



## School District No. 1 Health and Welfare Plan Summary of Material Modifications

April 1, 2023

This summary of material modifications (SMM) describes the changes that affect the School District No. 1 Health and Welfare Medical Plans which were administered through Cigna, and which are now administered through Providence. **This SMM does not apply if you receive your Trust medical benefits from Kaiser.** The change to Providence was effective April 1, 2023 for all members. This SMM updates your Summary Plan Descriptions, also known as the Benefit Handbook (located on the Trust website <https://sdtrust.com/>).

The level of benefits coverage will remain the same. If you are enrolled in a Cigna medical plan you should have received a new medical plan ID card from Providence to be used for all medical plan services beginning April 1, 2023. For more information about Providence, you can call customer service at 800-878-4445. Create an account on myProvidence.com to see if your health care provider is in-network, print a replacement plan ID card, see your benefit details, and check claims.

This SMM, along with the Benefit Handbook, make up your official plan descriptions for the School District No. 1 Health and Welfare Plan. Please keep them together and refer to them as necessary. You can also find them on the Trust website: [sdtrust.com](https://sdtrust.com). If there is any discrepancy between the SMM and the plan documents, insurance contracts, or other legal documents, the legal documents will always govern. If you have questions about the information presented here, please contact the Trust Administrative Office, toll free at (833) 255-4123 or (503) 486-2107. You may also send them a secure message in the participant portal at [edge.zenith-american.com](https://edge.zenith-american.com).



Union	Status	Current Plan Name	Cigna Assigned Plan Name	PHP Assigned Plan Name	Cigna Plan Code	PHP Plan Codes	Cigna Network	PHP Network
SUB	Substitutes	Providence Personal Option	Cigna In-Network Only	Providence In-Network Only	OIN5	PE01	OAP	SD #1
PAT	Active	Providence Personal Option FT/PT Opt 1	Cigna PAT In-Network Only	Providence PAT In-Network Only Opt1	OIN1	PE02	OAP	SD #1
PAT	Active	Providence Personal Option PT Opt 2	Cigna PAT In-Network Only	Providence PAT In-Network Only Opt2	OIN2	PE03	OAP	SD #1
PAT	Active	Regence Trust Preferred Provider Plan FT/PT Opt 1	Cigna PAT PPO	Providence PAT PPO Opt 1	PPO1	OD01	PPO	SD #1
PAT	Active	Regence Trust Preferred Provider Plan PT Opt 2	Cigna PAT PPO	Providence PAT PPO Opt 2	PPO2	OD02	PPO	SD #1
PAT	Retiree	Providence Personal Option	Cigna PAT In-Network Only	Providence PAT In-Network Only	OIN6	PE04	OAP	SD #1
PAT	Retiree	Trust plan 1 (closed)	Cigna PAT Retiree Trust Plan 1	Providence PAT Retiree Trust Plan 1	PPO3	OD03	PPO	SD #1
PAT	Retiree	Trust plan 2 (open)	Cigna PAT Retiree Trust Plan 2	Providence PAT Retiree Trust Plan 2	OAP3	OD04	OAP	SD #1
PFSP	Active	Providence Personal Option FT/PT Opt 1	Cigna PDA In-Network Only	Providence PDA In-Network Only Opt1	OIN3	PE05	OAP	SD #1
PFSP	Active	Providence Personal Option PT Opt 2	Cigna PDA In-Network Only	Providence PDA In-Network Only Opt 2	OIN4	PE06	OAP	SD #1
PFSP	Active	Providence Option Advantage FT/PT Opt 1	Cigna PDA PPO	Providence PDA PPO Opt 1	OAP1	OD05	OAP	SD #1
PFSP	Active	Providence Option Advantage PT Opt 2	Cigna PDA PPO	Providence PDA PPO Opt 2	OAP2	OD06	OAP	SD #1
ATU/DCU	Active	Providence Personal Option FT/PT Opt 1	Cigna PDA In-Network Only	Providence PDA In-Network Only Opt 1	OIN3	PE07	OAP	SD #1
ATU/DCU	Active	Providence Option Advantage FT/PT Opt 1	Cigna PDA PPO	Providence PDA PPO Opt 1	OAP1	OD07	OAP	SD #1
PFSP/DCU/ATU	Retiree	Providence Personal Option	Cigna PDA Retiree In-Network Only	Providence PDA Retiree In-Network Only	OIN7	PE08	OAP	SD #1
PFSP/DCU/ATU	Retiree	Providence Option Advantage	Cigna PDA Retiree	Providence PDA Retiree	OAP4	OD08	OAP	SD #1

**OAP** – Open Access Plus – in and out of network

**PHP** – Providence Health Plan

**SD #1** – Providence Extend Washington PPO Network – PPO network of contracted Providers and facilities, including Legacy & OHSU Providers

**OIN** – Open Access Plus In Network – only (OAPIN = OIN)

**PPO** – Preferred Provider Organization – Regence



The following sections of the School District No. 1 Health and Welfare Plan remain the same with the change to Providence, for ease of administration and to avoid member disruption. Benefit Enhancements were made to the plan due to Cigna’s system limitations and inability to administer the existing benefits:

