

BENEFITS OVERVIEW

SUBSTITUTE TEACHERS—2023–2024 PLAN YEAR

PAT



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Medical Benefits Overview

	Kaiser Permanente	Providence In-Network Only Plan (No out-of-network coverage except emergency care)
Office visits for primary, naturopathic medicine 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%
Labs and X-rays	You pay \$0; Plan pays 100%	You pay 10%; Plan pays 90%
Maternity care	You pay \$0; Plan pays 100%	You pay 10%; Plan pays 90%
Alternative Care (self-referred) (acupuncture, chiropractic care, massage therapy)	Plan pays 100% after copay Acupuncture: \$10/visit up to 12 visits/ calendar year Chiropractic: \$10/visit up to 20 visits/ calendar year Massage: \$25/visit up to 12 visits/calendar year	Plan pays 100% after copay Acupuncture: \$10/visit up to 20 visits/ calendar year Chiropractic: \$10/visit up to 20 visits/ calendar year Massage: Not covered
Health Coaching	You pay \$0; Plan pays 100% (unlimited)	You pay \$0; Plan pays 100% (up to 12 sessions/calendar year)
Telemedicine Phone and video consultations	You pay \$0; Plan pays 100% (Includes email)	Plan pays 100%
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)	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 10%; Plan pays 90%
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 Nationwide in-network coverage

This is an overview of commonly used services. 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 Plan	Trust Prescription Drug Plan (administered by Express Scripts) For members enrolled in the Providence medical plan
In-network/participating pharmacy network	Kaiser Permanente	Express-Scripts
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

Dental Benefits Overview

Members Only	Kaiser Permanente Dental	Trust Dental Plan/Delta Dental of Oregon
Diagnostic and Preventive Care (exams, cleaning, X-rays)	Plan pays 100% of UCR	Plan pays 100%
Basic and Restorative Services Kaiser: fillings, extractions, crowns, minor oral surgery Trust Dental: fillings, crowns, implants, extractions, endodontics, minor oral surgery	You pay 20%; Plan pays 80% of UCR	You pay 20%; Plan pays 80%
Major Services Kaiser: dentures Trust Dental: dentures, bridges	You pay 50%; Plan pays 50% of UCR	You pay 50%; Plan pays 50%
Orthodontia	No coverage	No coverage

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