Travis Unified School District
Sutter Health Plus Plan Benefit Comparisons
Effective: July 1, 2025

Carrier Name Plan Name	Sutter Health Plus ML 78 HMO - $10 Copay Closed to New Enrollment	Sutter Health Plus ML 85 HMO - $20 Copay	Sutter Health Plus HD 39 HSA $2,500
General Plan Information			
Annual Deductible/Individual	$0	$500	$2,500
Annual Deductible/Two-Party/Family	$0	$500/$1,000	$3,300/$5,000
Office Visit/Exam/ Outpatient Specialist Visit	$10 copay	$20 copay no deductible	20% after deductible
Telehelath Visits - PCP, Specialist, MH/SUD	$5 copay	$10 copay no deductible	$10 copay no deductible
Annual Out-of-Pocket Limit/Individual	$1,500	$3,000	$4,000
Annual Out-of-Pocket Limit/Two-Party/Family	$1,500/$3,000	$3,000/$6,000	$4,000/$8,000
Outpatient Services			
Well-Child Care	$0 copay	$0 copay no deductible	$0 copay no deductible
Immunizations	$0 copay	$0 copay no deductible	$0 copay no deductible
Well Woman Exams/ Mammograms	$0 copay	$0 copay no deductible	$0 copay no deductible
Adult Periodic Exams with Preventive Tests	$0 copay	$0 copay no deductible	$0 copay no deductible
Diagnostic X-Ray and Lab Tests	$10 copay	$20 copay no deductible	20% after deductible
Pregnancy and Maternity Care (Pre-Natal Care)	$0 copay	$0 copay no deductible	$0 copay no deductible
Inpatient/Outpatient Hospital Services			
Inpatient Hospitalization	$250 copay per admission	10% after deductible	20% after deductible
Outpatient Facility Charge	$10 copay	10% after deductible	20% after deductible
Emergency Services/Urgent Care			
Emergency Room	$100 copay waived if admitted	10% after deductible, waived if admitted	20% after deductible
Urgent Care Facility	$10 copay	$20 copay no deductible	20% after deductible
Prescription Drug Benefits			
Retail Prescriptions			
Generic	$10 copay no deductible	$10 copay no deductible	$10 copay after deductible
Brand (Formulary/Preferred)	$30 copay no deductible	$30 copay no deductible	$30 copay after deductible
Brand (Non-Formulary/Non-preferred)	$60 copay no deductible	$60 copay no deductible	$60 copay after deductible
Number of Days Supply	30 days	30 days	30 days
Mail Order Prescriptions			
Generic	$20 copay no deductible	$20 copay no deductible	$20 copay after deductible
Brand (Formulary/Preferred)	$60 copay no deductible	$60 copay no deductible	$60 copay after deductible
Brand (Non-Formulary/Non-preferred)	$120 copay no deductible	$120 copay no deductible	$120 copay after deductible
Number of Days Supply for Mail Order	up to 100 days	up to 100 days	100 days
Specialty Prescriptions	20% not to exceed $100/Rx no deductible (30 day supply)	10% not to exceed $100/Rx no deductible (30 day supply)	20% after deductible not to exceed $100/RX (30 day supply)
Employee Premium - Less $640 Employer Contribution			
SINGLE			
12 Months	$560.90	$377.70	$249.30
11 Months	$611.89	$412.04	$271.96
10 Months	$673.08	$453.24	$299.16
TWO-PARTY			
12 Months	$1,810.00	$1,436.10	$1,174.20
11 Months	$1,974.55	$1,566.65	$1,280.95
10 Months	$2,172.00	$1,723.32	$1,409.04
FAMILY			
12 Months	$2,001.90	$1,598.90	$1,316.50
11 Months	$2,183.89	$1,744.25	$1,436.18
10 Months	$2,402.28	$1,918.68	$1,579.80