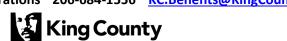
2023 Medical Plan Comparison: Regular Employees

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 Fee ¹	\$0	\$0	\$125 per month
Deductible ²	Single \$0 Family \$0	Single \$100 Family \$300	Single \$300 Family \$900
Out-of-Pocket Limit ³	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 providers ⁴			
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: \$75 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.

- 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.



2023 Out-of-Network Coverage: Regular Employees

Plan Feature	SmartCare	KingCare Select	KingCare PPO
(Out-of-network)	(Kaiser)	(Regence & CVS)	(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.
Deductible ¹	Single \$0	Single \$500	Single \$300
	Family \$0	Family \$1,500	Family \$900
Out-of-Pocket Limit ²	Single \$1,000	Single \$2,500	Single \$1,900
	Family \$2,000	Family \$5,500	Family \$4,100
Emergency Room	\$100 copay	10% after \$200 copay	15% after \$200 copay
What you pay for most covered services ³	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.

