

## Travis Unified School District Western Health Advantage Plans Benefit Comparisons

Effective: January 1, 2025

Carrier Name	Western Health Advantage 0/20/0	Western Health Advantage	Western Health Advantage	Western Health Advantage
Plan Name	HMO - \$20 Copay	HSA \$1,800	HSA - \$2,800	Western Health Advantage <b>Not HSA Compatible</b> Bronze -\$4,500
<b>General Plan Information</b>				
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	\$6,500
Annual Out-of-Pocket Limit/Two-Party/Family	\$1,500/\$3,000	\$3,600/\$7,200	\$3,200/\$5,600	\$6,500/\$13,000
<b>Outpatient Services</b>				
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
<b>Inpatient/Outpatient Hospital Services</b>				
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
<b>Emergency Services/Urgent Care</b>				
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
<b>Prescription Drug Benefits</b>				
<b>Retail Prescriptions</b>				
Generic	\$10 copay	\$0 copay after deductible	\$0 copay after deductible	\$10 copay
Non-preferred generic, preferred brand name	\$30 copay	\$30 copay, after deductible	\$0 copay after deductible	\$30 copay
Non-preferred brand	\$50 copay	\$50 copay, after deductible	\$0 copay after deductible	\$50 copay
Number of Days Supply	30 days	30 days	30 days	30 days
<b>Mail Order Prescriptions</b>				
Generic	\$20 copay	\$0 copay after deductible	\$0 copay after deductible	\$20 copay
Non-preferred generic, preferred brand name	\$60 copay	\$75 copay after deductible	\$0 copay after deductible	\$60 copay
Non-preferred brand	\$100 copay	\$125 copay after deductible	\$0 copay after deductible	\$100 copay
Number of Days Supply for Mail Order	up to 100 days	up to 100 days	up to 100 days	up to 100 days
<b>Specialty Prescriptions</b>	\$100 copay/Rx (30 day supply)	\$100 copay after deductible/Rx (30 day supply)	\$0 copay after deductible/Rx (30 day supply)	\$100 copay/Rx (30 day supply)
<b>Employee Premium - Less \$625 Employer Contribution</b>				
<b>SINGLE</b>				
12 Months	\$333.92	\$104.51	\$76.31	\$0.00
11 Months	\$364.28	\$114.01	\$83.25	\$0.00
10 Months	\$400.70	\$125.41	\$91.57	\$0.00
<b>TWO-PARTY</b>				
12 Months	\$1,292.86	\$834.05	\$777.64	\$539.33
11 Months	\$1,410.39	\$909.87	\$848.33	\$588.36
10 Months	\$1,551.43	\$1,000.86	\$933.17	\$647.20
<b>FAMILY</b>				
12 Months	\$2,088.78	\$1,439.55	\$1,359.72	\$1,022.50
11 Months	\$2,278.67	\$1,570.42	\$1,483.33	\$1,115.45
10 Months	\$2,506.54	\$1,727.46	\$1,631.66	\$1,227.00