

# BENEFITS OVERVIEW

SUBSTITUTE TEACHERS—2024–2025 PLAN YEAR

PAT



**HEALTH & WELFARE TRUST**  
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## Medical Benefits Overview

	Kaiser Permanente	Providence In-Network Only Plan (No out-of-network coverage except emergency care)
<b>Office visits</b> for primary, naturopathic medicine or specialty care	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 for up to 3 behavioral health or substance use disorder visits/person; then you pay a \$10 copay/visit.
<b>Preventive Health Exams and Well-Baby Care</b> (according to frequency schedule)	You pay \$0; Plan pays 100%	You pay \$0; Plan pays 100%
<b>Labs and X-rays</b>	You pay \$0; Plan pays 100%	You pay 10%; Plan pays 90%
<b>Maternity care</b>	You pay \$0; Plan pays 100%	You pay 10%; Plan pays 90%
<b>Alternative Care</b> (self-referred) (acupuncture, chiropractic care, massage therapy)	Plan pays 100% after copay <b>Acupuncture:</b> \$10/visit up to 24 visits/ calendar year <b>Chiropractic:</b> \$10/visit up to 30 visits/ calendar year <b>Massage:</b> \$25/visit up to 12 visits/calendar year	Plan pays 100% after copay; up to 20 visits (combined) per Plan Year <b>Acupuncture:</b> \$10/visit <b>Chiropractic:</b> \$10/visit <b>Massage: Not covered</b>
<b>Health Coaching</b>	You pay \$0; Plan pays 100% (unlimited)	You pay \$0; Plan pays 100% (up to 12 sessions/calendar year)
<b>Telemedicine</b> Phone and video consultations	You pay \$0; Plan pays 100% (Includes email)	Plan pays 100%
<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>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>Hospital (Inpatient)</b>	You pay \$0; Plan pays 100%	You pay 10%; Plan pays 90%
<b>Ambulatory Surgery Center (Outpatient)</b>	You pay \$5 copay/visit; then the Plan pays 100%	You pay \$0; Plan pays 100%
<b>Mental Health/Substance Abuse</b>	<b>Outpatient:</b> You pay \$5 copay/visit; then Plan pays 100% <b>Inpatient:</b> You pay \$0; Plan pays 100%	<b>Outpatient:</b> You pay \$10 copay/visit; then the Plan pays 100% <b>Inpatient:</b> You pay 10%; Plan pays 90%
<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%
<b>Hearing Aids (Adult)</b>	Not covered	You pay 20%; Plan pays 80% up to 1 hearing aid/ear every 3 calendar years
<b>Out of Area Dependent Coverage</b> Requires annual enrollment	Limited services	Full services
<b>Coverage while traveling</b>	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
<b>In-network/participating pharmacy network</b>	Kaiser Permanente	Express-Scripts
<b>Participating Pharmacy Benefits</b>	Plan pays 100% after your copay: <b>Generic</b> \$5 per 30-day supply <b>Brand name</b> \$10 per 30-day supply	Plan pays 100% after your copay: <b>Generic</b> \$5/\$10/\$15 per 34/68/90-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
<b>Mail-Order Service Benefits</b>	Plan pays 100% after your copay: <b>Generic</b> \$10 per 90-day supply <b>Brand name</b> \$20 per 90-day supply	Plan pays 100% after your copay: <b>Generic</b> \$5 per 90-day supply <b>Brand name</b> \$10 per 90-day supply

## Dental Benefits Overview

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

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