

2023 Medical Plan Comparison: Transit ATU 587 Employees

Plan Feature (In-network)	SmartCare (Kaiser)	KingCare Select (Regence & CVS)	KingCare PPO (Regence & CVS)
Provider Choice	A primary care provider coordinates your care through the plan network. You may self-refer to many Kaiser specialists. No coverage for out-of-network care unless approved/referred.	You must choose a primary care provider, who coordinates your care. 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 Fee¹	\$0 per month	\$0 per month	\$150 per month
Deductible²	Single \$0 Family \$0	Single \$100 Family \$300	Single \$350 Family \$1,050
Out-of-Pocket Limit³	Single \$1,000 Family \$2,000	Single \$1,100 Family \$2,400	Single \$1,350 Family \$3,050
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 providers⁴			
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: \$8 copay Preferred brand: \$35 copay Non-preferred brand: \$80 copay
Urgent Care	\$20 copay	\$20 copay	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](https://kingcounty.gov/Plan-Details).

1. Benefit Access Fee: The cost to add a spouse/state-registered domestic partner who has access to medical coverage through an employer.
2. Deductible: The amount you pay per year before the plan begins to pay.
3. 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.
4. All services must be medically necessary. See plan guide for details, limits, restrictions, and preauthorization requirements.

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2023 Out-of-Network Coverage: Transit ATU 587 Employees

Plan Feature (Out-of-network)	SmartCare (Kaiser)	KingCare Select (Regence & CVS)	KingCare PPO (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 \$350 Family \$1050
Out-of-Pocket Limit²	Single \$1,000 Family \$2,000	Single \$2,500 Family \$5,500	Single \$2,350 Family \$5,050
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%.)	40% after deductible & copays, until you reach the out-of-pocket limit. (Plan pays 60%.)

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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.