up to $70
Lenses	Included in $250 credit	Every 12 months **VSP Provider**: 100% for most lens types **Other Provider**: Up to $50-$125 for most lens types
Contacts Instead of Glasses	Included in $250 credit	Every 12 months **VSP Provider**: Up to $150 for contacts **Other Provider**: Up to $137 for fitting, evaluation and contacts

For details and rates, 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.

BENEFITS OVERVIEW

PFSP ACTIVES—2020 PLAN YEAR

PFSP

Dental Benefits Overview

	Kaiser Permanente Dental	Trust Dental Plan*
Diagnostic and Preventive Care (exams, cleaning, X-rays)	Plan pays 100% of UCR	Plan pays 100% of UCR
Basic and Restorative Services (fillings, extractions, crowns, minor oral surgery)	You pay 20%; Plan pays 80% of UCR	You pay 20%; Plan pays 80% of UCR
Major Services (bridges, dentures)	You pay 50%; Plan pays 50% of UCR	You pay 50%; Plan pays 50% of UCR
Orthodontia	Plan pays 50% up to $4,000 maximum lifetime benefit per person	Plan pays 50% up to $4,000 maximum lifetime benefit per person
Maximum Annual Benefit	$2,500	$2,500

* Administered by Regence through Dec. 31 2019; Delta Dental of Oregon beginning Jan. 1, 2020.

Term Life and Accidental Death & Dismemberment Benefits Overview

	Life Insurance	AD&D Insurance
Option 1 Plans Only: Provided by The Trust	**Basic Term Life** $30,000 per member	**Basic AD&D** Up to $30,000 per member
All Plans—Option 1 and 2: You may purchase coverage for yourself and eligible covered dependents. You must purchase Optional Life and Voluntary AD&D for yourself in order to buy coverage for your dependents. Coverage may be subject to medical underwriting approval.	**Optional Life;** **Employee and Spouse**: $10,000 to $500,000 in $10,000 increments not to exceed 5 times annual salary **Child(ren)**: $2,000 to $10,000 in $2,000 increments	**Voluntary AD&D** **Employee**: $25,000 to $300,000 in $25,000 increments **Spouse**: 50% of your selected coverage **Child(ren) Only**: 15% of your AD&D coverage amount for each child up to $25,000 **Spouse and Child(ren):** 40% of your selected coverage for your spouse and 10% of your selected coverage (up to $25,000) per child

Administered by The Standard

Long Term Disability Overview

Option 1 Plans Only	Coverage
All eligible employees are automatically enrolled for self-pay Long-Term Disability benefits, without the option to decline, regardless of enrollment for healthcare benefits.	Plan pays 60% of your pre-disability earnings, up to $3,500/month, if you become disabled as a result of a covered injury, sickness or pregnancy.

Administered by The Standard

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