

Marin Schools Insurance Authority  
Marin County Office of Education

Kaiser & Western Health Advantage Benefits Comparison - Effective October 1, 2017

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
<b>Deductible</b>					
Individual	None	None	\$500	\$1,300	\$2,800
Family	None	None	\$1,000	\$2,600	\$5,600
<b>Out of Pocket Maximum</b>					
Individual	\$1,500	\$1,500	\$3,000	\$3,000	\$4,000
Family	\$3,000	\$2,500	\$6,000	\$6,000	\$8,000
<b>Preventive Care</b>	No charge	No charge	No charge	No charge	No Charge, ded. waived
<b>Office Visit (PCP/Specialist)</b>	\$15	\$15 / \$30	\$20	\$20 after ded.	\$40 after ded.
<b>Vision Exam</b>	No charge	\$15 / \$30 (Adults); \$30 Children	No charge	\$20, ded. waived	No Charge, ded. waived
<b>Hearing Exam</b>	No charge	\$15 / \$30	No charge	No Charge, ded. waived	No Charge, ded. waived
<b>X-ray/Laboratory</b>	No charge	No charge	\$10, after ded.	\$10 after ded.	No Charge after ded.
<b>Advanced Imaging</b>	No charge	No charge	\$50, after ded.	\$50 after ded.	No Charge after ded.
<b>Durable Medical Equipment</b>	No charge	20%	20%	20% after ded.	20% after ded.
<b>Hospitalization</b>	\$250/admission	\$250/day (1-3 days)	20% after ded.	\$250/admit after ded.	\$500/day after ded.
<b>Outpatient Surgery</b>	\$15	\$100/visit	20% after ded.	\$150 after ded.	\$250/visit after ded.
<b>Emergency Room</b>	\$50	\$100	20% after ded.	\$100/visit after ded.	\$100/visit after ded.
<b>Urgent Care</b>	\$15	\$50	\$20	\$20/visit after ded.	\$50 after ded.
<b>Ambulance</b>	\$50/trip	No charge	\$150/trip after ded.	\$100/trip after ded.	No Charge after ded.
<b>Prescription</b>					
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
<b>Mental Health/Substance Abuse</b>					
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.
<b>Rehabilitative Therapy</b>					
Outpatient	\$15/visit	\$30/visit	\$20/visit after ded.	\$20/visit after ded.	\$40/visit after ded.
<b>Skilled Nursing</b>	No charge	\$250/day (1-3 days)	20% after ded.	\$250/admit after ded.	\$500/day after ded.
<b>Chiropractic Care</b>	\$10, up to 30 visits	\$15, up to 20 visits	NA	NA	\$15, up to 20 visits
<b>Acupuncture</b>	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.