



PAT Early Retirees
January 1–December 31, 2024

YOUR BENEFITS 2024 PLAN YEAR



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HEALTH & WELFARE TRUST
SCHOOL DISTRICT NO. 1

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



edge.zenith-american.com

Access to personalized eligibility and enrollment 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

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 PAT Retiree In-Network Only, Trust Plan 1 and Trust Plan 2 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

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.



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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

The Trust has two Early Retiree eligibility categories as defined in the current PAT/PPS negotiated agreement.

EARLY RETIREE PLAN WITH DISTRICT-PAID CONTRIBUTIONS*:

- Eligible to retire under the Public Employees Retirement System (PERS)
- At least 15 years of service at PPS prior to Sept. 30, 2020
- Not eligible for Medicare

EARLY RETIREE PLAN ON A SELF-PAY BASIS:

- Eligible to retire under the Public Employees Retirement System (PERS)
- Less than 15 years of service at PPS prior to Sept. 30, 2020
- Between age 55 and age 65, and not eligible for Medicare. If you have less than 15 years of service or are under age 55, you are eligible for up to 24 months of self-pay coverage. If you have PERS when you retire, you may self-pay your coverage until age 65.

* PPS will make contributions for 60 months immediately following retirement after which, if you retired with PERS, you may continue coverage on a self-pay basis until age 65 or eligibility for Medicare, whichever comes first.


YOU MAY ALSO ENROLL THESE ELIGIBLE DEPENDENTS IN THE SAME PLAN:


- Your legally married spouse or eligible domestic partner who is not eligible for Medicare
- 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
- A spouse or domestic partner who is eligible for Medicare
- Anyone on active military duty
- Children over the age of 26 who are not disabled

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.**

 You may not defer Trust Early Retiree Plan benefits unless you retired prior to June 30, 2016 and chose to defer prior to that date.

- Your grandchildren, nieces/nephews or other relatives who live with you (unless you have court-appointed custody)

GETTING STARTED

When you first become eligible

You must enroll within 31 days of your last day of active employee coverage. If you miss the deadline, you may not be able to enroll in the Early Retiree Plan. There is no deferred enrollment.

When Open Enrollment takes place


This is your annual opportunity to 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.

 Beginning January 1, 2024, you may only enroll eligible dependents during initial enrollment in the Early Retiree Plan unless there is a qualifying life event. Fall 2023 is the final opportunity to enroll dependents during annual Open Enrollment. Go to sdtrust.com to learn more.

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 form.





Here's how to enroll

You have two options to complete your enrollment:


- 1** Enroll on-line at edge.zenith-american.com. Register to create your account and complete your enrollment. You can find an enrollment manual on sdtrust.com.
- 2** Complete the Benefits Enrollment/Change Form in your enrollment packet or on sdtrust.com. Then fax, mail or deliver it to the Trust Administrative Office so that it is received by the deadline.


Here are your payment options.

 Mail your payments, payable to School District No. 1, to the Trust Administrative Office in time to be received by the fifth day of each month, for that month of coverage.

 To ensure your payments are made timely, complete and submit the Electronic Funds Transfer Authorization form to have payments automatically deducted from your bank account.

When a dependent's eligibility ends.

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

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

COMPARE YOUR OPTIONS

Medical and Prescription Plans

Plan Name	Choose One of These Health Plans			Closed to New Enrollment
	Kaiser Permanente Plan	Providence PAT Retiree In-Network Only	Providence PAT Retiree Trust Plan 2	Providence PAT Retiree Trust Plan 1
Monthly Contribution Rates—Self-Pay				
Retiree only	\$772.30	\$835.02	\$736.24	\$856.92
Retiree + one	\$1,417.96	\$1,650.74	\$1,474.84	\$1,722.34
Retiree + family	\$1,904.92	\$2,443.02	\$2,107.86	\$2,464.10
Monthly Contribution Rates—with District Contribution*				
Retiree only¹	\$0	\$0	\$0	\$0
Retiree + spouse/ domestic partner¹	\$347.82	\$407.86	\$369.30	\$432.70
Retiree + spouse/ domestic partner and child(ren)¹	\$834.78	\$1,200.14	\$1,002.32	\$1,174.46
Retiree + one child²	\$695.66	\$815.72	\$738.60	\$865.42
Retiree + two or more children²	\$1,182.62	\$1,608.00	\$1,371.62	\$1,607.18

* District-paid contribution for 60 months immediately following retirement, then eligible for self-pay. Includes 50% District-paid contribution for spouse/ domestic partner if enrolled. ² District-paid contribution for member only for 60 months immediately following retirement, then eligible for self-pay.

