

**City of Seattle Secure Horizons Retirement Plans
Benefits Summaries**

Medical Benefit	HMO Plan (coverage in WA State only)	Direct Plan (Coverage nationwide)
Physician Services		
Primary Care Office visit copay	\$10	\$15
Specialist Office Visit copay	\$20	\$30
Medicare Required (Part B) drugs	20% coinsurance	20% coinsurance
Inpatient Hospital copay	\$200/admit	\$200/day, days 1-18; \$0 thereafter
Inpatient SNF	\$0 days 1-20; \$50/day days 21-100	\$110/day, days 1-36; \$0 thereafter
Outpatient copays		
Lab service and standard film X-rays	0	\$15
Surgery & Observation	\$100 copay	20% coinsurance
All Other Procedures	\$25	20% coinsurance
Outpatient Occupational, physical and speech therapy	\$25 copay	20% coinsurance
Outpatient Rehabilitation Facility	\$25 copay	20% coinsurance
Inpatient Mental Health		
Phone Numbers	1-800-533-2743	1-866-525-6437
(or for the hearing impaired TTY 1-888-685-8480)		
Group Numbers	801855	0014189

This is only a brief overview of the benefits provided under each plan; this summary is not a contract.