

# BENEFITS OVERVIEW

## PAT ACTIVES—2024 PLAN YEAR



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### Medical Benefits Overview

	Kaiser Permanente*	Providence PAT In-Network Only Plans (Option 1 & 2)**	Providence PAT PPO Plan (Option 1)	Providence PAT PPO Plan (Option 2)
<b>Office Visits***</b> Primary, naturopathic and behavioral health care, and substance use disorders	You pay \$5 copay/visit; then the Plan pays 100%	You pay \$5 copay/visit for up to 3 primary or naturopathic care visits/person and up to 3 behavioral health or substance use disorder visits/person; then you pay a \$10 copay/visit.	<b>In-network:</b> You pay \$5 copay/visit for up to 3 primary or naturopathic care visits/person and up to 3 behavioral health or substance use disorder visits/person; then you pay 20%; Plan pays 80% <b>Out-of-network:</b> You pay 30%; Plan pays 70%	You pay \$5 copay/visit for up to 3 primary or naturopathic care visits/person and up to 3 behavioral health or substance use disorder visits/person; then you pay 20%; Plan pays 80%
<b>Preventive Health Exams and Well-Baby Care</b> (Frequency schedule applies)	You pay \$0; Plan pays 100%	You pay \$0; Plan pays 100%	<b>In-network</b> You pay \$0; Plan pays 100% (deductible waived) <b>Out-of-Network:</b> You pay 30%; Plan pays 70%	You pay \$0; Plan pays 100% (deductible waived)
<b>Labs and X-rays</b>	You pay \$0; Plan pays 100%	You pay 10%; Plan pays 90%	<b>In-network</b> You pay 20%; Plan pays 80% <b>Out-of-Network:</b> You pay 30%; Plan pays 70%	You pay 20%; Plan pays 80%
<b>Maternity Care</b>	You pay \$0; Plan pays 100%	Pre- and post-natal: You pay \$0; Plan pays 100% Delivery and hospital services: You pay 10%; Plan pays 90%	<b>In-network:</b> You pay 20%; Plan pays 80% <b>Out-of-network:</b> You pay 30%; Plan pays 70%	You pay 20%; Plan pays 80%
<b>Alternative Care</b> Acupuncture, chiropractic and massage therapy	Plan pays 100% after copay <b>Acupuncture:</b> \$10/visit up to 24 visits/year <b>Chiropractic:</b> \$10/visit up to 30 visits/year <b>Massage:</b> \$25/visit up to 12 visits/year	You pay \$10 copay/visit; then the Plan pays 100% (up to 20 visits/calendar year). Massage therapy not covered.	<b>Any Provider:</b> You pay 20%; Plan pays 80% (Massage therapy not covered)	You pay 20%; Plan pays 80% (Massage therapy not covered)
<b>Telehealth/Virtual Visits***</b> Phone and video consultations	Plan pays 100%	Plan pays 100%	You pay \$5 copay/visit for up to 3 primary, naturopathic or specialty care visits/person and up to 3 behavioral health or substance use disorder visits/person; then you pay 20%; Plan pays 80%.	You pay \$5 copay/visit for up to 3 primary, naturopathic or specialty care visits/person and up to 3 behavioral health or substance use disorder visits/person; then you pay 20%; Plan pays 80%
<b>Urgent Care</b>	You pay \$5 copay/visit; then the Plan pays 100%	You pay \$10 copay/visit; then the Plan pays 100%	<b>In-network:</b> You pay 20%; Plan pays 80% <b>Out-of-network:</b> You pay 30%; Plan pays 70%	You pay 20%; Plan pays 80%
<b>Emergency Care</b>	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)	<b>Any Provider:</b> You pay \$100 copay/visit; then Plan pays 100%, no deductible required (copay waived if admitted)	You pay 20%; Plan pays 80%
<b>Hospital (Inpatient)</b>	You pay \$0; Plan pays 100%	You pay 10%; Plan pays 90%	<b>In-network:</b> You pay 20%; Plan pays 80% <b>Out-of-network:</b> You pay 30%; Plan pays 70%	You pay 20%; Plan pays 80%
<b>Ambulatory Surgery Center</b>	You pay \$5 copay/visit; then the Plan pays 100%	You pay \$0; Plan pays 100%	<b>In-network:</b> You pay 10%; Plan pays 90% <b>Out-of-network:</b> You pay 30%; Plan pays 70%	<b>In-network:</b> You pay 10%; Plan pays 90% <b>Out-of-network:</b> You pay 20%; Plan pays 80%
<b>Outpatient Surgery</b>	You pay \$5 copay/visit; then the Plan pays 100%	You pay \$0; Plan pays 100%	<b>In-network:</b> You pay 20%; Plan pays 80% <b>Out-of-network:</b> You pay 30%; Plan pays 70%	You pay 20%; Plan pays 80%
<b>Inpatient Mental Health / Substance Use Disorders</b>	You pay \$0; Plan pays 100%	You pay 10%; Plan pays 90%	<b>In-network</b> You pay 20%; Plan pays 80% <b>Out-of-Network:</b> You pay 30%; Plan pays 70%	You pay 20%; Plan pays 80%
<b>Routine Hearing Exams/Tests</b>	You pay \$5 copay/visit; then the Plan pays 100%	You pay \$10 copay/visit; then the Plan pays 100%	Not covered	Not covered
<b>Hearing Aids (Adult)</b>	Plan pays \$500/ear every 3 years Option 2: Adult hearing aids are not covered	You pay 20%; plan pays 80%	<b>In-network:</b> You pay 10%; Plan pays 90% <b>Out-of-Network:</b> You pay 30%; Plan pays 70%	You pay 20%; Plan pays 80%
<b>Out of Area Dependent Coverage</b>	Limited services; requires annual enrollment	Full services; requires annual enrollment	Full services; requires annual enrollment	Full services; requires annual enrollment
<b>Coverage While Traveling</b>	World-wide urgent/ emergency care coverage Routine care available in other KP service areas	World-wide urgent/emergency care coverage Nationwide in-network coverage	Nationwide network of providers	Nationwide network of providers

