

2025 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.
Employee Premium Share	\$0 per month	\$50 per month	\$75 per month
Benefit Access Fee¹	\$0	\$75	\$200 per month
Deductible²	Single \$0 Family \$0	Single \$100 Family \$300	Single \$300 Family \$900
Out-of-Pocket Limit³	Single \$1,000 Family \$2,000	Single \$1,100 Family \$2,400	Single \$1,100 Family \$2,500
Emergency Room Out-of-Pocket Limit	N/A	Single \$6,600 Family \$13,000	Single \$6,600 Family \$12,900
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	15% after \$200 copay Applies to ER OOP limit. Copay waived if admitted.	15% after \$200 copay Applies to ER OOP limit. Copay waived if admitted.
Hospital–Inpatient	\$200 copay	15%	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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Out-of-Network Coverage

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.
Deductible²	Single \$0 Family \$0	Single \$500 Family \$1,500 The out-of-network deductible is separate from the in-network deductible.	Single \$300 Family \$900 The in-network and out-of-network deductibles are combined.
Out-of-Pocket Limit³	Single \$1,000 Family \$2,000	Single \$2,500 Family \$5,500 The out-of-pocket limit for out-of-network services is separate from the in-network out-of-pocket limit.	Single \$1,900 Family \$4,100 The out-of-pocket limit for out-of-network services is separate from the in-network out-of-pocket limit.
Emergency Room	\$100 copay	10% after \$200 copay	15% after \$200 copay
What you pay for most covered services⁴	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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DISCLAIMER: These charts should be used as a general guide only. For specific plan details, refer to the governing documents at [KingCounty.gov/Plan-Details](https://www.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.