

PAT Actives

January 1–December 31, 2024

PAT

YOUR BENEFITS 2024 PLAN YEAR



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12205 SW Tualatin Rd., Suite 200 • Tualatin, OR 97062
833-255-4123 (toll-free) or 503-486-2107 • sdtrust.com

WE'RE HERE TO HELP

Trust Administrative Office

ZENITH AMERICAN SOLUTIONS

 zenith-american.com

Access to personalized eligibility and benefit information, secure messaging and more.

 **Customer Service:**

833-255-4123
503-486-2107 (Portland)
971-239-0672 (Fax)

 **Mailing Address:**

12205 SW Tualatin Rd., Suite 200
Tualatin, OR 97062


PPS

HR/BENEFITS

 Enrollment information and PPS-provided benefit information: 503-916-6464


 benefits@pps.net


IT SERVICE DESK

 Forgot your PPS password?
503-916-3375


 support@pps.net


Kaiser Permanente

 kp.org
Choose a provider, email your doctor, make appointments and learn about your coverage.

 **Customer Service:**
503-813-2000 (Portland)
800-813-2000


Providence Medical Plans

 myProvidence.com
Find an in-network provider, view claims and learn about your coverage.

 **Customer Service:**
(503) 574-7500 or 800-878-4445
(TTY: 711) Monday–Friday
8:00 am–5:00 pm (Pacific Time)

Trust Prescription Drug Plan


ADMINISTERED BY EXPRESS-SCRIPTS

 Express-scripts.com
Find a participating pharmacy, use the mail order service and view claims.

 **Customer Service:**
800-282-2881

Trust Vision Plan


ADMINISTERED BY VSP

 vsp.com
Find a provider, view claims and print an ID card.

 **Customer Service:**
800-877-7195


Trust Dental Plan

ADMINISTERED BY DELTA DENTAL OF OREGON

 deltadentalor.com
Learn about your coverage, get treatment plan estimates, view claims and print an ID card.

 **Customer Service:**
844-827-7518


Kaiser Permanente Dental Plan

 kp.org/dental/nw
Learn about your coverage, get treatment plan estimates and view claims.

 **Customer Service:**
800-813-2000

Trust Life, AD&D and LTD Coverage

ADMINISTERED BY THE STANDARD


 **Life and AD&D Customer Service:**
800-628-8600

 **LTD Customer Service:**
800-368-1135

PPS Employee Assistance Program (EAP)

ADMINISTERED BY UPRISE HEALTH

 uprisehealth.com/members and enter access code OEGB

 866-750-1327 (toll-free),
24 hours a day

Flexible Spending Account (FSA)

ADMINISTERED BY PACIFICSOURCE

 **Customer Service:**
800-422-7038

 psa.pacificsource.com/Flexpsacustomerservice@pacificsource.com

FIND IT FAST




Find everything you need to know to use your benefits wisely on the sdtrust.com website.


On sdtrust.com, you can:

- Choose your bargaining group and work status to get details for the benefit plans that are available to you.
- Get important contact information.
- Learn how to enroll or make a midyear change.
- Find a form.
- Log in to your carrier's website to find a doctor, check a claim status or send a secure message.
- Get healthy ideas and benefit tips.
- And, much more!

Your ID card has the numbers, too.

 Your key provider phone numbers are as close as the back of your Plan ID card. You'll get an ID card when you enroll, and your eligibility has been verified by the Trust; after that, you'll get a new card when you change Plans, and add or remove dependents. Keep your Medical and Dental ID cards each year (you can print a Vision Plan card at vsp.com).

Get the apps.

 Most of the Trust's Plan partners have an app, giving you anytime/anywhere access to your personal health plan information. You can view claims, see your ID card, send and receive secure messages, refill prescriptions, see test results, access wellness tools ... and more!

ABOUT YOUR PLAN

Your Trust. Benefits Since 1972.

The School District No. 1 Health and Welfare Trust provides you and your family with the security of knowing that you have health insurance coverage you can count on—for help with everyday bumps along the road, from managing challenging health issues, to financial protection in the event of a catastrophic illness or accident.

