

Travis Unified School District Western Health Advantage Plans Benefit Comparisons

Effective: January 1, 2024

Carrier Name	Western Health Advantage	Western Health Advantage	Western Health Advantage	Western Health Advantage
Plan Name	HMO - \$20 Copay	HSA \$1,800	HSA - \$2,800	Not HSA Compatible Bronze -\$4,500
General Plan Information				
Annual Deductible/Individual	\$0	\$1,800	\$2,800	\$4,500
Annual Deductible/Two-Party/Family	\$0	\$3,200/\$3,600	\$3,200/\$5,600	\$4,500/\$9,000
Office Visit/Exam - PCP/Specialist	\$20 copay	\$0 copay after deductible	\$0 copay after deductible	\$50 copay
Annual Out-of-Pocket Limit/Individual	\$1,500	\$3,600	\$2,800	\$6,350
Annual Out-of-Pocket Limit/Two-Party/Family	\$1,500/\$2,500	\$3,600/\$7,200	\$3,200/\$5,600	\$6,350/\$12,700
Outpatient Services				
Well-Child Care	\$0 copay	\$0 copay no deductible	\$0 copay no deductible	\$0 copay no deductible
Immunizations	\$0 copay	\$0 copay no deductible	\$0 copay no deductible	\$0 copay no deductible
Well Woman Exams/Mammograms	\$0 copay	\$0 copay no deductible	\$0 copay no deductible	\$0 copay no deductible
Adult Periodic Exams with Preventive Tests	\$0 copay	\$0 copay no deductible	\$0 copay no deductible	\$0 copay no deductible
Diagnostic X-Ray and Lab Tests	\$0 copay	\$0 copay after deductible	\$0 copay after deductible	\$0 copay after deductible
Pregnancy and Maternity Care (Pre-Natal Care)	\$0 copay	\$0 copay no deductible	\$0 copay no deductible	\$0 copay no deductible
Inpatient/Outpatient Hospital Services				
Inpatient Hospitalization	\$0 copay	\$0 copay after deductible	\$0 copay after deductible	40% after deductible
Outpatient Facility Charge	\$100 per visit	\$0 copay after deductible	\$0 copay after deductible	40% after deductible
Emergency Services/Urgent Care				
Emergency Room	\$100 copay waived if admitted	\$0 copay after deductible	\$0 copay after deductible	40% after deductible
Urgent Care Facility	\$35 copay	\$0 copay after deductible	\$0 copay after deductible	\$50 copay
Prescription Drug Benefits				
Retail Prescriptions				
Generic	\$10 copay	\$0 copay after deductible	\$0 copay after deductible	40% up to \$500
Brand (Formulary/Preferred)	\$30 copay	\$30 copay, after deductible	\$0 copay after deductible	40% up to \$500
Brand (Non-Formulary/Non-preferred)	\$50 copay	\$50 copay, after deductible	\$0 copay after deductible	40% up to \$500
Number of Days Supply	30 day supply	30 days	30 days	30 days
Mail Order Prescriptions				
Generic	\$25 copay	\$0 copay after deductible	\$0 copay after deductible	40% up to \$500
Brand (Formulary/Preferred)	\$75 copay	\$75 copay after deductible	\$0 copay after deductible	40% up to \$500
Brand (Non-Formulary/Non-preferred)	\$125 copay	\$125 copay after deductible	\$0 copay after deductible	40% up to \$500
Number of Days Supply for Mail Order	up to 100 days	90 days	90 days	90 days
Specialty Prescriptions	20% not to exceed \$100/Rx (30 day supply)	\$0 copay after deductible (30 day supply)	\$0 copay after deductible	40% up to \$500
Employee Premium - Less \$625 Employer Contribution				
SINGLE				
12 Months	\$285.11	\$0.00	\$0.00	\$0.00
11 Months	\$311.03	\$0.00	\$0.00	\$0.00
10 Months	\$342.13	\$0.00	\$0.00	\$0.00
TWO-PARTY				
12 Months	\$1,195.24	\$759.78	\$706.24	\$480.06
11 Months	\$1,303.90	\$828.85	\$770.44	\$523.70
10 Months	\$1,434.29	\$911.74	\$847.49	\$576.07
FAMILY				
12 Months	\$1,950.65	\$1,334.46	\$1,258.70	\$938.64
11 Months	\$2,127.98	\$1,455.77	\$1,373.13	\$1,023.97
10 Months	\$2,340.78	\$1,601.35	\$1,510.44	\$1,126.37

CONFIDENTIAL: The information contained in this chart is intended for the exclusive use of the recipient in connection with the recipient's review of this proposal. It is not intended for any other purpose. The information described on this page is only intended to be a summary of your benefits. It does not include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your Summary Plan Description (SPD) for a complete summary of your benefits. If the information on this page conflicts in any way with the SPD, the contract provisions of the appropriate policy or plan document (available through your employer) will prevail. The rates outlined are intended as a sample rate comparison only. Final rates may differ and are based upon actual enrollment, plan design(s) selected, and underwriting approval.