

PFSP, ATU and DCU Early Retirees  
January 1–December 31, 2025



# YOUR BENEFITS 2025 PLAN YEAR




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


# WE'RE HERE TO HELP

## Trust Administrative Office


ZENITH AMERICAN SOLUTIONS


 [edge.zenith-american.com](https://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 Plan

 [kp.org](https://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 Health Plans


 [myProvidence.com](https://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

(For Providence Health Plan participants)

**ADMINISTERED BY EXPRESS-SCRIPTS**


 [Express-scripts.com](https://Express-scripts.com)  
Find a participating pharmacy, use the mail order service and view claims.

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

## Trust Vision Plan

(For Providence Health Plan participants)


**ADMINISTERED BY VSP**

 [vsp.com](https://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](https://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](https://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](https://sdtrust.com) website.

### On [sdtrust.com](https://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](https://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 Element5 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 January 1–December 31, 2025 Plan Year

### YOU ARE ELIGIBLE FOR 24 MONTHS OF SELF-PAY HEALTH (MEDICAL/PRESCRIPTION) AND OPTIONAL DENTAL AND VISION COVERAGE, IF:

- You are eligible for early retirement under the Public Employees Retirement System (PERS),
- You are between 55–65 years old when you retire, and
- You are not eligible for Medicare.
- If you retire with PERS at the time of your PPS resignation (ORS 243.303), you may self-pay your health coverage until age 65.

***If you retired before December 31, 2014 and deferred your coverage,*** you are still able to defer.

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

## 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.**

# 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.

## 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.

 You may only enroll eligible dependents during initial enrollment in the Early Retiree Plan unless there is a qualifying life event.

## 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](https://edge.zenith-american.com). Register to create your account and complete your enrollment. You can find an enrollment manual on [sdtrust.com](https://sdtrust.com).


**2** Complete the Benefits Enrollment/Change Form in your enrollment packet or on [sdtrust.com](https://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](https://sdtrust.com).

# COMPARE YOUR OPTIONS

## Medical and Prescription Plans

MEDICAL/PRESCRIPTION		Choose One of These Health Plans	
Plan Name	Kaiser Permanente Plan	Providence PDA Retiree PPO Plan	Providence PDA Retiree In-Network Only Plan
<b>Monthly Contribution Rates*</b>			
<b>Retiree only</b>	\$700.46	\$875.28	\$869.36
<b>Retiree + one</b>	\$1,373.78	\$1,731.68	\$1,719.92
<b>Retiree + family</b>	\$1,845.10	\$2,561.56	\$2,543.96
<b>Medical</b>			
<b>How the Plan Pays Benefits</b>	The Plan pays 90%-100% for most in-network covered services after you pay the deductible and copay/coinsurance. <b>No out-of-network coverage except emergency care and urgent care when traveling.</b>	The Plan pays 80% for most in-network covered charges after you pay the deductible and copay/coinsurance; and 60% of UCR for out-of-network covered charges—plus you pay any amount billed over the UCR.	The Plan pays 90%-100% for most in-network covered services after you pay the deductible and copay/coinsurance <b>No out-of-network coverage except emergency care.</b>
<b>Provider Choices</b>	Choose providers in the Kaiser Permanente network: <a href="http://kp.org">kp.org</a>	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: <a href="http://myProvidence.com">myProvidence.com</a>	Choose providers from the Providence PPS/SD-1 Trust network: <a href="http://myProvidence.com">myProvidence.com</a>
<b>Prescription</b>		<b>Trust Prescription Drug Plan (administered by Express Scripts) For members enrolled in a Providence Plan</b>	
<b>Retail and Mail Order Available</b>	Use Kaiser Permanente pharmacies and mail order	Use Express Scripts network pharmacies and mail order	
<b>Your Costs</b>			
<b>Annual Medical Plan Deductible</b>	\$200/person \$600/family	\$200/person \$400/family	\$200/person \$400/family
<b>Annual Medical Plan Out-of-Pocket Maximum</b>	\$1,200/person \$2,400/family	\$2,200/person \$4,400/family	\$2,200/person \$4,400/family
<b>Annual Prescription Drug Plan Out-of-Pocket Maximum</b>	Included in Medical Plan Out-of-Pocket Maximum	\$2,200/person \$4,400/family	\$2,200/person \$4,400/family

\* If you are eligible for the district-paid contribution, please contact the Trust Administrative Office for rates.