The security of having health coverage is a valuable benefit you receive as a Trust member. The Trust works with Portland Public Schools and your bargaining group to offer high-quality benefits that are low in cost to members and provide the option to cover their eligible dependents.

For more than four decades, the Trust has provided group health and welfare benefits to active employees and retirees of the Portland Public Schools (PPS) who are members of the Portland Association of Teachers (PAT), Portland Federation of School Professionals (PFSP), District Council of Unions (DCU), and Amalgamated Transit Union (ATU) bargaining groups.



Photo by Elements Digital on unsplash.com

TERMS TO KNOW

COPAY: The fixed dollar amount you pay each time you receive covered services.

COINSURANCE: The percentage you pay for covered services after any applicable deductible.

COVERED AMOUNT: The maximum amount your Plan allows for a covered service. The percentage the Plan pays is based on the covered amount, not the billed amount. The covered amount is equal to the discounted network rate charged by participating providers, or the Usual, Customary and Reasonable (UCR) rate explained at right.

COVERED SERVICES: Medically necessary health care services or course of treatment. See your Plan Booklet for details on services that your Plan excludes or limits.

DEDUCTIBLE: The annual amount you pay for covered services before the Plan pays benefits.

EXPLANATION OF BENEFITS

(EOB): For each medical claim, you'll receive an EOB statement that shows how your claim was paid. Compare this to your provider's bill to see if you are responsible for any amount.

NETWORK: Participating providers, facilities, and suppliers your Plan has contracted with to provide health care services.

OUT-OF-POCKET MAXIMUM:

When the amount you've paid in deductibles, copays and coinsurance in a Plan Year reaches a certain limit, called the Out-of-Pocket Maximum, the Plan pays 100% of covered expenses for the rest of the year.

UCR (USUAL, CUSTOMARY, AND REASONABLE) RATE:


The maximum amount your Plan allows for a covered service, based on the prevailing rate in a geographic area. When applicable, Plan payment is based on this amount, instead of the covered amount.


ELIGIBILITY

Who's Eligible for the Jan. 1–Dec. 31, 2024 Plan Year

You are, if:

- You're a member of the Portland Association of Teachers (PAT) bargaining unit
- And, a regular employee of the District, as defined in the current PAT/PPS negotiated agreement, that requires contributions to the Trust

 You are full-time if you are regularly scheduled to work at least 75% of full-time.

 You are part-time if you are regularly scheduled to work between 50% and 74% of full-time.

You may also enroll these eligible dependents in the same Plan:

- Your legally married spouse or eligible domestic partner
- Your children and your legal spouse's or domestic partner's children, up to age 26, including natural children, stepchildren, legally adopted children, children for whom you are the legal

guardian, foster children, and children for whom you are legally responsible to provide health coverage under a Qualified Medical Child Support Order (QMCSO)

- Disabled children over age 26 if unmarried, incapable of self-support, dependent on you for primary support, and the disability occurred before the age of 26


Eligible dependents do not include:

- A spouse from whom you are legally separated or divorced
- Anyone on active military duty
- Children over the age of 26 who are not disabled
- Your grandchildren, nieces/nephews or other relatives who live with you (unless you have court-appointed custody)




See a complete list of qualifying events at sdtrust.com.

Verifying your dependent's eligibility.

 The Trust works with an independent agency, Secova, to confidentially verify eligibility for each enrolled dependent. You'll be asked to securely submit documentation (such as a birth certificate, marriage certificate, domestic partner affidavit, etc.) to Secova, which will protect the privacy of your personal information. You must submit the required documents to Secova for each covered dependent by the deadline as instructed in the verification packet, or your dependent's coverage will be terminated retroactive to the coverage effective date.

When a dependent's eligibility ends.

 You must notify the Trust's Administrative Office when a dependent is no longer eligible. You may be required to repay any benefits paid after the dependent's eligibility ends.

GETTING STARTED

When you first become eligible

Enroll within 31 days after you're notified that you're eligible.

