KCSO CORRECTIONS

MEDICAL COMPARISON CHARTS

Corrections Officers & Sergeants

In-Network Costs	LEOFF Trust - Premera	Kaiser Prime	High-Deductible HP
Annual Deductible	$100/person $200 family	$250/person $750 family	$1,700 individual $3,400 family
Annual Out-of-Pocket Maximum	$1,100/person $2,200/family	$1,000/person $3,000/family	$3,000/person $6,000/family
Plan Co-Insurance	10%	n/a	20%
Emergency Room	$100 co-pay *Then subject to deductible + co-insurance*	$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) *Deductible doesn't apply*	20% after deductible
Physical/Massage Therapy	$10 co-pay (60 visits) *Deductible doesn't apply*	$25 co-pay (60 visits) *Deductible doesn't apply*	20% after deductible
Retail Prescriptions Drugs	$5 / $25 / $50	$15 / $15/ $30	$0 / $20% / 20% (deductible applies)
Other Benefits	**Retiree Medical**	**Per individual, first 4 care visits only** **$25 co-pay** *(no deductible)*	----
Vision	**County VSP Policy +** **LEOFF Trust Vision Coverage**	**County VSP Policy**	**County VSP Policy**
Health Savings Account	-----	-----	$1,350 for individual $2,700 for family