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.

	Choose One of These Health Plans			Closed to New Enrollment
Plan Name	Kaiser Permanente Plan	Providence PAT Retiree In-Network Only	Providence PAT Retiree Trust Plan 2	Providence PAT Retiree Trust Plan 1
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 when traveling.	The Plan pays 100% of most covered services after you pay the copay/coinsurance. No out-of-network coverage except emergency care.	After you pay the deductible: The Plan pays 90% of most covered services when you choose a Providence In-network Provider. Plan pays 70% of most covered services when you choose a provider outside the Providence network—plus you pay any amount billed over the allowed amount.	After you pay the deductible: The Plan pays 85% of most covered services when you choose a Providence In-network Provider. Plan pays 75% of most covered services when you choose a provider outside the Providence network—plus you pay any amount billed over the allowed amount.
Provider Choices	Choose providers 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	You may choose any provider, but your out-of-pocket costs will be lower when you choose a provider in the Providence PPS/SD-1 Trust network: myProvidence.com	You may choose any provider, but your out-of-pocket costs will be lower when you choose a provider in the Providence PPS/SD-1 Trust network: myProvidence.com
Prescription	Kaiser Permanente Plan	Trust Prescription Drug Plan (administered by Express Scripts) For members enrolled in a Providence medical plan		
Retail and Mail Order Available	Use Kaiser Permanente pharmacies and mail order	Use Express Scripts network pharmacies and mail order		
Your Costs				
Annual Medical Plan Deductible	\$0	\$0	\$200/person, \$400/family	\$200/person, \$400/family
Annual Medical Plan Out-of-Pocket Maximum	\$600/person, \$1,200/family	\$700/person, \$2,000/family	In-network: \$1,000/person, \$14,000/family Out-of-network: \$3,000/person, unlimited/family	Preferred: \$1,000/person up to \$14,000
Annual Prescription Drug Plan Out-of-Pocket Maximum	N/A	\$2,200/person, \$4,400/family	Prescription expenses apply to medical out-of-pocket maximum	Prescription expenses apply to medical out-of-pocket maximum

COMPARE YOUR OPTIONS CONTINUED

Optional, Self-Pay Dental and Vision Plans

You must be enrolled in a Medical Plan to enroll in the self-pay, optional Dental and Vision Plan coverage. Dental and Vision cannot be purchased separately.

RATES	Kaiser Medical* Plan with <i>Kaiser Vision</i> and <i>Kaiser Dental</i> Plans	Kaiser Medical* Plan with <i>Kaiser Vision</i> and <i>Trust Dental</i> Plans	Providence Medical Plan with <i>Trust Vision</i> and <i>Kaiser Dental</i> Plans	Providence Medical Plan with <i>Trust Vision</i> and <i>Trust Dental</i> Plans
Monthly Contributions—Basic Coverage				
Retiree only	\$40.30	\$34.08	\$44.40	\$38.18
Retiree + one	\$75.68	\$63.98	\$83.86	\$72.16
Retiree + family	\$130.66	\$110.54	\$140.02	\$119.90
Monthly Contributions—Buy-Up Coverage				
Retiree only	\$58.48	\$62.90	\$65.20	\$69.62
Retiree + one	\$109.82	\$118.16	\$123.24	\$131.58
Retiree + family	\$189.62	\$204.06	\$205.00	\$219.44

*If you are enrolled in the Kaiser Medical/Prescription Plan, vision coverage is included in that Plan. Monthly contribution rates are for optional, self-pay Dental only.

VISION	Kaiser Permanente Plan	Trust Vision Plan (administered by VSP) For members enrolled in a Providence medical plan
Provider Choice	Use Kaiser Permanente providers No out-of-network coverage	Use any provider but save money if you use a VSP provider

DENTAL	Choose One of These Plans	
	Kaiser Permanente Dental	Trust Dental Plan (administered by Delta Dental of Oregon)
Provider Choice	Use Kaiser Permanente providers No out-of-network coverage	Use any provider; save money with an in-network provider
Your Costs		
Annual Dental Deductible	Basic: \$50/person Buy Up: \$0	Basic: \$50/person Buy Up: \$0
Dental Maximum Annual Benefit	Basic: \$1,200 Buy Up: \$2,500	Basic: \$1,200 Buy Up: \$2,500




Consider your choice for Dental coverage carefully: You will not be able to change your choice in the future.