If you miss this deadline, your next opportunity to enroll will be during Open Enrollment, unless you have a major life change


When Open Enrollment takes place

This is your annual opportunity to enroll for benefits, or change your benefit options and add or drop dependents if you're already enrolled.

Open Enrollment typically takes place in October for the next Plan Year.

When you have a qualifying life event

Qualifying life events in your family (marriage, divorce, birth, adoption, disability, etc.) or changes in employment status or other health care coverage may allow you to enroll dependents and/or make Plan changes midyear.

 You must enroll dependents or make changes by the deadline. Go to sdtrust.com to learn more.

Here's how to enroll

1 You must enroll online via PPS Peoplesoft Employee Self-Service (ESS). We encourage you to complete online benefits enrollment and/or changes in PeopleSoft ESS while on-site. In order to access PeopleSoft ESS off-site, you must be set up with Duo 2-Step Security and Google Authenticator Two Step Authentication. For assistance, contact the IT Service Desk at support@pps.net or 503-916-3375.

2 Go to selfservice.pps.net and log in using your PPS username and password.

3 Click **Benefits Information**, then select your Open Enrollment event.

4 Make or edit your selections and add or drop dependents.


5 To decline Medical, Prescription, Dental, Vision, or Optional Life and Voluntary AD&D coverage, click **Waive Medical Plan Coverage**. (You must have proof of other Medical coverage.)


6 Verify your selections and click **Submit** to complete your enrollment.

Here's when benefits begin

- **Open Enrollment** changes take effect beginning January 1 of the new Plan Year.
- **Initial Enrollment** and **Midyear Changes** take effect depending on when you submit your enrollment:
 - Enroll before the mid-month payroll cutoff date, and benefits begin on the first day of the next month.
 - Enroll after the mid-month payroll cutoff date, and benefits begin the first day of the following month.

Don't remember your login information?

 Contact the PPS IT Service Desk.

 You will receive Basic Life, AD&D and LTD coverage even if you waive medical plan coverage. See page 15 for more information.

COMPARE YOUR OPTIONS

Option 1 Plans

Full-Time and Part-Time Employees—Full Coverage including: Medical, Prescription, Dental, Vision, Long-Term Disability (LTD), Basic Term-Life and Accidental Death and Dismemberment (AD&D), Optional Term Life and Voluntary AD&D

Choose One of These Plans if You are Full- or Part-Time and Want Full Coverage

Plan Name	Kaiser Permanente Plan	Providence PAT In-Network Only Plan	Providence PAT PPO Plan
Monthly Contribution Rates (Includes dental, vision, and mandatory self-pay LTD of \$21.00*)			
FULL TIME: Member only or member + dependents	\$159.28	\$159.28	\$159.28
PART TIME: Member only or member + dependents	\$998.20	\$998.20	\$998.20

* Your mandatory, self-pay Long-Term Disability contribution of \$21.00 will be taken out of your paycheck on a post-tax basis and is included in the rates above.

Medical/Rx/Vision Benefits	Kaiser Permanente Plan	Providence PAT In-Network Only Plan	Providence PAT PPO Plan
Medical			
How the Plan Pays Benefits Copays and deductible waived for commonly used in-network services	The Plan pays 100% of most covered services after you pay the copay No out-of-network coverage except emergency care and urgent care when traveling.	The Plan pays 90% of most covered services; and 100% for office visits, after you pay a \$10 copay No out-of-network coverage except emergency care.	The Plan pays 80% of most covered services when you choose Providence In-network Providers; 70% when you choose providers outside the Providence PPS/SD-1 Trust network—plus you pay any amount billed over the allowed amount.
Provider Choices	Choose a provider in these networks: • Kaiser Permanente: kp.org • The Portland Clinic: theportlandclinic.com	Choose a provider in the Providence PPS/SD-1 Trust network: myProvidence.com	Choose any provider. Search for a provider in the Providence PPS/SD-1 Trust network: myProvidence.com
Prescription			
Retail and Mail Order Available	Kaiser Permanente Use Kaiser Permanente pharmacies and mail order	Trust Prescription Drug Plan (administered by Express Scripts) For members enrolled in a Providence medical plan Use Express-Scripts pharmacies and mail order	
Vision			
Provider Choice	Kaiser Vision Plan Use Kaiser Permanente Providers	Trust Vision Plan (administered by VSP) For members enrolled in a Providence medical plan Use VSP Providers	
Your Out-of-Pocket Costs			
Annual Medical Deductible	\$0	\$0	\$100/individual \$300/family
Annual Medical Out-of-Pocket Maximum	\$600/individual \$1,200/family	\$1,200/individual \$2,400/family	\$1,000/individual \$2,000/family
Annual Prescription Out-of-Pocket Maximum	Prescription expenses apply to the medical out-of-pocket maximum	\$2,200/individual \$4,400/family	\$2,200/individual \$4,400/family

