Travis Unified School District
Western Health Advantage Plans Benefit Comparisons
Effective: July 1, 2025

Carrier Name	Western Health Advantage	Western Health Advantage	Western Health Advantage	Western Health Advantage
	0/20/0			Not HSA Compatible
Plan Name	HMO - $20 Copay	HSA $1,800	HSA - $2,800	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	$6,500
Annual Out-of-Pocket Limit/Two-Party/Family	$1,500/$3,000	$3,600/$7,200	$3,200/$5,600	$6,500/$13,000
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	$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
Mail Order Prescriptions				
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
Specialty Prescriptions	$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)
Employee Premium - Less $640 Employer Contribution				
SINGLE				
12 Months	$318.92	$89.51	$61.31	$0.00
11 Months	$347.91	$97.65	$66.88	$0.00
10 Months	$382.70	$107.41	$73.57	$0.00
TWO-PARTY				
12 Months	$1,277.86	$819.05	$762.64	$524.33
11 Months	$1,394.03	$893.51	$831.97	$572.00
10 Months	$1,533.43	$982.86	$915.17	$629.20
FAMILY				
12 Months	$2,073.78	$1,424.55	$1,344.72	$1,007.50
11 Months	$2,262.31	$1,554.05	$1,466.97	$1,099.09
10 Months	$2,488.54	$1,709.46	$1,613.66	$1,209.00