



Medical & Prescription Drug Benefits for PAT Substitute Teachers

Effective October 1, 2011

Medical & Prescription Drug Benefits		
	Kaiser Permanente HMO	Providence Personal Option EPO
Provider choice	Must receive care from Kaiser Permanente providers, except in emergency	Must receive care from Providence Personal Option providers, except in emergency
Primary Care Physician	Optional; will provide and/or coordinate all care	Recommended, but not required; will provide and/or coordinate all care
How the plan pays benefits	Most covered services paid in full after you pay applicable copayment	Most covered services paid in full after you pay applicable copayment
Annual† deductible	None	None
Annual† out-of-pocket maximum	\$600/individual, \$1,200/family	\$700/individual, \$2,000/family
Covered services	What the plan pays	What the plan pays
Physician services		
Office visits (including mental health and chemical dependency)	100% after you pay a \$5 copayment per visit	100% after you pay a \$5 copayment per visit
Hospital visits (including mental health and chemical dependency)	100%	100%
Preventive care services		
Periodic health exams & well-baby care	100%	100%
Routine immunizations	100%	100%
Lab and x-ray	100%	100%
Emergency care	Kaiser or non-Kaiser facility: Plan pays 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 \$50 copayment; waived if admitted
Urgent care	Kaiser facility: Plan pays 100% after you pay a \$5 office visit copayment in the service area or any facility outside in the service area*	Providence or non-Providence facility: 100% after you pay a \$5 copayment
Hospital facility services		
Acute hospital care (including mental health and chemical dependency)	100%	100%
Maternity services		
Pre- and post-natal care	100%	100% after you pay a \$5 copayment per visit
Delivery and hospital services	100%	100%
Alternative care	Chiropractic only: 100% after you pay a \$10 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

†Based on Calendar year.

*Usual, customary and reasonable charges (URC) may also apply.

Medical & Prescription Drug Benefits

Prescription Drugs

Outpatient Retail	Kaiser pharmacies (up to 30-day supply): 100% after you pay a \$5 copayment for generic, \$10 for brand name	Participating CAREMARK® pharmacies (up to 30-day supply): 100% after you pay a \$5 copayment for generic, \$10 for brand name ² (can purchase up to 3 monthly supplies) Nonparticipating pharmacies: 80% after you pay an annual \$50 per person deductible
Outpatient Mail Order (per 90-day supply)	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 [‡]

[‡]You also pay the difference in cost for brand name if a generic drug is available.

Dental coverage is for the member only. Dependents of Substitute Teachers are not eligible for dental coverage.

Dental Plan Highlights – Substitute Teachers

Provider choice	Any licensed dentist
Annual deductible	None
Covered services	What the plan pays
Diagnostic and preventive care (exams, cleaning, x-rays)	100% of UCR*
Basic services (fillings, extractions, minor oral surgery)	80% of UCR*
Restorative services (onlays, crowns)	80% of UCR*
Prosthetic services (bridges, dentures)	50% of UCR*
Orthodontia	Not covered
Maximum annual benefit	Plan pays up to \$1,750 per individual per calendar year

*Usual, customary and reasonable charges

Note: These charges show only major plan features. For dental plan details, refer to the plan booklets, available on www.sdtrust.com or from the Trust Office 503-454-3842. 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