Income Security Benefits (Administered by The Standard)**Long-Term Disability (LTD) Insurance**

Basic Coverage	Self-pay coverage required for all employees
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Term Life and Accidental Death and Dismemberment (AD&D) Insurance

Basic Coverage	Provided by the Trust for all Plans
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Optional Life and AD&D Coverage	Available to purchase for all Plans
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Dental Benefits	Kaiser Permanente Dental	Trust Dental Plan/Delta Dental of Oregon
Provider Choice	Use Kaiser Permanente providers	Use any provider; save money with an in-network provider
Dependent Dental Coverage	Yes	Yes
Your Costs		
Annual Dental Plan Deductible	None	None
Maximum Annual Dental Benefit	\$2,500	\$2,500

This is an overview of commonly used services. For additional Plan comparisons, go to sdtrust.com. Rates are evaluated annually and are subject to change. 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.

COMPARE YOUR OPTIONS CONTINUED

Option 2 Plans

Part-Time Employees Only—Medical and Prescription Drug, Long-Term Disability (LTD), Basic Term Life and Accidental Dismemberment (AD&D), Optional Term Life and Voluntary AD&D Coverage Only

[Note: Where the cost for coverage under an Option 2 Plan is higher than the cost of coverage under an Option 1 Plan, you will need to enroll in an Option 1 Plan. See pages 8-9.]


Choose One of These Plans if You are Part-Time and Want Medical and Prescription Only			
Plan Name	Kaiser Permanente Plan	Providence PAT In-Network Only Plan	Providence PAT PPO Plan
Monthly Contribution Rates (Includes mandatory self-pay LTD of \$21.00*)			
Member Only	\$21.00	\$21.00	\$21.00
Member + one dependent	\$545.73	\$651.43	\$858.85
Member + Family	Coverage provided through Option 1 Plans only (see page 8)	Coverage provided through Option 1 Plans only (see page 8)	Coverage provided through Option 1 Plans only (see page 8)
Medical			
How the Plan Pays Benefits	The Plan pays 100% of most covered services after you pay the copay No out-of-network coverage except emergency care and urgent care while traveling.	The Plan pays 90% of most covered services (and 100% for office visits, after you pay a \$10 copay) No out-of-network coverage except emergency care.	The Plan pays 80% of most covered services after you meet the annual deductible. If you choose a provider outside the Providence PPS/SD-1 Trust network you pay any amount billed over the allowed amount.
Provider Choices	Choose a provider in these networks: • Kaiser Permanente: kp.org • The Portland Clinic: theportlandclinic.com	Choose a provider in the Providence PPS/SD-1 Trust network: myProvidence.com	Choose any provider. Search for a provider in the Providence PPS/SD-1 Trust network: myProvidence.com
Prescription			
	Kaiser Permanente	Trust Prescription Drug Plan (administered by Express Scripts) For members enrolled in a Providence medical plan	
Retail and Mail Order Available	Use Kaiser Permanente Clinics	Use Express Scripts network pharmacies and mail order	
Long-Term Disability (LTD) Insurance (administered by The Standard)			
Basic Coverage	Self-pay coverage required for all employees		
Term Life and Accidental Death and Dismemberment (AD&D) Insurance (administered by The Standard)			
Basic Coverage	Provided by the Trust for all Plans		
Optional Coverage	Available to purchase for all Plans		
Your Costs			
Annual Medical Deductible	\$0	\$0	\$200/individual \$600/family
Annual Medical Out-of-Pocket Maximum	\$600/individual \$1,200/family	\$1,200/individual \$2,400/family	\$1,000/individual \$3,000/family
Annual Prescription Out-of-Pocket Maximum	Prescription expenses apply to the medical out-of-pocket maximum	\$2,200/individual \$4,400/family	\$2,200/individual \$4,400/family

