

# 2020 Medical Plan Quick Comparison: Deputy Sheriff Employees

Plan Feature (In-network)	SmartCare (Kaiser)	KingCare (Regence & CVS)
<b>Provider Choice</b>	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.	You may choose any qualified provider, but your out-of-pocket costs are lowest when you use network providers.
<b>Out-of-Area Coverage</b>	Covered care is available at out-of-area Kaiser Permanente facilities—call Member Services to set up access. If outside the Kaiser area, urgent and emergency care is covered at any provider.	Same coverage as when home, through Regence and CVS Caremark® national provider networks.
<b>Benefit Access Fee<sup>1</sup></b>	\$0	\$75 per month
<b>Deductible<sup>2</sup></b>	Single \$0 Family \$0	Single \$100 Family \$300
<b>Out-of-Pocket Limit<sup>3</sup></b>	Single \$1,000 Family \$2,000	Single \$900 Family \$1,900
<b>Prescription Out-of-Pocket Limit</b>	Single & Family \$0 Copays apply to out of pocket maximum	Single \$1,500 Family \$3,000
<b>Your cost—after deductible—using in-network providers<sup>4</sup></b>		
<b>Emergency Room</b>	\$100 copay	10% after \$100 copay
<b>Hospital-Inpatient</b>	\$200 copay	10%
<b>Labs, X-ray, Tests</b>	0%	10%
<b>Mental Health</b>	Outpatient: \$20 copay Inpatient: \$200 copay	10%
<b>Office Visits</b>	\$20 copay	10%
<b>Prescription Drugs (retail 30-day supply)</b>	Generic: \$10 copay Preferred brand: \$20 copay Non-preferred brand: \$30 copay	Generic: \$7 copay Preferred brand: \$30 copay Non-preferred brand: \$60 copay
<b>Urgent Care</b>	\$20 copay	10%

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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](http://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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