Plan Type	Plan Name	Benefit Prior to Cigna	New Benefit Enhancement
Open Access Plus	Cigna PAT In-Network Only (OIN1) Cigna In-Network Only (OIN5) Cigna PDA In-Network Only (OIN3) Cigna PAT Retiree Trust Plan 2 (OAP3) Cigna PDA Retiree (OAP4)	Durable medical equipment & Home Health Care Passive benefit	The Home Health Care Passive in network benefit is 80% and the out of network is 70%. The DME coinsurance is allowed at the passive 80% coinsurance for both in and out of network.
Open Access Plus In-Network	Cigna PAT In-Network Only (OIN2)	ABA therapy \$10 per visit	The Plan covers this under mental health outpatient services. The coverage was enhanced to 100% coinsurance with no co-pay.
Open Access Plus In-Network	Cigna PAT In-Network Only (OIN6)	ABA therapy sessions covered at \$5 copay per visit	The Plan covers this under mental health outpatient services. The coverage was enhanced to 100% coinsurance with no co-pay.
PPO	Cigna PAT PPO (PPO1)	Bariatric Surgery covered only at Center of Excellence (COE) facilities	The Plan does not limit bariatric surgery to COEs. The Plan covers bariatric surgery at all in network facilities.
PPO	Cigna PAT PPO (PPO1) Cigna PAT Retiree Trust Plan 1 (PPO3)	Habilitative Services	Habilitative services are covered for Autism and developmental delays are covered under the behavioral health benefit. The Plan does not apply a visit maximum as the service is based on medical necessity. This would be a benefit enhancement since the prior carrier had a visit limit in place. For medical services that meet medical necessity this would fall under the short-term rehabilitation benefits.
PPO	Cigna PAT PPO (PPO1 / PPO2) Cigna PAT Retiree Trust Plan 1 (PPO3)	Hearing Aid Limits: one hearing aid per ear per Claimant every 36 months or more frequently if modifications to an existing hearing aid will not meet the needs of the Claimant	The Plan covers a pair of hearing aids every 3 years. Different language but the same benefit.
Open Access Plus	Cigna PAT In-Network Only (OIN1 & OIN2) Cigna In-Network Only (OIN5)	Hearing aids & related accessories: Medically Necessary external hearing aids and devices, as prescribed, fitted, and dispensed by a licensed audiologist or a hearing	The Plan covers a pair of hearing aids every 3 years. Different language but the same benefit.

Plan Type	Plan Name	Benefit Prior to Cigna	New Benefit Enhancement
	Cigna PAT Retiree Trust Plan 2 (OAP3) Cigna PDA PPO (OAP1 / OAP2) Cigna PDA Retiree (OAP4) Cigna PDA In-Network Only (OIN 3 / OIN4)	aid/instrument specialist. Hearing aids and devices are covered under the Medical Appliances benefit. This benefit is available for one hearing aid per ear every 3 Calendar Years for all Members. Hearing aid batteries are covered for one box per hearing aid per Calendar Year	
Open Access Plus	Cigna PAT In-Network Only (OIN1 / OIN2) Cigna In-Network Only (OIN5)	Home Health care \$10/visit first five visits; additional visits covered in full	The Plan covers Home Health Care at 100%. This is a benefit enhancement.
Open Access Plus In-Network	Cigna PAT In-Network Only (OIN6)	Home health care \$5 copay per visit for the first 5 visits, then covered in full	The Plan covers Home Health Care at 100%. This is a benefit enhancement.
PPO	Cigna PAT Retiree Trust Plan 2 (OAP3) Cigna PAT PPO (PPO1 / PPO2)	HOSPICE CARE – Limit: 14 inpatient or outpatient respite care days per Claimant Lifetime	The Plan does not place a limit on inpatient hospice care. This service is based on medical necessity and offers respite care for the caregivers. Outpatient services, depending on the type, would fall under hospice or home health care and based on medical necessity. This service also provides some type of respite care. Benefit enhancement as Regence covered 14 days.
Open Access Plus	Cigna PAT In-Network Only (OIN1), Cigna PDA PPO (OAP2) Cigna In-Network Only (OIN5), Cigna PDA PPO (OAP1 /OAP 2) Cigna PDA Retiree In-Network Only (OIN7) Cigna PDA Retiree (OAP4)	Plan covers Inpatient Habilitative Services/Outpatient Habilitative Services	Habilitative services are covered for Autism and developmental delays are covered under the behavioral health benefit. The Plan does not apply a visit maximum as the service is based on medical necessity. This would be a benefit enhancement since the prior carrier had a visit limit in place. For medical services that meet medical necessity this would fall under the short-term rehabilitation benefits.
Open Access Plus In-Network	Cigna PAT In-Network Only (OIN6)	Skilled Nursing covered with a 60-day maximum per illness	The Plan enhanced this benefit to allow 120 visits each year, instead of a 60-day max per illness.

Plan Type	Plan Name	Benefit Prior to Cigna	New Benefit Enhancement
Open Access Plus In-Network	Cigna PAT In-Network Only (OIN 1 / OIN2) Cigna In-Network Only (OIN5) Cigna PDA In-Network Only (OIN3) Cigna PAT Retiree Trust Plan 2 (OAP3)	Ambulance \$50 copay – PHP 20% co-insurance – Regence 100% - PHP - PFSP OPT 1	This benefit was enhanced to 100% coinsurance.