This is an overview of commonly used services. For additional Plan comparisons, go to [sdtrust.com](http://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.



## 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
<b>Monthly Contributions—Basic Coverage</b>				
<b>Retiree only</b>	\$40.00	\$35.24	\$44.42	\$39.66
<b>Retiree + one</b>	\$75.12	\$66.16	\$83.92	\$74.96
<b>Retiree + family</b>	\$129.68	\$114.30	\$139.76	\$124.38
<b>Monthly Contributions—Buy-Up Coverage</b>				
<b>Retiree only</b>	\$58.04	\$66.86	\$65.30	\$74.12
<b>Retiree + one</b>	\$109.00	\$125.58	\$123.46	\$140.04
<b>Retiree + family</b>	\$188.20	\$216.88	\$204.78	\$233.46

\*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 Plan
<b>Provider Choice</b>	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)
<b>Provider Choice</b>	Use Kaiser Permanente providers	Use any provider; save money with an in-network provider
<b>Your Costs</b>		
<b>Annual Dental Deductible</b>	<b>Basic:</b> \$50/person <b>Buy Up:</b> \$0	<b>Basic:</b> \$50/person <b>Buy Up:</b> \$0
<b>Dental Maximum Annual Benefit</b>	<b>Basic:</b> \$1,200 <b>Buy Up:</b> \$2,500	<b>Basic:</b> \$1,200 <b>Buy Up:</b> \$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.


This is an overview of commonly used services. For additional Plan comparisons, go to [sdtrust.com](https://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.

# GET THE MOST FROM YOUR BENEFITS


## Understand coordination of benefit rules

 If you have other coverage (i.e., through your spouse's employer or Medicare) 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 PDA PPO Retiree	Providence PDA Retiree In-Network Only**
<b>Office Visits***</b> Primary, naturopathic, and behavioral health care, and substance use disorders	You pay \$5 copay/visit for up to 3 visits/person; then you pay \$30 copay/visit.	<b>In-Network:</b> 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 \$30 copay/visit. <b>Out-of-Network:</b> You pay 40%; Plan pays 60%	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 \$30 copay/visit.
<b>Preventive Health Exams and Services</b> (Frequency schedule applies)	You pay \$0; Plan pays 100%	<b>In-Network:</b> You pay \$0; Plan pays 100% <b>Out-of-Network:</b> You pay 40%; Plan pays 60%	You pay \$0; Plan pays 100%
<b>Labs and X-rays</b>	You pay \$0; Plan pays 100%	<b>In-Network:</b> You pay 20%; Plan pays 80% <b>Out-of-Network:</b> You pay 40%; Plan pays 60%	You pay 10%; Plan pays 90%
<b>Maternity Care</b>	<b>Pre- and Post-Natal Care:</b> You pay \$0; Plan pays 100% <b>Delivery &amp; Hospital Services:</b> You pay 10%; Plan pays 90%	<b>Pre- and Post-Natal Care—</b> <b>In-Network:</b> You pay \$0; Plan pays 100%; <b>Out-of-Network:</b> You pay 40%; Plan pays 60% <b>Delivery &amp; Hospital Services:</b> You pay \$200 copay/delivery; then the Plan pays 100%. <b>Out-of-Network:</b> You pay 40%; Plan pays 60%	<b>Pre and Post Natal Care:</b> You pay \$0; Plan pays 100% <b>Delivery &amp; Hospital Services:</b> You pay \$200 copay/delivery; then the Plan pays 100%
<b>Alternative Care</b> Acupuncture, chiropractic, and massage therapy	Plan pays 100% after copay <b>Acupuncture:</b> \$10/visit up to 24 visits/year <b>Chiropractic:</b> \$10/visit up to 30 visits/year <b>Massage:</b> \$25/visit up to 12 visits/year	<b>Acupuncture:</b> \$25 copay/visit; then Plan pays 100% up to 4 visits/year; no out-of-network <b>Chiropractic:</b> \$25 copay/visit; then Plan pays 100% up to 4 visits/year; no out-of-network <b>Massage therapy not covered.</b>	<b>Acupuncture:</b> \$25 copay/visit; then Plan pays 100% up to 4 visits/year; no out-of-network <b>Chiropractic:</b> \$25 copay/visit; then Plan pays 100% up to 4 visits/year; no out-of-network <b>Massage therapy not covered.</b>
<b>Telehealth/Virtual Visits***</b> Phone and video consultations	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Urgent Care</b>	You pay \$30 copay; then the Plan pays 100% Within service area, you must use Kaiser facility or Portland Clinic	<b>In-Network:</b> You pay \$30 copay; then the Plan pays 100% <b>Out-of-Network:</b> You pay 40%; Plan pays 60%	You pay \$30 copay/visit; then the Plan pays 100%
<b>Emergency Care</b>	Kaiser or non-Kaiser facility: You pay 10%; Plan pays 90%	<b>In-Network or Out-of-Network:</b> You pay \$100 copay; then the Plan pays 100%	<b>In-Network or Out-of-Network:</b> You pay \$100 copay; then the Plan pays 100%
<b>Hospital (Inpatient)</b>	You pay 10%; Plan pays 90%	<b>In-Network:</b> You pay 20%; Plan pays 80% <b>Out-of-Network:</b> You pay 40%; Plan pays 60%	You pay 10%; Plan pays 90%

