



# PFTCE, DCU and ATU Part-Time Option 2

Effective February 1, 2011

<b>Medical &amp; Prescription Drug Benefits</b>			
	<b>Providence Open Option Plan</b>	<b>Kaiser Permanente HMO</b>	<b>Providence Personal Option (EPO) Plan</b>
<b>Provider choice</b>	May use any covered provider; may save on out-of-pocket costs if you use Providence Health Plan participating providers	Must use Kaiser providers, except in emergency	Must use Providence Health Plan participating providers, except in emergency and urgent care situations
<b>How the plan pays benefits</b>	After you meet the annual deductible, plan pays a percentage of covered charges: <b>In-network:</b> 80%, <b>Out-of-network:</b> 60% of UCR*	Most covered services paid in full after applicable copayment	Office visits covered at 100% after a \$10 copayment per visit. Most other services covered at 90%
<b>Annual† deductible</b>	\$250/individual, \$750/family	None	None
<b>Annual† out-of-pocket maximum</b>	\$1,700/individual, \$5,100/family; maximum does not include prescription drugs or annual deduction	\$600/individual, \$1,200/family	\$1,200/individual, \$2,400/family
<b>Covered services</b>	<b>What the plan pays</b>	<b>What the plan pays</b>	<b>What the plan pays</b>
<b>Physician services</b>			
Office visits (including mental health and chemical dependency)	<b>In-network:</b> 100% after you pay a \$10 copayment per visit** <b>Out-of-network:</b> 60%** of UCR*	100% after you pay a \$20 copayment per visit	100% after you pay a \$10 copayment per visit
Hospital visits (including mental health and chemical dependency)	<b>In-network:</b> 80% after deductible <b>Out-of-network:</b> 60% of UCR* after deductible	100%	90%
<b>Preventive care services</b>			
Periodic health exams & well-baby care	<b>In-network:</b> 100%, according to frequency schedule*** <b>Out-of-network:</b> 60%** of UCR*	100%, according to frequency schedule***	100%, according to frequency schedule***
Routine immunizations	<b>In-network:</b> 100% according to frequency schedule*** <b>Out-of-network:</b> 60%** of UCR*	100% according to frequency schedule***	100% according to frequency schedule***
<b>Lab and x-ray</b>	<b>In-network:</b> 80%** <b>Out-of-network:</b> 60% of UCR* after deductible	100%	90%
<b>Emergency care</b>	<b>In-network</b> or <b>Out-of-network:</b> 100% after you pay a \$100 copayment**; waived if admitted within 24 hours	Kaiser or non-Kaiser facility: 100% after you pay a \$25 copayment, in or outside the service area; waived if admitted	Providence or non-Providence facility: 100% after you pay a \$100 copayment; waived if admitted within 24 hours
<b>Urgent care</b>	<b>In-network</b> or <b>Out-of-network:</b> 100% after you pay a \$10 copayment**; waived if admitted within 24 hours	Kaiser facility: 100% after you pay a \$20 copayment, in service area or any facility outside service area	Providence or non-Providence facility: 100% after you pay a \$10 copayment; waived if admitted within 24 hours

\* Usual, customary and reasonable charges

\*\* Deductible does not apply

\*\*\* Contact your medical plan for schedule details

† Based on Calendar year

chart continues on back

Effective February 1, 2011

**Medical & Prescription Drug Benefits (continued)**

	<b>Providence Open Option Plan</b>	<b>Kaiser Permanente HMO</b>	<b>Providence Personal Option (EPO) Plan</b>
<b>Covered services</b>	<b>What the plan pays</b>	<b>What the plan pays</b>	<b>What the plan pays</b>
<b>Hospital facility services</b>			
Acute hospital care (including mental health and chemical dependency)	<b>In-network:</b> 80% after deductible <b>Out-of-network:</b> 60% of UCR* after deductible	100%	90%
<b>Maternity services</b>			
Pre-natal, delivery and post-natal care	<b>In-network:</b> 100% after you pay a \$100 copayment** <b>Out-of-network:</b> 60% of UCR* after deductible	100%	100% after you pay a \$10 copayment per visit for pre-natal and post-natal care; delivery covered at 90%
Hospital services	<b>In-network:</b> 80% after deductible <b>Out-of-network:</b> 60% of UCR* after deductible	100%	90%
<b>Alternative care</b>			
	Not covered under medical plan. Discounts for acupuncture, chiropractic care, and massage therapy available through Providence's Choose Healthy program	Chiropractic only: 100% after you pay a \$20 copayment per visit; up to 20 visits per calendar year	Chiropractic only: 100% after you pay a \$10 copayment per visit; up to 20 visits per calendar year
<b>Prescription drugs</b>			
Retail	Providence participating and preferred retail pharmacies for up to 30-day supply: You pay a \$15 or 20% copayment, whichever is greater for generic and brand name ‡ Preferred retail pharmacies for up to a 90-day supply: You pay a \$45 or 20% copayment whichever is greater for generic and brand name ‡ Local preferred retail pharmacies: Costco, Fred Meyer, Safeway, Walgreens, and QFC	Kaiser pharmacies (up to 30-day supply): 100% after you pay a \$5 copayment for generic, \$10 for brand name Non-participating pharmacies: Generally not covered	Participating Caremark ® pharmacies (per 34-day supply): 100% after you pay a \$5 copayment for generic, \$10 for brand name ‡ (can purchase up to 3 monthly supplies) Non-participating pharmacies: 80% after you pay an annual \$50 per person deductible
Mail order (per 90-day supply)	Mail order for up to a 90-day supply: You pay a \$45 or 20% copayment, whichever is greater for generic and brand name ‡ Mail order pharmacies: Postal Prescription Services, Walgreens Mail Services and Wellpartner	Kaiser mail order service: 100% after you pay a \$5 copayment for generic, \$10 for brand name	Caremark ® mail order service: 100% after you pay a \$5 copayment for generic, \$10 for brand name ‡

\*Usual, customary and reasonable charges ‡ You also pay the difference in cost for brand name drugs if generic drug is available

Part-Time Option 2 does not include Trust Dental or Vision Plan coverage

**Note:** This chart provides an overview of the benefits available to you. 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. For details, refer to the plan booklets, available on [www.sdtrust.com](http://www.sdtrust.com) or from the Trust Office. Providence and Kaiser plan booklets are only available from Customer Service:

Providence 503-574-7500 (Portland) or 1-800-878-4445

Kaiser 503-813-2000 (Portland) or 1-800-813-2000



**THE TRUST**

School District No. 1  
Health and Welfare Trust