

# KCSO DEPUTY

## MEDICAL COMPARISON CHARTS Deputy Sheriff Guild, Lieutenants & Chiefs



### MEDICAL

| In-Network Costs             | Kaiser                                                     | LEOFF Trust   Premera                                            |
|------------------------------|------------------------------------------------------------|------------------------------------------------------------------|
| Annual Deductible            | \$0/person<br>\$0 family                                   | \$100/person<br>\$200 family                                     |
| Annual Out-of-Pocket Maximum | \$1,000/person<br>\$2,000/family                           | \$1,100/person<br>\$2,200/family                                 |
| Plan Co-Insurance            | n/a                                                        | 10%                                                              |
| Emergency Room               | \$75 co-pay<br><i>Deductible doesn't apply</i>             | \$100 co-pay<br><i>Then subject to deductible + co-insurance</i> |
| Office Visits                | \$15 co-pay                                                | \$10 co-pay                                                      |
| Virtual Visit                | \$15 co-pay                                                | \$5 co-pay                                                       |
| Urgent Care                  | \$15 co-pay<br><i>Deductible doesn't apply</i>             | \$15 co-pay                                                      |
| Chiropractic Care            | \$15 co-pay (20 visits)<br><i>Deductible doesn't apply</i> | \$10 co-pay (24 visits)                                          |
| Physical/Massage Therapy     | \$15 co-pay (35 visits)<br><i>Deductible doesn't apply</i> | \$10 co-pay (60 visits)<br><i>Deductible doesn't apply</i>       |
| Retail Prescription Drugs    | \$10 / \$30 / \$--                                         | \$5 / \$25 / \$50                                                |
| Mail Order 90-Day            | \$20 / \$60 / \$--                                         | \$10 / \$50 / \$100                                              |

### VISION

| Deductible Type                                        | Kaiser In-Network                                                   | Out-of-Network |
|--------------------------------------------------------|---------------------------------------------------------------------|----------------|
| Routine Eye Exams (every 12 months)                    | \$15 co-pay                                                         | No Coverage    |
| Vision Hardware -Under 19- (lenses, frames & contacts) | No Charge: 1 per year free                                          | No Coverage    |
| Vision Hardware -Over 19- (lenses, frames & contacts)  | 24-month Max Allowance of \$250 (after allowance, member pays 100%) | No Coverage    |
| Deductible Type                                        | Premera In-Network                                                  | Out-of-Network |
| Routine Eye Exams (per calendar year)                  | \$10 co-pay                                                         | No Coverage    |
| Vision Hardware -Under 19- (per calendar year)         | 1 pair glasses/frames or contacts (covered at 100%)                 | No Coverage    |
| Vision Hardware -Over 19-                              | 100% coverage up to Max Allowance of \$300 (per calendar year)      | No Coverage    |