\*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.

# MEDICAL BENEFITS OVERVIEW CONTINUED

	Kaiser Permanente Plan*	Providence PDA PPO Retiree	Providence PDA Retiree In-Network Only**
<b>Ambulatory Surgery Center</b>	You pay 10%; Plan pays 90%	<b>In-Network:</b> You pay 20%; Plan pays 80% <b>Out-of-Network:</b> You pay 40%; Plan pays 60%	You pay 10%; Plan pays 90%
<b>Outpatient Surgery</b>	You pay 10%; Plan pays 90%	<b>In-Network:</b> You pay 20%; Plan pays 80% <b>Out-of-Network:</b> You pay 40%; Plan pays 60%	You pay 10%; Plan pays 90%
<b>Inpatient Mental Health/ Substance Use Disorders</b>	You pay 10%; Plan pays 90%	<b>In-Network:</b> You pay 20%; Plan pays 80%; <b>Out-of-Network:</b> You pay 40%; Plan pays 60%	You pay 10%; Plan pays 90%
<b>Routine Hearing Exams/ Tests</b>	You pay \$20 copay/visit; then the Plan pays 100%	<b>In-Network:</b> You pay \$20 copay; then the Plan pays 100% <b>Out-of-Network:</b> You pay 40%; Plan pays 60%	You pay \$20 copay; then the Plan pays 100%
<b>Hearing Aids (Adult)</b>	Not covered	One hearing aid per ear every three years <b>In-Network:</b> You pay 20%; Plan pays 80% <b>Out-of-Network:</b> You pay 40%; Plan pays 60%	One hearing aid per ear every three years You pay 10%; Plan pays 90%
<b>Out of Area Dependent Coverage</b>	Limited services	Full services; requires annual enrollment	
<b>Coverage While Traveling</b>	Worldwide urgent/emergency care coverage Routine care is available in 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.

This is an overview of commonly used services. For benefit details, go to [sdtrust.com](http://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.

# 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 Plan
<b>In-Network / Participating Pharmacies</b>	Use Kaiser Permanente Clinics	Use Express Scripts
<b>Preventive</b>	Match generic	Match generic
<b>Participating Pharmacy Benefits</b>	You pay 50% up to \$50; Plan pays remainder. Up to 30-day supply	Plan pays 100% after your copay: <b>Generic:</b> \$20/\$40/\$60 per 34/68/90-day supply <b>Brand name:*</b> \$40/\$80/\$120 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>	You pay 50% up to \$100; Plan pays remainder. Up to 90-day supply	Plan pays 100% after your copay: <b>Generic:</b> \$40 per 90-day supply <b>Brand name:*</b> \$80 per 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
<b>Diagnostic and Preventive Care</b> (exams, cleanings, X-rays)	You pay 20%; Plan pays 80%	You pay \$0; Plan pays 100%
<b>Basic Services</b> (fillings, extractions, minor oral surgery)	You pay 20%; Plan pays 80%	You pay 20%; Plan pays 80%
<b>Restorative Services</b> (onlays, crowns)	You pay 50%; Plan pays 50%	You pay 20%; Plan pays 80%
<b>Major Services</b> (bridges, dentures)	You pay 50%; Plan pays 50%	You pay 50%; Plan pays 50%
<b>Orthodontia</b>	Not covered	You pay 50%; Plan pays 50%, up to \$4,000/ person lifetime benefit maximum
<b>Maximum Annual Benefit</b>	\$1,200	\$2,500

