

# KingCare<sup>SM</sup> 2009

## Benefits at a Glance



**King County**

Benefits, Payroll and  
Retirement Operations

Plan Feature	KingCare <sup>SM</sup> Gold	KingCare <sup>SM</sup> Silver	KingCare <sup>SM</sup> Bronze
<i>Provider choice</i>	<p>You may choose any qualified provider, but you receive higher coverage when you use network providers.</p> <p>Reimbursement for out-of-network medical services is based on reasonable and customary (R&amp;C) rates, and reimbursement for out-of-network prescription drug services is based on the rates Express Scripts pays its network pharmacies. You pay amounts in excess of these rates.</p>		
<i>Annual deductible</i>	<p>\$100/person; \$300/family</p> <p>Deductible amounts applied to charges incurred in the last three months of the calendar year are carried over and applied to the next year's deductible.</p> <p><b>The deductible doesn't apply to prescription drugs, preventive care or hearing aids.</b></p>	<p>\$300/person; \$900/family</p> <p>Deductible amounts applied to charges incurred in the last three months of the calendar year are carried over and applied to the next year's deductible.</p> <p><b>The deductible doesn't apply to prescription drugs, preventive care or hearing aids.</b></p>	<p>\$500/person; \$1,500/family</p> <p>Deductible amounts applied to charges incurred in the last three months of the calendar year are carried over and applied to the next year's deductible.</p> <p><b>The deductible doesn't apply to prescription drugs, preventive care or hearing aids.</b></p>
<i>Copays</i>	Applicable only to emergency room care and prescription drugs		
<i>After the deductible/copays, the plan pays most covered services at these levels until you reach the annual out-of-pocket maximum</i>	<p>Network: 90% (You pay 10% coinsurance)</p> <p>Out-of-network: 70% (You pay 30% coinsurance)</p> <p>100% of network rate after applicable copays for prescription drug claims (Deductible doesn't apply)</p>	<p>Network: 80% (You pay 20% coinsurance)</p> <p>Out-of-network: 60% (You pay 40% coinsurance)</p> <p>100% of network rate after applicable copays for prescription drug claims (Deductible doesn't apply)</p>	<p>Network: 80% (You pay 20% coinsurance)</p> <p>Out-of-network: 60% (You pay 40% coinsurance)</p> <p>100% of network rate after applicable copays for prescription drug claims (Deductible doesn't apply)</p>
<i>Annual out-of-pocket maximum</i>	<p>Network: \$800/person or \$1,600/family, plus deductible</p> <p>Out-of-network: \$1,600/person or \$3,200/family, plus deductible</p> <p>Doesn't apply to prescriptions</p>	<p>Network: \$1,000/ person or \$2,000/ family, plus deductible</p> <p>Out-of-network: \$1,800/ person or \$3,600/ family, plus deductible</p> <p>Doesn't apply to prescriptions</p>	<p>Network: \$1,200/ person or \$2,400/ family, plus deductible</p> <p>Out-of-network: \$2,000/person or \$4,000/family, plus deductible</p>
<i>After you reach the out-of-pocket maximum, most benefits are paid for the rest of the calendar year at this level</i>	<p>Network: 100%</p> <p>Out-of-network: 100% of R&amp;C charges</p>		
<i>Lifetime maximum</i>	\$2,000,000	\$2,000,000	\$2,000,000

