

2019 Medical Plan Quick Comparison: Regular Employees

Plan Feature (In-network)	SmartCare Gold (Kaiser)	KingCare Select (Regence & CVS)	KingCare Gold (Regence & CVS)
Provider Choice	A primary care provider coordinates care through the plan network. You may self-refer to many Kaiser 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.
Out-of-area coverage	See next page.	See next page.	See next page.
Benefit Access Fee	\$0	\$0	\$100 per month
Deductible¹	Single \$0 Family \$0	Single \$200 Family \$600 ➤ \$200 waived in 2019	Single \$300 Family \$900
Out-of-Pocket Limit²	Single \$1,000 Family \$2,000	Single \$1,100 Family \$2,400	Single \$1,100 Family \$2,500
Prescription Out-of-Pocket Limit	Single & Family \$0 Copays apply to out of pocket maximum	Single \$1,500 Family \$3,000	Single \$1,500 Family \$3,000
Your cost—after deductible—using in-network providers³			
Emergency Room	\$100 copay	10% after \$200 copay	15% after \$200 copay
Hospital–Inpatient	\$200 copay	10%	15%
Labs, X-ray, Tests	0%	10%	15%
Mental Health	Outpatient: \$20 copay Inpatient: \$200 copay	Outpatient therapy services: \$20 copay Outpt non-therapy services & inpt services: 10%	15%
Office Visits	\$20 copay	\$20 (no deductible)	15%
Prescription Drugs (retail 30-day supply)	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
Urgent Care	\$20 copay	10%	15%

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DISCLAIMER: This chart should be used as a general guide only. For specific plan details, refer to the governing documents at KingCounty.gov/Plan-Details.

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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2019 Out-of-Network Coverage: Regular Employees

Plan Feature (Out-of-network)	SmartCare Gold (Kaiser)	KingCare Select (Regence & CVS)	KingCare Gold (Regence & CVS)
Out-of-Area Coverage	Covered care is available at out-of-area Kaiser Permanente facilities—call Member Services to set up access. No coverage for out-of-network care unless approved/referred. If outside the Kaiser area, urgent and emergency care is covered at any provider.	When seeking care outside your network, covered services are reimbursed at the out-of-network benefit level, which is significantly lower. Emergency care is covered the same anywhere.	Same coverage as when home, through Regence and CVS Caremark® national provider networks. Your out-of-pocket costs are lowest when you use network providers. Emergency care is covered the same anywhere.
Deductible¹	Single \$0 Family \$0	Single \$500 Family \$1,500	Single \$300 Family \$900
Out-of-Pocket Limit²	Single \$1,000 Family \$2,000	Single \$2,500 Family \$5,500	Single \$1,900 Family \$4,100
Emergency Room	\$100 copay	10% after \$200 copay	15% after \$200 copay
What you pay for most covered services³	100% (Plan pays 0%)	40% after deductible & copays, until you reach the out-of-pocket limit. (Plan pays 60%.)	35% after deductible & copays, until you reach the out-of-pocket limit. (Plan pays 65%.)

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