

# 2018 Medical Plan Quick Comparison: Regular Employees

Plan Feature	SmartCare (Kaiser)			KingCare Select (Regence & CVS)	KingCare (Regence & CVS)		
<b>In-network</b>							
<b>Provider Choice</b>	A primary care provider coordinates care through the plan network. You may self-refer to Kaiser or Washington specialists. No coverage for out-of-network care unless approved/referred.			A primary care doctor helps you coordinate your care within your network. Referrals are not required. You save the most by staying in-network, but you can go out-of-network for a higher cost.	You may choose any qualified provider, but your out-of-pocket costs are lowest when you use network providers.		
<b>Out-of-area Coverage</b>	Covered care is available at out-of-area Kaiser Permanente facilities—call Member Services to set up access. If outside the Kaiser area, urgent and emergency care is covered at any provider.			When seeking care outside your AHN network, covered services are reimbursed at the <a href="#">out-of-network benefit level</a> , which is significantly lower. Emergency care is covered the same anywhere.	Same coverage as when home, through Regence and CVS Caremark® national provider networks.		
<b>Benefit Access Fee</b>	\$0			\$0	\$100 per month		
	<b>Gold</b>	<b>Silver</b>	<b>Bronze</b>		<b>Gold</b>	<b>Silver</b>	<b>Bronze</b>
<b>Deductible<sup>1</sup></b>	Single \$0 Family \$0			Single \$200 Family \$600 ➔ <b>\$200 will be waived in 2018</b>	Single \$300 Family \$900	Single \$600 Family \$1,800	Single \$800 Family \$2,400
<b>Out-of-Pocket Limit<sup>2</sup></b>	Single \$1,000 Family \$2,000	Single \$2,000 Family \$4,000	Single \$3,000 Family \$6,000	Single \$1,100 Family \$2,400	Single \$1,100 Family \$2,500	Single \$1,600 Family \$3,800	Single \$2,000 Family \$4,800
<b>Prescription Out-of-Pocket Limit</b>	Single & Family \$0 Copays apply to out of pocket maximum			Single \$1,500 Family \$3,000	Single \$1,500 Family \$3,000		
<b>Your in-network cost after deductible<sup>3</sup></b>	<b>Gold</b>	<b>Silver</b>	<b>Bronze</b>		<b>Gold</b>	<b>Silver</b>	<b>Bronze</b>
<b>Emergency Room</b>	\$100 copay			10% after \$200 copay	15% after \$200 copay	25% after \$200 copay	25% after \$200 copay
<b>Hospital Care inpatient</b>	\$200 copay	\$400 copay	\$600 copay	10%	15%	25%	25%
<b>Labs, X-ray, Tests</b>	0%			10%	15%	25%	25%
<b>Mental Health</b>	Outpt: \$20 copay Inpt: \$200 copay	Outpt: \$35 copay Inpt: \$400 copay	Outpt: \$50 copay Inpt: \$600 copay	Outpatient therapy services: \$20 copay Outpt non-therapy services & inpt services: 10%	15%	25%	25%
<b>Office Visits</b>	\$20 copay	\$35 copay	\$50 copay	\$20 (no deductible)	15%	25%	25%
<b>Prescription drugs (retail 30-day supply)</b>	Generic: \$10 copay Preferred brand: \$20 copay Non-preferred brand: \$30 copay			Generic: \$5 copay Preferred brand: \$25 copay Non-preferred brand: \$75 copay	Generic: \$7 copay Preferred brand: \$30 copay Non-preferred brand: \$60 copay		
<b>Urgent Care</b>	\$20 copay	\$35 copay	\$50 copay	10%	15%	25%	25%

09292017 **DISCLAIMER:** This chart should be used as a general guide only. For specific plan details, go to [kingcounty.gov/employees/benefits](http://kingcounty.gov/employees/benefits) and refer to the Summary Plan Description, the governing document.

1. Deductible: The amount you pay per year before the plan begins to pay.

2. Out-of-pocket limit: The most you could pay per year for your share of the costs of covered services, including the deductible, copays, and coinsurance.

3. All services must be medically necessary. See plan guide for details, limits, restrictions, and preauthorization requirements.

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