

**Attachment A
Summary of Out-of-Pocket Expenses in King County's Medical Plans**

(Attachment to: MEMORANDUM OF AGREEMENT

Regarding

Health Benefits

For Represented Benefits-Eligible Employees within the

Wastewater Treatment and Transit Divisions

By and Between King County and

Technical Employees Association)

Feature/Covered Expense	KingCare Bronze	KingCare Silver	KingCare Gold	Group Health Bronze	Group Health Silver	Group Health Gold
Provider choice	You may choose any qualified providers receive higher coverage when you use network providers	You choose a Group Health primary care physician (PCP) who provides and coordinates most services through the Group Health network; you may also self-refer to Group Health staff specialists; no non-network coverage unless indicated				
Annual deductible	\$500/person, \$1,500/family	\$300/person, \$900/family	\$100/person, \$300/family	None	None	None
Deductible Carryover	Deductible amounts applied to charges incurred in the last 3 months of the calendar year are carried over and applied to the next year's deductible			Does not apply	Does not apply	Does not apply
Office Visit Copay Standard Specialist	No copays, but you pay coinsurance	No copays, but you pay coinsurance	No copays, but you pay coinsurance	You pay \$50 You pay \$50	You pay \$35 You pay \$35	You pay \$20 You pay \$20
Emergency Room Copay	You pay \$100 (waived if admitted)	You pay \$100 (waived if admitted)	You pay \$100 (waived if admitted)	You pay \$100 (waived if admitted)	You pay \$100 (waived if admitted)	You pay \$100 (waived if admitted)
Inpatient Hospital Copay	No copays, but you pay coinsurance	No copays, but you pay coinsurance	No copays, but you pay coinsurance	You pay \$600 per admission	You pay \$400 per admission	You pay \$200 per admission

Feature/Covered Expense	KingCare Bronze	KingCare Silver	KingCare Gold	Group Health Bronze	Group Health Silver	Group Health Gold
After the deductible/copays, the plans pay most covered services at these levels until you reach the annual out-of-pocket maximum	80% network medical claims (you pay 20% coinsurance) 60% non-network medical claims (you pay 40% coinsurance)	80% network medical claims (you pay 20% coinsurance) 60% non-network medical claims (you pay 40% coinsurance)	90% network medical claims (you pay 10% coinsurance) 70% non-network medical claims (you pay 30% coinsurance)	100% network Limited emergency/out-of-area non-network care	100% network Limited emergency/out-of-area non-network care	100% network Limited emergency/out-of-area non-network care
Devices, Equipment & Supplies	80% network 60% non-network	80% network 60% non-network	90% network 70% non-network	50%	50%	80%
Annual out-of-pocket maximum	\$1,200/person, \$2,400/family network (plus deductible) \$2,000/person, \$4,000/family non-network (plus deductible)	\$1,000/person, \$2,000/family network (plus deductible) \$1,800/person, \$3,600/family non-network (plus deductible)	\$800/person, \$1,600/family network (plus deductible) \$1,600/person, \$3,200/family non-network (plus deductible)	\$3,000/person, \$6,000/family network and limited emergency/out-of-area non-network (Pharmacy copays do not apply)	\$2,000/person, \$4,000/family network and limited emergency/out-of-area non-network (Pharmacy copays do not apply)	\$1,000/person, \$2,000/family network and limited emergency/out-of-area non-network (Pharmacy copays do not apply)
After you reach the out-of-pocket maximum, most benefits are paid for the rest of the calendar year at this level	100%	100%	100%	100% network ONLY	100% network ONLY	100% network ONLY
Lifetime maximum	\$2,000,000	\$2,000,000	\$2,000,000	No limit	No limit	No limit