<b><i>Alternative care (including medically necessary acupuncture, hypnotherapy and massage therapy)</i></b>	Network: 90% Out-of-network: 70% Massage therapy must be prescribed by a physician. A total of 60 covered visits/year (may include any combination of acupuncture, hypnotherapy and/or massage therapy visits)	Network: 80% Out-of-network: 60% Massage therapy must be prescribed by a physician. A total of 60 covered visits/year (may include any combination of acupuncture, hypnotherapy and/or massage therapy visits)	Network: 80% Out-of-network: 60% Massage therapy must be prescribed by a physician. A total of 60 covered visits/year (may include any combination of acupuncture, hypnotherapy and/or massage therapy visits)
<b><i>Ambulance services</i></b>	Network: 90% Out-of-network: 90%	Network: 80% Out-of-network: 80%	Network: 80% Out-of-network: 80%
<b><i>Chemical dependency treatment (requires preauthorization)</i></b>	Network: 100% Out-of-network: 70% Up to \$15,000 in 24 consecutive months for combined network and out-of-network services (maximum subject to annual adjustment)	Network: 80% Out-of-network: 60% Up to \$15,000 in 24 consecutive months for combined network and out-of-network services (maximum subject to annual adjustment)	Network: 80% Out-of-network: 60% Up to \$15,000 in 24 consecutive months for combined network and out-of-network services (maximum subject to annual adjustment)
<b><i>Chiropractic care and manipulative therapy (like all services, must be medically necessary)</i></b>	Network: 90% Out-of-network: 70% Up to 33 visits/year for combined network and out-of-network services Limited to diagnosis and treatment of musculoskeletal disorders	Network: 80% Out-of-network: 60% Up to 33 visits/year for combined network and out-of-network services Limited to diagnosis and treatment of musculoskeletal disorders	Network: 80% Out-of-network: 60% Up to 33 visits/year for combined network and out-of-network services Limited to diagnosis and treatment of musculoskeletal disorders
<b><i>Diabetes care training</i></b>	Network: 90% when prescribed by your physician Out-of-network: 70% when prescribed by your physician	Network: 80% when prescribed by your physician Out-of-network: 60% when prescribed by your physician	Network: 80% when prescribed by your physician Out-of-network: 60% when prescribed by your physician
<b><i>Diabetes supplies (insulin, needles, syringes, lancets, etc.)</i></b>	Covered under prescription drugs		
<b><i>Durable medical equipment, prosthetics and orthopedic appliances</i></b>	Network: 90% Out-of-network: 70% Preauthorization required for expense of \$1,000 or more	Network: 80% Out-of-network: 60% Preauthorization required for expense of \$1,000 or more	Network: 80% Out-of-network: 60% Preauthorization required for expense of \$1,000 or more
<b><i>Emergency room care (Also see "Urgent Care")</i></b>	Emergency care, network: 90% after \$100 copay/visit (waived if admitted) Emergency care, out-of-network: 90% after \$100 copay/visit (waived if admitted) Non-emergency care, network: 70% after \$100 copay/visit Non-emergency care, out-of-network: 70% after \$100 copay/visit	Emergency care, network: 80% after \$100 copay/visit (waived if admitted) Emergency care, out-of-network: 80% after \$100 copay/visit (waived if admitted) Non-emergency care, network: 60% after \$100 copay/visit Non-emergency care, out-of-network: 60% after \$100 copay/visit	Emergency care, network: 80% after \$100 copay/visit (waived if admitted) Emergency care, out-of-network: 80% after \$100 copay/visit (waived if admitted) Non-emergency care, network: 60% after \$100 copay/visit Non-emergency care, out-of-network: 60% after \$100 copay/visit

