

ATU and DCU Actives

ATU

DCU

# YOUR BENEFITS PLAN YEAR 2019



HEALTH & WELFARE TRUST  
SCHOOL DISTRICT NO. 1

700 NE Multnomah St., Suite 350 • Portland, OR 97232  
1-844-203-0239 • [sdtrust.com](http://sdtrust.com)

*Your Trust. Benefits Since 1972.*

# WE'RE HERE TO HELP

## Trust Administrative Office

### NORTHWEST ADMINISTRATORS



**nwadmin.com**

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



#### Customer Service:

844-203-0239  
503-238-6961  
503-238-0205 (Fax)



#### Mailing Address:

700 NE Multnomah St., Suite 350  
Portland, OR 97232



#### Claims Appeals:

206-726-3347  
P.O. Box 12267  
Seattle, WA 98102



### PPS HR/BENEFITS



PPS-provided benefit information:  
503-916-3544

### PPS IT SERVICE DESK



Forgot your PPS password?



503-916-3375  
[itservicedesk@pps.net](mailto:itservicedesk@pps.net)

## Kaiser Permanente HMO



**kaiserpermanente.org**

Choose a provider, view claims and learn about your coverage.



#### Customer Service:

503-813-2000 (Portland)  
800-813-2000

## Providence Personal Option and Option Advantage Medical Plans



**providencehealthplan.org**

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



#### Customer Service:

503-574-7500 (Portland)  
800-878-4445

## Health Reimbursement Arrangement (HRA)



#### Customer Service:

800-422-7038



**psa.pacificsource.com/Flex**

**psacustomerservice@  
pacificsource.com**

## Trust Prescription Drug Plan

### ADMINISTERED BY CVS/CAREMARK



**Caremark.com**

Find a participating pharmacy, use the mail order service and view claims.



**CVS/caremark®**

800-552-8159

## 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 REGENCE BLUECROSS BLUESHIELD OF OREGON



**regence.com**

Learn about your coverage, get treatment plan estimates and view claims.



#### Customer Service:

866-240-9580

## 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 RELIANT BEHAVIORAL HEALTH



**MyRBH.com** and enter access code OEBC



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

## 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!

## 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](http://vsp.com)).

# FIND IT FAST

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



Navigate the entire site for your benefit details, enrollment, forms and MORE.

See who to contact for what, AT-A-GLANCE.

See all the benefits that apply to you, CLEARLY.  
Find a doctor or check a claim status, QUICKLY.  
Check your eligibility and enrollment, SECURELY.  
Make midyear changes, EASILY.

Get healthy ideas and benefit tips, ELECTRONICALLY.

# 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.



# 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.

## Explanation of Benefits (EOB)

### THE EOB SHOWS YOU:

- The services provided
- The amount paid by your insurance
- The balance you owe



**GO TO THE DOCTOR**



**DOCTOR SENDS CHARGES TO BILLING**




**EOB IS SENT TO YOU**

# ELIGIBILITY

## Who's Eligible for the Jan. 1–Dec. 31, 2019 Plan Year

### You are, if:

- You're a member of the Amalgamated Transit Union (ATU) or District Council of Unions (DCU) bargaining units
- And, a regular, full-time employee of the District, as defined in the current ATU/PPS or DCU/PPS negotiated agreements, that requires contributions to the Trust

 You are full-time if you are regularly scheduled to work 30 hours or more per week.

### 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:
- This includes 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)

### 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. Please respond within the timeframe you're allowed, to ensure your eligible dependents are enrolled in coverage.

### 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.

 See a complete list of qualifying events at [sdtrust.com](https://sdtrust.com).

# GETTING STARTED

## When you first become eligible

Enroll within 30 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. If you do not make changes during Open Enrollment, your current benefit coverage automatically continues in the next Plan Year.

## When you have a major life change

Qualifying 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 online within 31 calendar days of the qualifying event.



## Here's how to enroll

- 1** You must enroll online via PPS Peoplesoft Employee Self-Service. (You must be in a PPS building and connected to the PPS Wi-Fi network.)
- 2** Go to **selfservice.pps.net** and log in using your PPS username and password.
- 3** Click **Benefits Enrollment**.
- 4** Make or edit your selections and add or drop dependents.
- 5** To decline Medical, Prescription, Dental, Vision, or Option Life and Voluntary AD&D coverage, click **Waive Medical Plan Coverage**. (You must have proof of other Medical coverage.)
- 6** 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.