If you enroll and then decline coverage later, you cannot re-enroll in the future.

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 Plan*	Providence PAT Retiree In-Network Only**
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; then the Plan pays 100%
Preventive Health Exams and Services (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 \$0; Plan pays 100%
Maternity Care	You pay 10%; the Plan pays 90%	You pay \$0; Plan pays 100%
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	Acupuncture: You pay \$10 copay/visit; then Plan pays 100%, up to 20 visits/year Chiropractic: Not covered Massage: Not covered
Telehealth/Virtual Visits*** Phone and video consultations	You pay \$0; Plan pays 100% (includes email)	You pay \$0; Plan pays 100%
Urgent Care	You pay \$5 copay/visit; then the Plan pays 100%	You pay \$5 copay/visit; then the Plan pays 100%
Emergency Care	You pay \$25 copay/visit (waived if admitted); Plan pays 100%	You pay \$50 copay (waived if admitted); then the Plan pays 100%
Hospital (Inpatient)	You pay \$0; Plan pays 100%	You pay \$0; Plan pays 100%
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 \$0; Plan pays 100%
Routine Hearing Exams/Tests	You pay \$5 copay; then the Plan pays 100%	You pay \$5 copay; then the Plan pays 100%
Hearing Aids (Adult)	Not covered	You pay 20%; Plan pays 80%
Out of Area Dependent Coverage	Limited services	Full services
Coverage While Traveling	Worldwide urgent/emergency care coverage. Routine care is available in KP service areas.	Worldwide 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 Retiree Trust Plan 2	Closed to New Enrollment Providence PAT Retiree Trust Plan 1
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 10%; Plan pays 90% Out-of-network: You pay 30%; Plan pays 70% of allowable expense	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 15%; Plan pays 85% Out-of-network: You pay 25%; Plan pays 75% of allowable expense
Preventive Health Exams and Services (Frequency schedule applies)	You pay \$0; Plan pays 100% (deductible waived)	You pay \$0; Plan pays 100% (deductible waived)
Labs and X-rays	In-network: You pay 10%; Plan pays 90% Out-of-network: You pay 30%; Plan pays 70%	In-network: You pay 15%; Plan pays 85% Out-of-network: You pay 25%; Plan pays 75%
Maternity Care	In-network: You pay 10%; Plan pays 90% Out-of-network: You pay 30%; Plan pays 70%	In-network: You pay 15%; Plan pays 85% Out-of-network: You pay 25%; Plan pays 75%
Alternative Care Acupuncture, chiropractic and massage therapy	In-network: You pay 10%; Plan pays 90% Out-of-network: You pay 30%; Plan pays 70% Massage: Not covered	In-network: You pay 15%; Plan pays 85% Out-of-network: You pay 25%; Plan pays 75% Massage: 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 10%; Plan pays 90%	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 15%; Plan pays 85%
Urgent Care	In-network: You pay 10%; Plan pays 90% Out-of-network: You pay 30%; Plan pays 70%	In-network: You pay 15%; Plan pays 85% Out-of-network: You pay 25%; Plan pays 75%
Emergency Care	You pay \$25 copay (waived if admitted); then you pay 10%; Plan pays 90%	You pay 15%; Plan pays 85% (deductible does not apply)
Hospital (Inpatient)	In-network: You pay 10%; Plan pays 90% Out-of-network: You pay 30%; Plan pays 70%	In-network: You pay 15%; Plan pays 85% Out-of-network: You pay 25%; Plan pays 75%
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 25%; Plan pays 75%
Outpatient Surgery	In-network: You pay 10%; Plan pays 90% Out-of-network: You pay 30%; Plan pays 70%	In-network: You pay 15%; Plan pays 85% Out-of-network: You pay 25%; Plan pays 75%
Inpatient Mental Health/Substance Use Disorders	In-network: You pay 10%; Plan pays 90% Out-of-network: You pay 30%; Plan pays 70%	In-network: You pay 15%; Plan pays 85% Out-of-network: You pay 25%; Plan pays 75%
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%	In-network: You pay 15%; Plan pays 85% Out-of-network: You pay 25%; Plan pays 75%
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 medical 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 Medical Plan	
		Providence PAT Retiree In-Network Only Plan	Providence PAT Retiree Trust Plans 1 and 2 (Plan 1 closed to new enrollment)
In-Network / Participating Pharmacies	Kaiser Permanente	Express Scripts	Express Scripts
Preventive	Match generic	Match generic	You pay \$0 for certain preventive drugs
Participating Pharmacy Benefits	You pay 50% up to \$50; Plan pays remainder. Per 30-day supply	*You pay 50% up to \$50; Plan pays remainder. Per 30-day supply	You pay 20%; Plan pays 80% Up to 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	You pay 50% up to \$100; Plan pays remainder. Up to 90-day supply	*You pay 50% up to \$100; Plan pays remainder. Up to 90-day supply	You pay 20%; Plan pays 80% Up to 90-day supply