<b><i>Family planning</i></b>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%	Network: 80% Out-of-network: 60%
<b><i>Growth hormones</i></b>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized May also be covered under the prescription drug benefit	Network: 80% when preauthorized Out-of-network: 60% when preauthorized May also be covered under the prescription drug benefit	Network: 80% when preauthorized Out-of-network: 60% when preauthorized May also be covered under the prescription drug benefit
<b><i>Hearing aids</i></b>	100%, up to \$500 in 36 months for combined network and out-of-network services Deductible doesn't apply		
<b><i>Home health care</i></b>	100% when preauthorized, up to 130 visits/year for combined network and out-of-network services		
<b><i>Hospice care</i></b>	100% when preauthorized 12-month lifetime maximum 120-hour maximum for respite care in any 3-month period 12-month maximum for bereavement services		
<b><i>Hospital care</i></b>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized
<b><i>Infertility</i></b>	Network: 90% Out-of-network: 70% Limited to specific services and \$25,000 lifetime maximum for combined network and out-of-network services	Network: 80% Out-of-network: 60% Limited to specific services and \$25,000 lifetime maximum for combined network and out-of-network services	Network: 80% Out-of-network: 60% Limited to specific services and \$25,000 lifetime maximum for combined network and out-of-network services
<b><i>Injury to teeth</i></b>	Network: 90% Out-of-network: 70% Up to \$600/accident for combined network and out-of-network services	Network: 80% Out-of-network: 60% Up to \$600/accident for combined network and out-of-network services	Network: 80% Out-of-network: 60% Up to \$600/accident for combined network and out-of-network services
<b><i>Inpatient care alternatives</i></b>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized
<b><i>Jaw abnormalities, or malocclusions (covered when medically necessary)</i></b>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized
<b><i>Lab, X-ray and other diagnostic testing</i></b>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%	Network: 80% Out-of-network: 60%
<b><i>Maternity care</i></b>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%	Network: 80% Out-of-network: 60%

<b><i>Mental health care (when deemed appropriate, 2 unused outpatient visits may be traded for 1 inpatient day, or vice versa; requires preauthorization)</i></b>	Network: 90% Out-of-network: 70% <i>For inpatient care:</i> Up to 30 days/year for combined network and out-of-network services <i>For outpatient care:</i> Up to 52 visits/year for combined network and out-of-network services	Network: 80% Out-of-network: 60% <i>For inpatient care:</i> Up to 30 days/year for combined network and out-of-network services <i>For outpatient care:</i> Up to 52 visits/year for combined network and out-of-network services	Network: 80% Out-of-network: 60% <i>For inpatient care:</i> Up to 30 days/year for combined network and out-of-network services <i>For outpatient care:</i> Up to 52 visits/year for combined network and out-of-network services
<b><i>Naturopathy</i></b>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%	Network: 80% Out-of-network: 60%
<b><i>Neurodevelopmental therapy for covered dependents age 6 and under</i></b>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized Up to \$2,000/year for combined network and out-of-network services	Network: 80% when preauthorized Out-of-network: 60% when preauthorized Up to \$2,000/year for combined network and out-of-network services	Network: 80% when preauthorized Out-of-network: 60% when preauthorized Up to \$2,000/year for combined network and out-of-network services
<b><i>Obesity surgery or other procedures, treatment or services, such as gastric intestinal bypass surgery</i></b>	Network: 90% when preauthorized and medically necessary Out-of-network: 70% when preauthorized and medically necessary Successful completion of a physician-supervised weight management and exercise program required before preauthorization	Network: 80% when preauthorized and medically necessary Out-of-network: 60% when preauthorized and medically necessary Successful completion of a physician-supervised weight management and exercise program required before preauthorization	Network: 80% when preauthorized and medically necessary Out-of-network: 60% when preauthorized and medically necessary Successful completion of a physician-supervised weight management and exercise program required before preauthorization
<b><i>Out-of-area coverage—for example, while traveling or for your covered children away at school</i></b>	Same coverage as when home, through Aetna and Express Scripts national provider networks		
<b><i>Phenylketonuria (PKU) formula</i></b>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%	Network: 80% Out-of-network: 60%
<b><i>Physician and other medical/surgical services</i></b>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%	Network: 80% Out-of-network: 60%
<b><i>Prescription drugs—Up to a 30-day supply through network pharmacies</i></b>	Generic: 100% after \$10 copay Preferred brand: 100% after \$15 copay (\$20 if generic is available; but if you're unable to take it for medical reasons, the \$15 copay applies) Non-preferred brand: 100% after \$25 copay (\$30 if generic is available; but if you're unable to take it for medical reasons, the \$25 copay applies) Prescriptions filled at out-of-network pharmacies are reimbursed at the rate Express Scripts pays to network pharmacies, less your copay.		
<b><i>Prescription drugs—Up to a 90-day supply through mail-order network only</i></b>	Generic: 100% after \$20 copay Preferred brand: 100% after \$30 copay (\$40 if generic is available; but if you're unable to take it for medical reasons, the \$30 copay applies) Non-preferred brand: 100% after \$50 copay (\$60 if generic is available; but if you're unable to take it for medical reasons, the \$50 copay applies)		