# COMPARE YOUR OPTIONS

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

Choose One of These Plans			
Plan Name	Kaiser Permanente HMO Plan	Providence Personal Option Plan	Providence Option Advantage Plan
Medical			
<b>How the Plan Pays Benefits</b> 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.	The Plan pays 100% for most covered services after you pay copays and deductible No out-of-network coverage except emergency care.	The Plan pays 100% for most in-network covered charges after you pay copays and deductible, and 60% of UCR for out-of-network covered charges
<b>Provider Choices</b>	Choose a Provider in these networks: • Kaiser Permanente: <b>kp.org</b> • The Portland Clinic: <b>theportlandclinic.com</b>	Choose a Provider in the Providence Network: <b>ProvidenceHealthPlan.com</b>	You may choose any Provider, but your out-of-pocket costs will be lower when you choose a Provider in the Providence Network: <b>ProvidenceHealthPlan.com</b>
<b>Prescription</b>	<b>Kaiser Permanente HMO</b>	<b>Trust Prescription Drug Plan (Administered by CVS/caremark)</b>	<b>Trust Prescription Drug Plan (Administered by CVS/caremark)</b>
<b>Retail and Mail Order Available</b>	Use Kaiser Permanente Clinics	Use CVS/caremark	Use CVS/caremark
<b>Dental</b>	<b>Trust Dental Plan (Administered by Regence)</b>	<b>Trust Dental Plan (Administered by Regence)</b>	<b>Trust Dental Plan (Administered by Regence)</b>
<b>Provider Choice</b>	Choose any licensed dentist	Choose any licensed dentist	Choose any licensed dentist
<b>Vision</b>	<b>Kaiser Vision Plan</b>	<b>Trust Vision Plan (Administered by VSP)</b>	<b>Trust Vision Plan (Administered by VSP)</b>
<b>Provider Choice</b>	Use Kaiser Permanente Providers	Use VSP Providers	Use VSP Providers
Long-Term Disability (LTD) Insurance (Administered by The Standard)			
<b>Basic Coverage</b>	Self-pay coverage required for all employees		
Term Life and Accidental Death and Dismemberment (AD&D) Insurance (Administered by The Standard)			
<b>Basic Coverage</b>	Included for all Plans		
<b>Optional Life and AD&amp;D Coverage</b>	Available to purchase for all Plans		

Choose One of These Plans			
Plan Name	Kaiser Permanente HMO Plan	Providence Personal Option Plan	Providence Option Advantage Plan
<b>Your Costs</b>			
<b>Annual Medical Deductible</b>	\$100/individual \$300/family	\$100/individual \$200/family	\$100/individual \$200/family
<b>Annual Medical Out-of-Pocket Maximum</b>	\$600/individual \$1,200/family	\$1,200/individual \$2,400/family	\$1,200/individual \$2,400/family
<b>Annual Prescription Out-of-Pocket Maximum</b>	Prescription expenses apply to the medical out-of-pocket maximum	\$2,200/individual \$4,400/family	\$2,200/individual \$4,400/family
<b>Annual Dental Deductible</b>	\$0	\$0	\$0
<b>Monthly Contribution Rates (Includes mandatory self-pay LTD of \$16.78*)</b>			
<b>Full-Time Member Only</b>	\$16.78	\$16.78	\$16.78
<b>Full-Time Member + one dependent</b>	\$29.78	\$31.78	\$33.78
<b>Full-Time Member + Family</b>	\$44.78	\$54.78	\$55.78

\* Your Long-Term Disability contribution will be taken out of your paycheck on a post-tax basis.

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 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.

## 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.

## 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.

## Choose any licensed dentist



If you have dental coverage, you may choose any licensed dentist—the Trust does not have a network for dental providers. But, you may pay less if you choose a Regence participating provider.

## Request a treatment estimate



If you have dental coverage and need care beyond basic services, ask your dentist to submit a treatment plan to Regence, 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

