



Medical Insurance Comparison Chart

This comparison chart summarizes plans available to members of AFSCME, Law Enforcement Support, Corrections Support, Clerk's Association, Corrections Sergeants & Lieutenants, Corrections Support Supervisors; Management, Exempt and non-represented employees.

(Effective 4/1/2020 – 3/31/2021 | Categories A, B, C, E, H & I | COBRA Division 1)

Summary of Benefits	Regence BlueShield Plan A PPO			Regence BlueShield Plan B PPO			Kaiser Permanente Core HMO ¹⁰
	Preferred	Participating	Non-participating	Preferred	Participating	Non-participating	In-Network
Deductible ¹							
Individual	\$300			\$0	\$200		None
Family	\$900			\$0	\$600		
Out-of-Pocket Maximum ²							
Individual	\$1,100			\$2,500	\$10,200		\$1,000
Family	\$2,500			\$7,500	\$30,600		\$2,000
Preventive Care Visit	No charge		30%	No charge		30%	No charge
Office Visit	10%	30%		\$30	\$30 + 30%	30%	\$20
Ambulance	20%			20%			20%
Chronic Disease Management	No charge ^{8,9}	30% ^{8,9}		\$30	\$30 + 30%	30%	\$20
Durable Medical Equipment	10%	30%		No charge	30%		No charge
Emergency Services ⁵	\$200 + 10%			\$200			\$200 ¹⁰
Hospital Care (inpatient)	10%	30%		No charge	30%		No charge
Mental Health (outpatient)	10%		30%	\$30		30%	\$20
Outpatient Surgery	10%	30%		No charge	30%		\$20
Prescription Drugs ^{6,7}	(See note 9)						
Generic	\$10/\$20			\$10/\$20			\$15/\$30
Preferred Brand	\$20/\$40			\$20/\$40			\$15/\$30
Non-preferred Brand	\$30/\$60			\$30/\$60			Not covered
Radiology and Laboratory	\$100 + 10% ¹¹	\$100 + 30% ¹¹		\$100 ¹¹	\$100 + 30% ¹¹		No charge
Rehabilitation ³ (outpatient)	10%	30%		\$30	\$30 + 30%	30%	\$20
Spinal Manipulations ³	10%	30%		\$30	\$30 + 30%	30%	\$20
Surgical Services	\$300 + 10% ⁴	\$300 + 30% ⁴		\$300 ⁴	\$300 + 30% ⁴		\$20

1. Deductible: The amount you pay per calendar year before the plan begins to pay
2. Out-of-Pocket Maximum: The most you could pay per calendar year for your share of covered services
3. Coverage is limited to certain number of visits per calendar year
4. Regence Plan A & B - \$300 copay only applies to specific surgeries listed in the plan booklet under Surgeries
5. Copay is waived if you are admitted to the hospital
6. First amount listed is the retail copay for a 30 day supply; second amount listed is the mail order copay for a 90 day supply
7. No charge for FDA approved women's contraceptives prescribed by a health care provider and certain preventive drugs and immunizations at a participating pharmacy. No charge for certain tobacco use cessation drugs when obtained with a prescription order at a participating pharmacy.
8. Chronic diseases: asthma, chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease, depression & diabetes mellitus
9. \$0 for each prescription medication related to Chronic Disease Management on the Value Medication List
10. Must use in-network providers, except for emergency services and care pursuant to a referral/pre-authorization
11. Complex imaging procedures which are subject to the \$100 copay: Bone Density Study, CT Scan, MRA, MRI, PET, & SPECT

This comparison chart is not an all-inclusive list of benefits, and should not be considered a replacement for the more detailed information set forth in the plan booklets produced by each insurance company. All covered benefits are subject to the limitations, exclusions and provisions of the plan. To be covered, medical services and supplies must be medically necessary for the treatment of an illness or injury (except for any covered preventive care).

All dollar amounts provided indicate a copay you are responsible for paying after you have met your annual deductible, if applicable. All percentages provided indicate your share for covered services after you have met your annual deductible, if applicable. If there are any discrepancies between this summary and the official plan booklets, the plan booklets will govern in all cases. Plan booklets, Summary of Benefits and Coverage (SBC) documents, and monthly premiums are online at www.snohomishcountywa.gov/983/Medical. Call Regence BlueShield at 800-962-0301 or Kaiser Permanente at 888-901-4636 for assistance with specific benefit/coverage questions.