* Your mandatory, self-pay Long-Term Disability contribution of \$21.00 will be taken out of your paycheck on a post-tax basis and is included in the rates above.


This is an overview of commonly used services. For additional Plan comparisons, go to sdtrust.com. Rates are evaluated annually and are subject to change. 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.

GET THE MOST FROM YOUR BENEFITS


Understand coordination of benefit rules

 If you have other coverage (i.e., through your spouse's employer) check with the other plan before you enroll to understand how the two plans will coordinate your benefit coverage.


Find an in-network Urgent Care clinic

 For non-life-threatening but urgent care or for care when your doctor's office is closed, find the nearest in-network Urgent Care clinic to save time and money.


In an emergency!

 In a medical emergency, where a person's life or body is in serious jeopardy, call 9-1-1 or go to the nearest Emergency Department. Care will be covered at your Plan's in-network benefit level.


Try virtual care—from wherever you are

 With virtual care, you can connect with a doctor by phone or video visit from anywhere to get care for you and your family. It could even save you time and money!


Get preventive care—at no cost to you

 Preventive services are so important to maintaining good health and detecting issues early that your Plan pays 100% of the covered amount. So, get that annual checkup and those recommended screenings, tests and immunizations!


Some services require prior authorization

 Your Plan requires a medical review of certain procedures (inpatient and outpatient surgery, for example) to help you make informed decisions about your medical care and use your benefits cost effectively. Your in-network provider will obtain prior authorization when required. If you use an out-of-network provider, it is highly recommended that you get prior authorization from your Plan before you receive services, whenever possible.


Make sure your eligible out-of-area dependents are covered

 If you have eligible dependents who are temporarily out of the area, be sure you take the necessary steps each year to ensure that they are enrolled in dependent out-of-area coverage.


Choose generics

 Did you know that, by law, generic drugs are just as safe and effective as their brand-name counterparts? And, that the average cost of a generic drug is 80% less than the brand-name version? Whenever possible, choose generics!

Use the mail-order program for ongoing meds

 Skip the monthly trip to the drugstore by using your Plan's mail-order option to buy prescriptions that you take every day. You save with a lower copay for a 90-day supply (compared to a monthly drugstore refill) and enjoy the convenience of having your medication delivered right to your mailbox.

Request a treatment estimate

 If you have dental coverage and need care beyond basic services, ask your dentist to submit a treatment plan so you can get a summary of what the Plan covers and your estimated costs.

To learn more, contact your Plan (see page 2).

MEDICAL BENEFITS OVERVIEW

Medical Benefits Overview

	Kaiser Permanente*	Providence PAT In-Network Only Plans (Option 1 & 2)**
Office Visits*** 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.
Preventive Health Exams and Well-Baby Care (Frequency schedule applies)	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%	Pre- and post-natal: You pay \$0; Plan pays 100% Delivery and hospital services: You pay 10%; Plan pays 90%
Alternative Care Acupuncture, chiropractic and massage therapy	Plan pays 100% after copay Acupuncture: \$10/visit up to 24 visits/year Chiropractic: \$10/visit up to 30 visits/year Massage: \$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.
Telehealth/Virtual Visits*** Phone and video consultations	Plan pays 100%	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	You pay \$5 copay/visit; then the Plan pays 100%	You pay \$0; Plan pays 100%
Outpatient Surgery	You pay \$5 copay/visit; then the Plan pays 100%	You pay \$0; Plan pays 100%
Inpatient Mental Health / Substance Use Disorders	You pay \$0; Plan pays 100%	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)	Plan pays \$500/ear every 3 years Option 2: Adult hearing aids are not covered	You pay 20%; plan pays 80%
Out of Area Dependent Coverage	Limited services; requires annual enrollment	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 Nationwide in-network coverage

*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.