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

	Kaiser Permanente HMO	Providence Personal Option	Providence Option Advantage
<b>Office Visits</b> for primary or specialty care	You pay \$10 copay (\$0 for pediatric visits), then Plan pays 100%	You pay \$10 copay; then Plan pays 100%	<b>In-Network:</b> You pay \$10 copay, then Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60%
<b>Preventive Health Exams and Well-Baby Care</b> (Frequency schedule applies)	You pay \$0; Plan pays 100%	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%
<b>Labs and X-rays</b>	You pay \$0; Plan pays 100%	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%
<b>Maternity Care</b>	Pre- and post-natal: You pay \$0; Plan pays 100% Delivery and hospital services: You pay \$250; then the Plan pays 100%	Pre- and post-natal: You pay \$0; Plan pays 100% Delivery and hospital services: You pay \$100; then Plan pays 100%	<b>Pre- and post-natal—In-Network:</b> You pay \$0, Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60% <b>Delivery and hospital services—In-Network:</b> You pay \$100, then Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60%
<b>Alternative Care</b> Acupuncture, chiropractic, naturopathy and massage therapy	<b>Acupuncture, chiropractic and naturopathy:</b> You pay \$10 copay/visit; then the Plan pays 100% <b>Massage therapy:</b> You pay \$25/visit; then the Plan pays 100% up to 12 visits/calendar year \$1,500/year max benefit combined for all alternative care	<b>Acupuncture &amp; Chiropractic:</b> You pay \$15 copay, then Plan pays 100% up to \$1,500/year <b>Naturopathy:</b> You pay \$10 copay, then Plan pays 100% Massage therapy not covered.	<b>Acupuncture &amp; Chiropractic—In-Network:</b> You pay \$25 copay, then Plan pays 100% up to \$500/year <b>Out-of-Network:</b> Not covered <b>Naturopathy—In-Network:</b> You pay \$10 copay, then Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60% Massage therapy not covered.
<b>Telehealth / Virtual Visits</b> Phone and video consultations	You pay \$0; Plan pays 100%	You pay \$0; Plan pays 100%	<b>In-Network:</b> You pay \$0, Plan pays 100% <b>Out-of-Network:</b> Not covered
<b>Urgent Care</b>	You pay \$10 copay/visit; then the Plan pays 100%	You pay \$10 copay/visit; then the Plan pays 100%	<b>In-Network:</b> You pay \$10 copay, then Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60%
<b>Emergency Care</b> (Copay waived if admitted)	You pay 10%; Plan pays 90%	You pay \$100 copay, then the Plan pays 100%	You pay \$100 copay, then the Plan pays 100%
<b>Hospital (Inpatient)</b>	You pay 0%; Plan pays 100%	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%
<b>Ambulatory Surgery Center</b>	You pay 0%; Plan pays 100%	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%
<b>Outpatient Surgery</b>	You pay 0%; Plan pays 100%	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%
<b>Mental Health / Substance Abuse</b>	Inpatient: You pay 0%; Plan pays 100% Outpatient: You pay \$10 copay (\$0 for pediatric); then Plan pays 100%	Inpatient: You pay \$0 Plan pays 100% Outpatient: You pay \$10 copay; then Plan pays 100%	<b>Inpatient—In-Network:</b> You pay \$0, Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60% <b>Outpatient—In-Network:</b> You pay \$10 copay, then Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60%
<b>Routine Hearing Exams/Tests</b>	You pay \$10 copay; then the Plan pays 100%	You pay \$10 copay; then the Plan pays 100%	<b>In-Network:</b> You pay \$10 copay, then the Plan pays 100% <b>Out-of-Network:</b> You pay 40%, Plan pays 60%
<b>Hearing Aids (Adult)</b>	Plan pays \$500/ear every 3 years	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%
<b>Out of Area Dependent Coverage</b>	Limited services	Full services; requires annual enrollment	
<b>Coverage While Traveling</b>	World-wide urgent/ emergency care coverage Routine care available in other KP service areas	World-wide urgent/emergency care coverage	

# ADDITIONAL BENEFITS OVERVIEW

## Prescription Drug Benefits Overview

	Kaiser Permanente Prescription Drug Plan	Providence Personal Option Plan Trust Prescription Drug Plan	Providence Option Advantage Plan Trust Prescription Drug Plan
		Administered by CVS/caremark	
<b>In-network/Participating Pharmacies</b>	Kaiser Permanente	CVS/caremark	CVS/caremark
<b>Participating Pharmacy Benefits</b>	Plan pays 100% after your copay: <b>Generic:</b> \$5/30 day supply <b>Brand name:</b> \$10/30 day supply	Plan pays 100% after your copay: <b>Generic:</b> \$10/\$20/\$30 per 34/68/90-day supply <b>Brand name:</b> \$20/\$40/\$60 per 34/68/90-day supply	Plan pays 100% after your copay: <b>Generic:</b> \$10/\$20/\$30 per 34/68/90-day supply <b>Brand name:</b> \$20/\$40/\$60 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	You pay the full amount, then submit a claim for reimbursement
<b>Mail-order Service Benefits</b>	Plan pays 100% after your copay: <b>Generic:</b> \$10/90-day supply <b>Brand name:</b> \$20/90-day supply	Plan pays 100% after your copay: <b>Generic:</b> \$20/90-day supply <b>Brand name:</b> \$40/90-day supply	Plan pays 100% after your copay: <b>Generic:</b> \$20/90-day supply <b>Brand name:</b> \$40/90-day supply