\*No out-of-network coverage except urgent or emergency care while traveling.

\*\*No out-of-network coverage except emergency care.

\*\*\* Virtual care visits count towards the first three office visits.

This is an overview of commonly used services. For 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.

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## Prescription Drug Benefits Overview

	Kaiser Permanente Prescription Drug Plan	Trust Prescription Drug Plan (administered by Express Scripts For members enrolled in a Providence Option 1 medical plan)	Trust Prescription Drug Plan (administered by Express Scripts) For members enrolled in a Providence Option 2 medical plan
<b>In-network/Participating Pharmacies</b>	Kaiser Permanente	Use Express Scripts	
<b>Participating Pharmacy Benefits</b>	Plan pays 100% after your copay: <b>Generic:</b> \$5/30 day supply <b>Brand name:</b> \$10/30 day supply	Plan pays 100% after your copay: <b>Generic:</b> \$10/\$20/\$30 per 34/68/90-day supply <b>Brand name:</b> \$20/\$40/\$60 per 34/68/90-day supply	Plan pays 100% after your copay: <b>Generic:</b> \$5/\$10/\$15 per 30/60/90-day supply <b>Brand name:</b> \$10/\$20/\$30 per 34/68/90-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
<b>Mail-order Service Benefits</b>	Plan pays 100% after your copay: <b>Generic:</b> \$10/90-day supply <b>Brand name:</b> \$20/90-day supply	Plan pays 100% after your copay: <b>Generic:</b> \$20/90-day supply <b>Brand name:</b> \$40/90-day supply	Plan pays 100% after your copay: <b>Generic:</b> \$5/90-day supply <b>Brand name:</b> \$10/90-day supply

