

Kaiser & Western Health Advantage Benefits Comparison - Effective October 1, 2016

Benefits	High Option		Mid	Low	
	Kaiser Traditional HMO High Option	WHA Adv.15-30, Rx H	Kaiser Deductible HMO Value - Mid Option	Kaiser HSA Low - Cat Option	WHA Western 2800B HSA HDHP
Deductible					
Individual	None	None	\$500	\$1,300	\$2,800
Family	None	None	\$1,000	\$2,600	\$5,600
Out of Pocket Maximum					
Individual	\$1,500	\$1,500	\$3,000	\$3,000	\$4,000
Family	\$3,000	\$2,500	\$6,000	\$6,000	\$8,000
Preventive Care	No charge	No charge	No charge	No charge	No Charge, ded. waived
Office Visit (PCP/Specialist)	\$15	\$15 / \$30	\$20	\$20 after ded.	\$40 after ded.
Vision Exam	No charge	\$15 / \$30 (Adults); \$30 Children	No charge	\$20, ded. waived	No Charge, ded. waived
Hearing Exam	No charge	\$15 / \$30	No charge	No Charge, ded. waived	No Charge, ded. waived
X-ray/Laboratory	No charge	No charge	\$10, after ded.	\$10 after ded.	No Charge after ded.
Advanced Imaging	No charge	No charge	\$50, after ded.	\$50 after ded.	No Charge after ded.
Durable Medical Equipment	No charge	20%	20%	20% after ded.	20% after ded.
Hospitalization	\$250/admission	\$250/day (1-3 days)	20% after ded.	\$250/admit after ded.	\$500/day after ded.
Outpatient Surgery	\$15	\$100/visit	20% after ded.	\$150 after ded.	\$250/visit after ded.
Emergency Room	\$50	\$100	20% after ded.	\$100/visit after ded.	\$100/visit after ded.
Urgent Care	\$15	\$50	\$20	\$20/visit after ded.	\$50 after ded.
Ambulance	\$50/trip	No charge	\$150/trip after ded.	\$100/trip after ded.	No Charge after ded.
Prescription					
Tier 1	\$10, up to 100-day supply	\$10, 30-day supply	\$10 after \$100/member ded. up to 100-day supply	\$10 after ded., up to 30-day supply	\$10 after ded., 30-day supply
Tier 2	\$20, up to 100-day supply	\$30, 30-day supply	\$30 after \$100/member ded. up to 100-day supply	\$30 after ded., up to 30-day supply	\$30 after ded., 30-day supply
Tier 3	NA	\$50, 30-day supply	NA	NA	\$50 after ded., 30-day supply
Mail order	Same as above	2.5X Copay (\$25/\$75/\$125), up to 90-day supply	Same as above	2X Copay (\$20/\$60), up to 100-day supply	2.5X Copay (\$25/\$75/\$125), up to 90-day supply
Mental Health/Substance Abuse					
Outpatient	\$15	\$15	\$20	\$20 after ded.	\$40 after ded.
Inpatient	\$250/admission	\$250/day (1-3 days)	20% after ded.	\$250/admit after ded.	\$500/day after ded.
Rehabilitative Therapy					
Outpatient	\$15/visit	\$30/visit	\$20/visit after ded.	\$20/visit after ded.	\$40/visit after ded.
Skilled Nursing	No charge	\$250/day (1-3 days)	20% after ded.	\$250/admit after ded.	\$500/day after ded.
Chiropractic Care	\$10, up to 30 visits	\$15, up to 20 visits	NA	NA	\$15, up to 20 visits
Acupuncture	NA	\$15, up to 20 visits	NA	NA	\$15, up to 20 visits

This benefit summary is for illustrative purposes only. Please consult the carrier plan summaries and Combined Evidence of Coverage and Disclosure documents for exact benefits, exclusions & limitations.

Chiropractic care and Acupuncture is included in all WHA plans. Services are not subject to the deductible and copayments do not apply to the OOPM.