*You also pay the difference in cost for the brand-name drug if a generic drug is available.

Optional Dental Benefits Overview

Kaiser Dental or Trust Dental Plan/Delta Dental of Oregon	Basic Dental	Buy-Up Dental
Diagnostic and Preventive Care (exams, cleanings, X-rays)	You pay 20%; Plan pays 80%	You pay \$0; Plan pays 100%
Basic Services (fillings, extractions, minor oral surgery)	You pay 20%; Plan pays 80%	You pay 20%; Plan pays 80%
Restorative Services (onlays, crowns)	You pay 50%; Plan pays 50%	You pay 20%; Plan pays 80%
Major Services (bridges, dentures)	You pay 50%; Plan pays 50%	You pay 50%; Plan pays 50%
Orthodontia	Not covered	You pay 50%; Plan pays 50%, up to \$4,000/person lifetime benefit maximum
Maximum Annual Benefit	\$1,200	\$2,500

This is an overview of commonly used services. For benefit details, 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.

Optional Vision Benefits Overview

Kaiser Permanente Vision Plan		Trust Vision Plan (administered by VSP) For members enrolled in a Providence medical plan
Basic Vision Plan: Every 24 months		
Well Vision Exam	You pay \$25 copay per exam; then Plan pays 100%	VSP Provider: You pay \$25 copay; then the Plan pays 100% Other Provider: You pay \$25 copay; then Plan pays up to \$45
Contact Lens Exam (Fitting and Evaluation)	You pay \$30 contact fitting fee	VSP Provider: Not to exceed \$60 per exam Other Provider: Combined with contact lenses
Frames	Included in \$100 credit	VSP Provider: Plan pays up to \$150 Other Provider: Plan pays up to \$47
Lenses	Included in \$100 credit	VSP Provider: You pay \$25 copay; then Plan pays single vision, lined bifocal or lined trifocal lenses Other Provider: Plan pays up to \$45 single vision, \$65 lined bifocal or \$85 lined trifocal
Contact Lenses instead of glasses	Included in \$100 credit	VSP Provider: Plan pays up to \$150 Other Provider: Plan pays up to \$105 for contacts and contact lens exam (combined)
Buy-Up Vision Plan		
Well Vision Exam	N/A	VSP Provider (every 12 months): You pay \$0; Plan pays 100% Other Provider: Plan pays up to \$70
Contact Lens Exam (Fitting and Evaluation)	N/A	VSP Provider: Not to exceed \$60 per exam Other Provider: Combined with contact lenses
Frames	N/A	VSP Provider (every 24 months): Plan pays up to \$150 Other Provider: Plan pays up to \$75
Lenses	N/A	VSP Provider (every 12 months): Plan pays single vision, lined bifocal, or lined bifocal in full Other Provider: Plan pays up to \$50 Single Vision, \$75 Lined Bifocal or \$100 Lined Trifocal
Contact Lenses instead of glasses	N/A	VSP Provider: Every 12 months: Plan pays up to \$150 Other Provider: Plan pays up to \$137 for contact lenses and contact lens exam (combined)
Vision Therapy (if qualified)	N/A	VSP Provider: 100% for evaluation; 75% for approved therapy up to \$750/year Other Provider: Up to \$85 for evaluation; 75% for approved therapy up to \$750/year

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

VISION SERVICE PLAN (VSP) DISCOUNT CARD: If you do not enroll in Optional Dental and Vision Coverage, you may request a VSP Discount Card. This card does not represent vision coverage, but it allows you to receive discounts on vision exams and eye-wear from a VSP provider. Contact the Trust Administrative Office for information.



PAT Early
Retirees

Your Trust. Benefits Since 1972.