

KCSO CORRECTIONS

MEDICAL COMPARISON CHARTS Corrections Officers & Sergeants



KAISER PERMANENTE®

In-Network Costs	LEOFF Trust - Premera	Kaiser Prime	High Deductible HP <i>(only during OE)</i>
Annual Deductible	\$100/person \$200 family	\$250/person \$750 family	\$1,650 individual \$3,300 family
Annual Out-of-Pocket Maximum	\$1,100/person \$2,200/family	\$1,000/person \$3,000/family	\$3,300/person \$6,600/family
Plan Co-Insurance	10%	n/a	20%
Emergency Room	\$100 co-pay <i>Then subject to deductible + co-insurance</i>	\$75 co-pay after deductible	20% after deductible
Office Visits	\$10 co-pay	\$25 co-pay after deductible	20% after deductible
Urgent Care	\$15 co-pay	\$25 co-pay after deductible	20% after deductible
Chiropractic Care	\$10 co-pay (24 visits)	\$25 co-pay (20 visits) <i>Deductible doesn't apply</i>	20% after deductible
Physical/Massage Therapy	\$10 co-pay (60 visits) <i>Deductible doesn't apply</i>	\$25 co-pay (60 visits) <i>Deductible doesn't apply</i>	20% after deductible
Retail Prescriptions Drugs	\$5 / \$25 / \$50	\$15 / \$15/ \$30	\$0 / \$20% / 20% <i>(deductible applies)</i>
Health Savings Account	--	--	\$1,200 for individual \$2,400 for family
Vision	County VSP Policy + LEOFF Trust Vision Coverage	County VSP Policy	--
Other Benefits	Retiree Medical	Per individual, first 4 care visits only \$25 co-pay (no deductible)	--