# ADDITIONAL BENEFITS OVERVIEW CONTINUED

## Optional Vision Benefits Overview

Kaiser Permanente Vision Plan		Trust Vision Plan (administered by VSP) For members enrolled in a Providence Plan
<b>Basic Vision Plan: Every 24 months</b>		
<b>Well Vision Exam</b>	You pay \$20 copay per exam; then Plan pays 100%	<b>VSP Provider:</b> You pay \$25 copay; then the Plan pays 100% <b>Other Provider:</b> You pay \$25 copay; then Plan pays up to \$45
<b>Contact Lens Exam</b> (Fitting and Evaluation)	You pay \$30 contact fitting fee	<b>VSP Provider:</b> Not to exceed \$60 per exam <b>Other Provider:</b> Combined with contact lenses
<b>Frames</b>	Included in \$100 credit	<b>VSP Provider:</b> Plan pays up to \$150 <b>Other Provider:</b> Plan pays up to \$47
<b>Lenses</b>	Included in \$100 credit	<b>VSP Provider:</b> You pay \$25 copay; then Plan pays single vision, lined bifocal or lined trifocal lenses <b>Other Provider:</b> Plan pays up to \$45 single vision, \$65 lined bifocal or \$85 lined trifocal
<b>Contact Lenses instead of glasses</b>	Included in \$100 credit	<b>VSP Provider:</b> Plan pays up to \$150 <b>Other Provider:</b> Plan pays up to \$105 for contacts and contact lens exam (combined)
<b>Buy-Up Vision Plan</b>		
<b>Well Vision Exam</b>	N/A	<b>VSP Provider</b> (every 12 months): You pay \$0; Plan pays 100% <b>Other Provider:</b> Plan pays up to \$70
<b>Contact Lens Exam</b> (Fitting and Evaluation)	N/A	<b>VSP Provider:</b> Not to exceed \$60 per exam <b>Other Provider:</b> Combined with contact lenses
<b>Frames</b>	N/A	<b>VSP Provider</b> (every 24 months): Plan pays up to \$150 <b>Other Provider:</b> Plan pays up to \$75
<b>Lenses</b>	N/A	<b>VSP Provider</b> (every 12 months): Plan pays single vision, lined bifocal, or lined bifocal in full <b>Other Provider:</b> Plan pays up to \$50 Single Vision, \$75 Lined Bifocal or \$100 Lined Trifocal
<b>Contact Lenses instead of glasses</b>	N/A	<b>VSP Provider</b> (every 12 months): Plan pays up to \$150 <b>Other Provider:</b> Plan pays up to \$137 for contact lenses and contact lens exam (combined)
<b>Vision Therapy</b> (if qualified)	N/A	<b>VSP Provider:</b> 100% for evaluation; 75% for approved therapy up to \$750/year <b>Other Provider:</b> Up to \$85 for evaluation; 75% for approved therapy up to \$750/year

This is an overview of commonly used services. For benefit details, go to [sdtrust.com](http://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.

**INTENTIONALLY BLANK**

# 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 Health Participants:**  
Get details at [myProvidence.com](https://myProvidence.com)



**Kaiser Permanente Participants**  
(medical/prescription, vision and/or dental):  
Get details at [kp.org](https://kp.org)



**VSP Participants:**  
Get details at [vsp.com/specialoffers](https://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.



PFSP, ATU and DCU  
Early Retirees

*Your Trust. Benefits Since 1972.*