<b><i>Preventive care (well-child check-ups, immunizations, routine health and hearing exams, etc.)</i></b>	Network: 100% Out-of-network: 70% Deductible doesn't apply	Network: 100% Out-of-network: 60% Deductible doesn't apply	Network: 100% Out-of-network: 60% Deductible doesn't apply
<b><i>Radiation therapy, chemotherapy and respiratory therapy</i></b>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%	Network: 80% Out-of-network: 60%
<b><i>Reconstructive services (includes benefits for mastectomy-related services; reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from mastectomy, including lymphedema)—Call plan for more information.</i></b>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%	Network: 80% Out-of-network: 60%
<b><i>Rehabilitative services—Inpatient and outpatient</i></b>	Network: 90% Out-of-network: 70% <i>Inpatient:</i> Up to 60 days/year <i>Outpatient:</i> Up to 60 visits/all therapies combined (progress review every 20 visits for out-of-network outpatient)	Network: 80% Out-of-network: 60% <i>Inpatient:</i> Up to 60 days/year <i>Outpatient:</i> Up to 60 visits/all therapies combined (progress review every 20 visits for out-of-network outpatient)	Network: 80% Out-of-network: 60% <i>Inpatient:</i> Up to 60 days/year <i>Outpatient:</i> Up to 60 visits/all therapies combined (progress review every 20 visits for out-of-network outpatient)
<b><i>Skilled nursing facility</i></b>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized
<b><i>Smoking cessation</i></b>	Network: 100% Out-of-network: 70% Prescription drugs to ease nicotine withdrawal, inhalers and sprays are covered by Express Scripts at 100% (no copay); non-prescription nicotine patches, lozenges and gum are covered by Aetna at 100%.	Network: 100% Out-of-network: 60% Prescription drugs to ease nicotine withdrawal, inhalers and sprays are covered by Express Scripts at 100% (no copay); non-prescription nicotine patches, lozenges and gum are covered by Aetna at 100%.	Network: 100% Out-of-network: 60% Prescription drugs to ease nicotine withdrawal, inhalers and sprays are covered by Express Scripts at 100% (no copay); non-prescription nicotine patches, lozenges and gum are covered by Aetna at 100%.
<b><i>Temporomandibular joint (TMJ) disorders</i></b>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized Night guards are covered if prescribed by a medical doctor for a TMJ disorder. Up to \$2,000/year for combined network and out-of-network services	Network: 80% when preauthorized Out-of-network: 60% when preauthorized Night guards are covered if prescribed by a medical doctor for a TMJ disorder. Up to \$2,000/year for combined network and out-of-network services	Network: 80% when preauthorized Out-of-network: 60% when preauthorized Night guards are covered if prescribed by a medical doctor for a TMJ disorder. Up to \$2,000/year for combined network and out-of-network services

<b><i>Transplants (certain services only)</i></b>	Network: 100% when preauthorized Out-of-network: 70% when preauthorized Medical coverage must have been continuous for more than 12 months under KingCare <sup>SM</sup> before a transplant will be covered.	Network: 100% when preauthorized Out-of-network: 60% when preauthorized Medical coverage must have been continuous for more than 12 months under KingCare <sup>SM</sup> before a transplant will be covered.	Network: 100% when preauthorized Out-of-network: 60% when preauthorized Medical coverage must have been continuous for more than 12 months under KingCare <sup>SM</sup> before a transplant will be covered.
<b><i>Urgent care (ear infections, high fevers, minor burns, etc.)</i></b>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%	Network: 80% Out-of-network: 60%