



## 2025 Key Benefit Changes

The following changes become effective Jan. 1, 2025

### Changes for ALL employee benefit groups:

#### Flexible Spending Accounts:

1. The maximum annual health care Flexible Spending Account (FSA) contribution increases to \$3,200.
2. The health care FSA carryover allowed from 2024 to 2025 increases to \$640. For more information go to [KingCounty.gov/FSA](https://kingcounty.gov/FSA).

### Changes for the Regular employee benefit group:

#### KingCare PPO (Regence BlueShield) medical plan:

1. An employee premium share of \$75 per month will be added for this plan. The amount of the premium share is the same whether you cover only yourself, or you also cover family members on this plan. Watch this video to learn more: [vimeo.com/1006009230](https://vimeo.com/1006009230).
2. The Spouse Benefit Access Fee for the KingCare PPO plan increases from \$125 to \$200 per month.
3. A new separate out-of-pocket limit for emergency room (ER) visits will be implemented in addition to the out-of-pocket limits for medical and prescription drugs. Your out-of-pocket costs for an ER visit, which includes a \$200 copay and 15% coinsurance, will apply to the ER out-of-pocket limit (not the medical out-of-pocket limit), as follows: \$6,600/individual and \$12,900/family. Refer to the chart below. For additional information, see [New ER Out-of-Pocket Limit](#).

#### KingCare Select (Regence BlueShield) medical plan:

1. An employee premium share of \$50 per month will be added for this plan. The amount of the premium share is the same whether you cover only yourself, or you also cover family members on this plan. Watch this video to learn more: [vimeo.com/1006009230](https://vimeo.com/1006009230).
2. The Spouse Benefit Access Fee for the KingCare Select plan increases from \$0 to \$75 per month.
3. The Emergency Room (ER) coinsurance will increase from 10% to 15% after the \$200 copay. Also, a new separate out-of-pocket limit for ER visits will be implemented in addition to the out-of-pocket limits for medical and prescription drugs. Your out-of-pocket costs for an ER visit, which includes a \$200 copay and 15% coinsurance, will apply to the ER out-of-pocket

limit (not the medical out-of-pocket limit), as follows: \$6,600/individual and \$13,000/family. Refer to the following chart. For additional information, see [New ER Out-of-Pocket Limit](#).

2025 Annual Out-of-Pocket Limits for Regence BlueShield Medical Plans For Regular and TEA employee benefit groups			
<b>Out-of-Pocket Limit:</b> The most you pay for covered health care services in a year. Once the limit is reached, the health plan pays 100% of covered services for the rest of the year. Your deductible payments, coinsurance, and copayments count toward this limit; premiums do not.			
Category	What expenses count?	KingCare PPO	KingCare Select
Medical	Your costs for all covered medical services except ER services	\$1,100 individual \$2,500 family	\$1,100 individual \$2,400 family
Prescription Drug	Your costs for all covered retail and mail order prescriptions	\$1,500 individual \$3,000 family	\$1,500 individual \$3,000 family
Emergency Room	Your costs for ER services	\$6,600 individual \$12,900 family	\$6,600 individual \$13,000 family

## Changes for the Transit ATU 587 employee benefit group:

### KingCare PPO (Regence BlueShield) medical plan:

1. The in-network annual deductible will increase from \$350 individual/\$1,050 family to \$500 individual/\$1,500 family.

**Annual Deductible:** The amount you pay each year for covered health care services before your health plan begins to pay.

2. The in-network annual out-of-pocket limit will increase from \$1,350 individual/\$3,050 family to \$2,000 individual/\$4,500 family and the out-of-network out-of-pocket limit increases from \$2,350 individual/\$5,050 family to \$3,500 individual/\$7,500 family.

**Out-of-Pocket Limit:** The most you pay for covered health care services in a year. Once the limit is reached, the health plan pays 100% of covered services for the rest of the year. Your deductible payments, coinsurance, and copayments count toward this limit; premiums do not.

3. The Spouse Benefit Access Fee to cover a spouse or domestic partner who has access to other employer-based medical coverage will increase from \$150 to \$200 per month.

### KingCare Select (Regence BlueShield) medical plan:

1. The in-network annual deductible will increase from \$100 individual/\$300 family to \$200 individual/\$600 family and the out-of-network annual deductible will increase from \$500 individual/\$1,500 family to \$600 individual/\$1,800 family.
2. The in-network annual out-of-pocket limit will increase from \$1,100 individual/\$2,400 family to \$1,500 individual/\$3,100 family and the out-of-network out-of-pocket limit increases from \$2,500 individual/\$5,500 family to \$3,300 individual/\$7,100 family.
3. The Spouse Benefit Access Fee to cover a spouse or domestic partner who has access to other employer-based medical coverage will increase from \$0 to \$75 per month.

## Changes for the Deputy Sheriff employee benefit group:

1. Benefit Access Fees to cover a spouse or domestic partner who has access to other employer-based medical coverage will increase as follows:
  - KingCare PPO (Regence BlueShield) medical plan: \$200 per month (was \$100)
  - KingCare Select (Regence BlueShield) medical plan: \$75 per month (was \$0)
  - SmartCare (Kaiser Permanente) medical plan: \$50 per month (was \$0)

## Changes for TEA-DOT employees

### KingCare PPO (Regence BlueShield) medical plan:

1. The employee premium share increases from \$40 to \$75 per month for employee-only coverage and from \$75 to \$100 per month for family coverage.
2. Spouse Benefit Access Fee for the medical plan increases from \$90 to \$200 per month.
3. The Emergency Room (ER) copay will increase from \$100 to \$200 copay. Also, a new separate out-of-pocket limit for ER visits will be implemented in addition to the out-of-pocket limits for medical and prescription drugs. Your out-of-pocket costs for an ER visit, which includes a \$200 copay and 15% coinsurance, will apply to the ER out-of-pocket limit (not the medical out-of-pocket limit), as follows: \$6,600/individual and \$12,900/family. Refer to the chart above in the section for the Regular employee benefit group. For additional information, see [New ER Out-of-Pocket Limit](#).
4. Out-of-network coinsurance increases from 35% to 40%.

## Changes for Law Library employees

1. An employee premium share of \$75 per month will be added for the KingCare PPO medical plan. The amount of the premium share is the same whether you cover only yourself, or you also cover family members on this plan.
2. A \$200 per month Spouse Benefit Access Fee will be added if you cover your spouse or state-registered domestic partner on your KingCare PPO medical plan.
3. A new separate out-of-pocket limit for emergency room (ER) visits will be implemented in addition to the out-of-pocket limits for medical and prescription drugs. Your out-of-pocket costs for an ER visit, which includes a \$200 copay and 15% coinsurance, will apply to the ER out-of-pocket limit (not the medical out-of-pocket limit), as follows: \$6,600/individual and \$12,900/family. Refer to the chart above in the section for the Regular employee benefit group. For additional information, see [New ER Out-of-Pocket Limit](#).

To better understand your costs and key medical plan terms, see the Glossary at [cms.gov/ccio/resources/files/downloads/uniform-glossary-final.pdf](https://cms.gov/ccio/resources/files/downloads/uniform-glossary-final.pdf)