

Travis Unified School District Kaiser Permanente Plan Benefit Comparisons

Effective: January 1, 2025

Carrier Name	Kaiser HMO - \$10 Copay Closed to New Enrollment	Kaiser HMO - \$30 Copay	Kaiser Deductible HMO Not HSA Compatible \$10 copay	Kaiser HSA - \$1,800	Kaiser HSA - \$3,300	Kaiser Not HSA Compatible Bronze - \$4,500
General Plan Information						
Annual Deductible/Individual	\$0	\$0	\$500	\$1,800	\$3,300	\$4,500
Annual Deductible/Two-Party/Family	\$0	\$0	\$500/\$1,000	\$3,300/\$3,600	\$3,300/\$6,600	\$9,000
Office Visit/Exam/Outpatient Specialist	\$10 copay	\$30 copay	\$10 copay no deductible	\$0 copay after deductible	\$0 copay after deductible	\$50 copay after deductible
Annual Out-of-Pocket Limit/Individual	\$1,500	\$1,500	\$3,000	\$3,600	\$3,300	\$6,000
Annual Out-of-Pocket Limit/Two-Party	\$1,500/\$3,000	\$1,500/\$3,000	\$3,000/\$6,000	\$3,700/\$7,400	\$3,300/\$6,600	\$6,000/\$12,000
Outpatient Services						
Well-Child Care	\$0 copay	\$0 copay	\$0 copay no deductible	\$0 copay no deductible	\$0 copay no deductible	\$0 copay no deductible
Immunizations	\$0 copay	\$0 copay	\$0 copay no deductible	\$0 copay no deductible	\$0 copay no deductible	\$0 copay no deductible
Well Woman Exams	\$0 copay	\$0 copay	\$0 copay no deductible	\$0 copay no deductible	\$0 copay no deductible	\$0 copay no deductible
Mammograms	\$0 copay	\$0 copay	\$0 copay no deductible	\$0 copay no deductible	\$0 copay no deductible	\$0 copay no deductible
Adult Periodic Exams with Preventive	\$0 copay	\$0 copay	\$0 copay no deductible	\$0 copay no deductible	\$0 copay no deductible	\$0 copay no deductible
Diagnostic X-Ray and Lab Tests	\$0 copay	\$0 copay	\$10 copay after deductible	\$0 copay after deductible	\$0 copay after deductible	40% coinsurance after
Pregnancy and Maternity Care (Pre-Natal Care)	\$0 copay	\$0 copay	\$0 copay no deductible	\$0 copay no deductible	\$0 copay no deductible	\$0 copay no deductible
Inpatient/Outpatient Hospital Services						
Inpatient Hospitalization	\$100 per admission	\$100 per admission	10% after deductible	\$0 copay after deductible	\$0 copay after deductible	40% coinsurance after
Outpatient Facility Charge	\$10 copay	\$30 copay	10% after deductible	\$0 copay after deductible	\$0 copay after deductible	40% coinsurance after
Emergency Services/Urgent Care						
Emergency Room	\$100 copay waived if admitted	\$100 copay waived if admitted	10% after deductible	\$0 copay after deductible	\$0 copay after deductible	\$250 copay after deductible
Urgent Care Facility	\$10 copay	\$30 copay	\$10 copay no deductible	\$0 copay after deductible	\$0 copay after deductible	(40% coinsurance if admitted) \$50 copay after deductible
Prescription Drug Benefits						
Retail Prescriptions						
Generic	\$10 copay	\$10 copay	\$10 copay no deductible	\$10 copay after deductible	\$0 copay after deductible	Deductible: \$250 \$15 copay no deductible
Brand (Formulary/Preferred)	\$30 copay	\$30 copay	\$30 copay no deductible	\$30 copay after deductible	\$0 copay after deductible	\$35 copay after drug
Brand (Non-Formulary/Non-preferred)	\$30 copay	\$30 copay	\$30 copay no deductible	Same as Preferred Brand when approved through exception process	Same as Preferred Brand when approved through exception process	\$35 copay after drug deductible
Number of Days Supply	100 days	100 days	30 days	30 days	100 days	30 days
Mail Order Prescriptions						
Generic	\$10 copay	\$10 copay	\$20 copay no deductible	\$20 copay after deductible	\$0 copay after deductible	\$30 copay no drug deductible
Brand (Formulary/Preferred)	\$30 copay	\$30 copay	\$60 copay no deductible	\$60 copay after deductible	\$0 copay after deductible	\$70 copay after drug
Brand (Non-Formulary/Non-preferred)	\$30 copay	\$30 copay	\$60 copay no deductible	Same as Preferred Brand when approved through exception process	\$0 copay after deductible	\$70 copay after drug deductible
Number of Days Supply for Mail Order	100 days	100 days	100 days	100 days	100 days	100 days
	20% coinsurance, not to exceed \$150/Rx (Up to 30 day supply)	20% coinsurance, not to exceed \$150/Rx (Up to 30 days supply)	20% not to exceed \$150/Rx (Up to 30 days supply)	\$50 copay after deductible; (Up to 30 days supply)	\$0 copay after deductible; (Up to 30 days supply)	30% coinsurance, not to exceed \$150/Rx up to 30 day supply after drug deductible
Specialty Prescriptions						
Employee Premium - Less \$625 Employee Contribution						
SINGLE						
12 Months	\$811.97	\$689.42	\$422.43	\$217.29	\$194.37	\$65.89
11 Months	\$885.79	\$752.09	\$460.83	\$237.04	\$212.04	\$71.88
10 Months	\$974.36	\$827.30	\$506.92	\$260.75	\$233.24	\$79.07
TWO-PARTY						
12 Months	\$2,248.94	\$2,003.83	\$1,469.87	\$1,059.58	\$1,013.74	\$756.78
11 Months	\$2,453.39	\$2,186.00	\$1,603.49	\$1,155.91	\$1,105.90	\$825.58
10 Months	\$2,698.73	\$2,404.60	\$1,763.84	\$1,271.50	\$1,216.49	\$908.14
FAMILY						
12 Months	\$3,441.63	\$3,094.80	\$2,339.24	\$1,758.68	\$1,693.81	\$1,330.21
11 Months	\$3,754.51	\$3,376.15	\$2,551.90	\$1,918.56	\$1,847.79	\$1,451.14
10 Months	\$4,129.96	\$3,713.76	\$2,807.09	\$2,110.42	\$2,032.57	\$1,596.25