	Providence PAT PPO Plan (Option 1)	Providence PAT PPO Plan (Option 2)
Office Visits*** Primary, naturopathic and behavioral health care, and substance use disorders	In-network: 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% Out-of-network: 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%
Preventive Health Exams and Well-Baby Care (Frequency schedule applies)	In-network You pay \$0; Plan pays 100% (deductible waived) Out-of-network: You pay 30%; Plan pays 70%	You pay \$0; Plan pays 100% (deductible waived)
Labs and X-rays	In-network You pay 20%; Plan pays 80% Out-of-Network: You pay 30%; Plan pays 70%	You pay 20%; Plan pays 80%
Maternity Care	In-network: You pay 20%; Plan pays 80% Out-of-network: You pay 30%; Plan pays 70%	You pay 20%; Plan pays 80%
Alternative Care Acupuncture, chiropractic and massage therapy	Any Provider: You pay 20%; Plan pays 80% (Massage therapy not covered)	You pay 20%; Plan pays 80% (Massage therapy not covered)
Telehealth/Virtual Visits*** Phone and video consultations	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%
Urgent Care	In-network: You pay 20%; Plan pays 80% Out-of-network: You pay 30%; Plan pays 70%	You pay 20%; Plan pays 80%
Emergency Care	Any Provider: You pay \$100 copay/visit; then Plan pays 100%, no deductible required (copay waived if admitted)	You pay 20%; Plan pays 80%
Hospital (Inpatient)	In-network: You pay 20%; Plan pays 80% Out-of-network: You pay 30%; Plan pays 70%	You pay 20%; Plan pays 80%
Ambulatory Surgery Center	In-network: You pay 10%; Plan pays 90% Out-of-network: You pay 30%; Plan pays 70%	In-network: You pay 10%; Plan pays 90% Out-of-network: You pay 20%; Plan pays 80%
Outpatient Surgery	In-network: You pay 20%; Plan pays 80% Out-of-network: You pay 30%; Plan pays 70%	You pay 20%; Plan pays 80%
Inpatient Mental Health / Substance Use Disorders	In-network You pay 20%; Plan pays 80% Out-of-Network: You pay 30%; Plan pays 70%	You pay 20%; Plan pays 80%
Routine Hearing Exams/Tests	Not covered	Not covered
Hearing Aids	In-network: You pay 10%; Plan pays 90% Out-of-Network: You pay 30%; Plan pays 70%	You pay 20%; Plan pays 80%
Out of Area Dependent Coverage	Full services; requires annual enrollment	Full services; requires annual enrollment
Coverage While Traveling	Nationwide network of providers	Nationwide network of providers

This is an overview of commonly used services. For 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.

ADDITIONAL BENEFITS OVERVIEW

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
In-network/Participating Pharmacies	Kaiser Permanente	Use Express Scripts	
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: \$5/\$10/\$15 per 30/60/90-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	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: \$5/90-day supply Brand name: \$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
Well Vision Exam	You pay \$5 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	VSP Provider: Not to exceed \$60 copay 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 Other Provider: Up to \$75
Lenses	Included in \$250 credit	Every 12 months VSP Provider: 100% for most lens types Other Provider: Up to \$50-\$100 for most lens types
Contacts Instead of Glasses	Included in \$250 credit	Every 12 months VSP Provider: Up to \$60 copay for fitting and evaluation; up to \$150 for contacts Other Provider: Up to \$137
Vision Therapy (if qualified)	N/A	VSP Provider: 100% for evaluation; 75% for approved therapy sessions up to \$750/year Other Provider: 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
Diagnostic and Preventive Care (exams, cleaning, X-rays)	Plan pays 100% of UCR	Plan pays 100%
Basic and Restorative Services	You pay 20%; Plan pays 80% of UCR	You pay 20%; Plan pays 80%
Major Services	You pay 50%; Plan pays 50% of UCR	You pay 50%; Plan pays 50%
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