## Vision Benefits Overview

OPTION 1 PLANS ONLY	Kaiser Permanente Vision Plan	Trust Vision Plan (administered by VSP) For members enrolled in a Providence medical plan
<b>Well Vision Exam</b>	You pay \$5 copay per exam; then Plan pays 100%	Every 12 months <b>VSP Provider:</b> 100% <b>Other Provider:</b> Up to \$70
<b>Contact Lens Exam (Fitting and Evaluation)</b>	You pay \$30 contact fitting fee	<b>VSP Provider:</b> Not to exceed \$60 copay per exam <b>Other Provider:</b> Combined with contacts
<b>Frames</b>	\$250 credit every 24 months towards frames, lenses and contacts	Every 24 months <b>VSP Provider:</b> Up to \$150 allowance <b>Other Provider:</b> Up to \$75
<b>Lenses</b>	Included in \$250 credit	Every 12 months <b>VSP Provider:</b> 100% for most lens types <b>Other Provider:</b> Up to \$50-\$100 for most lens types
<b>Contacts Instead of Glasses</b>	Included in \$250 credit	Every 12 months <b>VSP Provider:</b> Up to \$60 copay for fitting and evaluation; up to \$150 for contacts <b>Other Provider:</b> Up to \$137
<b>Vision Therapy (if qualified)</b>	N/A	<b>VSP Provider:</b> 100% for evaluation; 75% for approved therapy sessions up to \$750/year <b>Other Provider:</b> Up to \$85 for evaluation; 75% for approved therapy sessions up to \$750/year

## Dental Benefits Overview

OPTION 1 PLANS ONLY	Kaiser Permanente Dental	Trust Dental Plan/Delta Dental of Oregon
<b>Diagnostic and Preventive Care (exams, cleaning, X-rays)</b>	Plan pays 100% of UCR	Plan pays 100%
<b>Basic and Restorative Services</b>	You pay 20%; Plan pays 80% of UCR	You pay 20%; Plan pays 80%
<b>Major Services</b>	You pay 50%; Plan pays 50% of UCR	You pay 50%; Plan pays 50%
<b>Orthodontia</b>	Plan pays 50% up to \$4,000 maximum lifetime benefit per person	Plan pays 50% up to \$4,000 maximum lifetime benefit per person
<b>Maximum Annual Benefit</b>	\$2,500	\$2,500

## Term Life and Accidental Death & Dismemberment Benefits Overview

Administered by The Standard	Life Insurance	AD&D Insurance
Provided by the Trust: All eligible full-time and part-time employees (regardless of enrollment in a medical plan) are automatically enrolled for Basic Term Life and Basic AD&D.	<b>Basic Term Life</b> \$50,000 per member	<b>Basic AD&amp;D</b> Up to \$50,000 per member
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. You can find the Enrollment Guide and a needs calculator on <a href="https://sdtrust.com">sdtrust.com</a> .	<b>Optional Life; Employee and Spouse:</b> \$10,000 to \$500,000 in \$10,000 increments not to exceed 5 times annual salary <b>Child(ren):</b> \$2,000 to \$10,000 in \$2,000 increments <b>During Open Enrollment:</b> If currently enrolled, Evidence of Insurability (EOI) for Optional Life will be waived (unless you have previously submitted EOI that was not approved by The Standard) if you apply for an increase (up to \$10,000/year) up to the Guaranty Issue Amount (\$100,000).	<b>Voluntary AD&amp;D</b> <b>Employee:</b> \$25,000 to \$300,000 in \$25,000 increments <b>Spouse:</b> 50% of your selected coverage <b>Child(ren) Only:</b> 15% of your AD&D coverage amount for each child up to \$25,000 <b>Spouse and Child(ren):</b> 40% of your selected coverage for your spouse and 10% of your selected coverage (up to \$25,000) per child

## Long Term Disability Overview

Administered by The Standard	Coverage
All eligible full-time and part-time employees (regardless of enrollment in a medical plan) are automatically enrolled for self-pay Long-Term Disability benefits without the option to decline.	Plan pays 60% of your pre-disability earnings, up to \$6,000/month, if you become disabled as a result of a covered injury, sickness or pregnancy.

For details and rates, go to [sdtrust.com](https://sdtrust.com). If there is a conflict between these charts and the official Plan documents, provisions of the official Plan documents will govern how the Plans work and how the Plans pay benefits.