## Vision Benefits Overview

	Kaiser Permanente HMO	Providence Personal Option Plan	Providence Option Advantage Plan
		Trust Vision Plan administered by VSP	
<b>Well Vision Exam</b>	You pay \$10 copay per exam; the Plan pays 100%	Every 12 months <b>VSP Provider:</b> 100% <b>Other Provider:</b> Up to \$70	
<b>Frames</b>	\$250 credit every 24 months towards frames, lenses and contacts	Every 24 months <b>VSP Provider:</b> Up to \$100 allowance and 20% off amount over allowance <b>Other Provider:</b> Up to \$70	
<b>Lenses</b>	Included in \$250 credit	Every 12 months <b>VSP Provider:</b> 100% for most lens types <b>Other Provider:</b> Up to \$50-\$125 for most lens types	
<b>Contacts Instead of Glasses</b>	Included in \$250 credit	Every 12 months <b>VSP Provider:</b> Up to \$137 for contacts <b>Other Provider:</b> Up to \$137 for fitting, evaluation and contacts	

## Dental Benefits Overview

Trust Dental Plan administered by Regence	
<b>Diagnostic and Preventive Care</b> (exams, cleaning, X-rays)	Plan pays 100% of UCR
<b>Basic and Restorative Services</b> (fillings, extractions, crowns, minor oral surgery)	You pay 20%; Plan pays 80% of UCR
<b>Prosthodontic Services</b> (bridges, dentures)	You pay 50%; Plan pays 50% of UCR
<b>Orthodontia</b>	Plan pays 50% up to \$4,000 maximum lifetime benefit per person
<b>Maximum Annual Benefit</b>	Plan pays up to \$2,500 per person per calendar year

## Term Life and Accidental Death & Dismemberment Benefits Overview

	Life Insurance	AD&D Insurance
Provided by The Trust	<b>Basic Term Life</b> Up to \$30,000 per member	<b>Basic AD&amp;D</b> Up to \$30,000
You may purchase coverage for yourself and eligible covered dependents. You must purchase Optional Life and Voluntary AD&D for yourself in order to buy coverage for your dependents. Coverage may be subject to medical underwriting approval.	<b>Optional Life;</b> <b>Employee and Spouse:</b> \$10,000 to \$500,000 in \$10,000 increments not to exceed 5 times annual salary <b>Child(ren):</b> \$2,000 to \$10,000 in \$2,000 increments	<b>Voluntary AD&amp;D</b> <b>Employee:</b> \$25,000 to \$300,000 in \$25,000 increments <b>Spouse:</b> 50% of your selected coverage <b>Child(ren) Only:</b> 15% of your AD&D coverage amount for each child up to \$25,000 <b>Spouse and Child(ren):</b> 40% of your selected coverage for your spouse and 10% of your selected coverage (up to \$25,000) per child

Administered by The Standard

## Long Term Disability Overview

	Coverage
All eligible, full-time employees are automatically enrolled for self-pay Long-Term Disability benefits, without the option to decline, regardless of enrollment for healthcare benefits.	Plan pays 60% of your pre-disability earnings, up to \$3,500/month, if you become disabled as a result of a covered injury, sickness or pregnancy.

Administered by The Standard

For details and rates, go to [sdtrust.com](http://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.

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# 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 Members:

Get details at [providencehealthplan.org](http://providencehealthplan.org)



### Kaiser Permanente Members:

Get details at [kp.org](http://kp.org)



### Regence Members

(Dental Plan coverage):

Get details at [regence.com/advantages](http://regence.com/advantages)



### VSP Members:

Get details at [vsp.com/specialoffers](http://vsp.com/specialoffers)

**WEIGHT WATCHERS SUBSCRIPTION SUBSIDY:** The Trust will subsidize a subscription for you and your enrolled dependents to join Weight Watchers for up to 12 months if you are enrolled in a Trust medical plan. Get details at [sdtrust.com](http://sdtrust.com).

## Portland Public Schools offers perks, too

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



Get details at [pps.net/Page/927](http://pps.net/Page/927)

**THE EMPLOYEE ASSISTANCE PROGRAM (EAP)** is provided through Reliant Behavioral Health to you and anyone living in your household at no cost to you. For a complete list of services, go to [MyRBH.com](http://MyRBH.com) and enter access code OEGB, or call 1-866-750-1327.

**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 transit pass on a pre-tax basis through your PPS paycheck.



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