

**Attachment A**  
**Summary of Out-of-Pocket Expenses in King County's Medical Plans**

(Attachment to: MEMORANDUM OF AGREEMENT  
 Regarding  
 Health Benefits  
 For Represented Benefits-Eligible Employees within the  
 Wastewater Treatment and Transit Divisions  
 By and Between King County and  
 Technical Employees Association)

Feature/Covered Expense	KingCare Bronze	KingCare Silver	KingCare Gold	Group Health Bronze	Group Health Silver	Group Health Gold
Provider choice	You may choose any qualified provider, but you receive higher coverage when you use network providers					
Annual deductible	\$500/person, \$1,500/family	\$300/person, \$900/family	\$100/person, \$300/family	None	None	None
Deductible Carryover	Deductible amounts applied to charges incurred in the last 3 months of the calendar year are carried over and applied to the next year's deductible					
Office Visit Copay Standard Specialist	No copays, but you pay coinsurance	No copays, but you pay coinsurance	No copays, but you pay coinsurance	Does not apply	Does not apply	Does not apply
Emergency Room Copay	You pay \$100 (waived if admitted)	You pay \$100 (waived if admitted)	You pay \$100 (waived if admitted)	You pay \$50 You pay \$50	You pay \$35 You pay \$35	You pay \$20 You pay \$20
Inpatient Hospital Copay	No copays, but you pay coinsurance	No copays, but you pay coinsurance	No copays, but you pay coinsurance	You pay \$600 per admission	You pay \$400 per admission	You pay \$200 per admission

Attachment D

**APPENDIX C - Attachment**

Feature/Covered Expense	KingCare Bronze	KingCare Silver	KingCare Gold	Group Health Bronze	Group Health Silver	Group Health Gold
After the deductible/copays, the plans pay most covered services at these levels until you reach the annual out-of-pocket maximum	80% network medical claims (you pay 20% coinsurance) 60% non-network medical claims (you pay 40% coinsurance)	80% network medical claims (you pay 20% coinsurance) 60% non-network medical claims (you pay 40% coinsurance)	90% network medical claims (you pay 10% coinsurance) 70% non-network medical claims (you pay 30% coinsurance)	100% network Limited emergency/out-of-area non-network care	100% network Limited emergency/out-of-area non-network care	100% network Limited emergency/out-of-area non-network care
Devices, Equipment & Supplies	80% network 60% non-network	80% network 60% non-network	90% network 70% non-network	50%	50%	80%
Annual out-of-pocket maximum	\$1,200/person, \$2,400/family network (plus deductible) \$2,000/person, \$4,000/family non-network (plus deductible)	\$1,000/person, \$2,000/family network (plus deductible) \$1,800/person, \$3,600/family non-network (plus deductible)	\$800/person, \$1,600/family network (plus deductible) \$1,600/person, \$3,200/family non-network (plus deductible)	\$3,000/person, \$6,000/family network and limited emergency/ out-of-area non-network (Pharmacy copays do not apply)	\$2,000/person, \$4,000/family network and limited emergency/ out-of-area non-network (Pharmacy copays do not apply)	\$1,000/person, \$2,000/family network and limited emergency/ out-of-area non-network (Pharmacy copays do not apply)
After you reach the out-of-pocket maximum, most benefits are paid for the rest of the calendar year at this level	100%	100%	100%	100% network ONLY	100% network ONLY	100% network ONLY
Lifetime maximum	\$2,000,000	\$2,000,000	\$2,000,000	No limit	No limit	No limit