Term Life and Accidental Death & Dismemberment Benefits Overview

Administered by The Standard	Life Insurance	AD&D Insurance
<p>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.</p>	<p>Basic Term Life \$50,000 per member</p>	<p>Basic AD&D Up to \$50,000 per member</p>
<p>You may purchase coverage for yourself and eligible covered dependents.</p> <p>You must purchase Optional Life and Voluntary AD&D for yourself in order to buy coverage for your dependents.</p> <p>Coverage may be subject to medical underwriting approval. You can find the Enrollment Guide and a needs calculator on sdtrust.com.</p>	<p>Optional Life; Employee and Spouse: \$10,000 to \$500,000 in \$10,000 increments not to exceed 5 times annual salary</p> <p>Child(ren): \$2,000 to \$10,000 in \$2,000 increments</p> <p>During Open Enrollment: 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).</p>	<p>Voluntary AD&D Employee: \$25,000 to \$300,000 in \$25,000 increments</p> <p>Spouse: 50% of your selected coverage</p> <p>Child(ren) Only: 15% of your AD&D coverage amount for each child up to \$25,000</p> <p>Spouse and Child(ren): 40% of your selected coverage for your spouse and 10% of your selected coverage (up to \$25,000) per child</p>

Long Term Disability Overview

Administered by The Standard	Coverage
<p>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.</p>	<p>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.</p>

For details and rates, go to 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.

AND THERE'S MORE ...

Valuable Discounts on health services and more

The Trust's partners offer exclusive member discounts on things like chiropractic care, acupuncture, massage therapy, hearing aids, vision services, fitness centers, gym memberships, recreational activities, wellness products and a lot more.



Providence Participants:

Get details at myProvidence.com



Kaiser Permanente Participants

(medical/prescription, vision and/or dental):

Get details at kp.org



VSP Participants:

Get details at vsp.com/specialoffers

Benefits and resources through Portland Public Schools

You may be eligible for additional benefits like these through Portland Public Schools:



Get details at pps.net/Page/927

FLEXIBLE SPENDING ACCOUNT (FSA): Set aside part of your paycheck (you decide how much) before taxes are withheld and use your pre-tax dollars to help pay for eligible health and dependent care expenses. You must enroll each year during Open Enrollment to have an FSA for the next Plan Year. Learn more on pps.net/Page/1652.

THE EMPLOYEE ASSISTANCE PROGRAM (EAP): Provided through Uprise Health to you and anyone living in your household at no cost to you. For a complete list of services, go to uprisehealth.com/members and enter access code OEBS, or call 1-866-750-1327.

PROFESSIONAL DEVELOPMENT: The District offers programs that provide tuition reimbursement and vouchers to support professional growth.

LEAVE OF ABSENCE: You can take time off work to care for your own or your family's medical needs, including time off to care for a new child, in keeping with the Family Medical Leave Act (FMLA) and Oregon Family Leave Act (OFLA).

NOTE: You are not required to disclose your personal medical information except as required by the FMLA or OFLA for leave approval purposes. Contact PPS HR/Benefits for more information.

RETIREMENT RESOURCES: You may be eligible to participate in Oregon Public Services Retirement Plan (PERS/OPSRP) or a 403(b) tax-deferred annuity to help you save for retirement. For more information, call 1-888-320-7377.

CREDIT UNION MEMBERSHIP: You and your immediate family members may join OnPoint Credit Union or Consolidated Federal Credit Union. Be sure to mention that you are a PPS employee.

EMPLOYEE MILEAGE REIMBURSEMENT: If you regularly use your car for on-the-job travel, you may be eligible for mileage reimbursement.

TRIMET TRANSIT PASS: You may be able to buy a monthly Hop Fastpass on a pre-tax basis through your PPS paycheck.



PAT Actives

Your Trust. Benefits Since 1972.