## **Medical Plan Comparison**

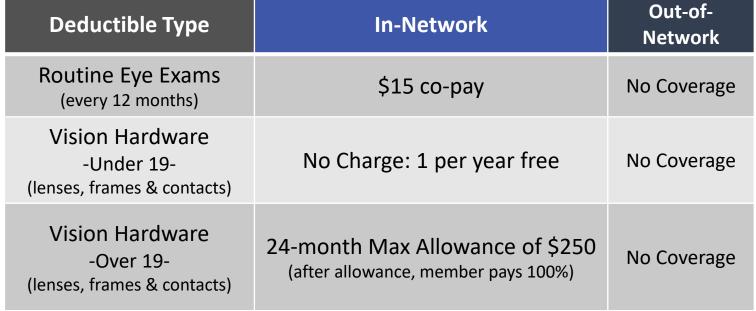




In-Network Costs	Kaiser	LEOFF Trust   Plan F
Annual Deductible	\$0/person \$0 family	\$100/person \$200 family
Annual Out-of-Pocket Maximum	\$1,000/person \$2,000/family	\$1,100/person \$2,200/family
Plan Co-Insurance	n/a	10%
Emergency Room	\$75 co-pay  Deductible doesn't apply	\$100 co-pay Then subject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

## **Vision Benefit**







Deductible Type	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