# Travis Unified School District
# Western Health Advantage Plans Benefit Comparisons
## Effective: January 1, 2026

| 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 | $3,400/$3,600 | $3,400/$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 | $3,400/$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 | $392.68 | $107.67 | $45.05 | $0.00 |
| 11 Months | $428.38 | $117.46 | $49.15 | $0.00 |
| 10 Months | $471.22 | $129.20 | $54.06 | $0.00 |
| **TWO-PARTY** | | | | |
| 12 Months | $1,425.38 | $855.36 | $730.11 | $626.53 |
| 11 Months | $1,554.96 | $933.12 | $796.48 | $683.49 |
| 10 Months | $1,710.46 | $1,026.43 | $876.13 | $751.84 |
| **FAMILY** | | | | |
| 12 Months | $2,282.52 | $1,475.93 | $1,298.72 | $1,152.15 |
| 11 Months | $2,490.02 | $1,610.11 | $1,416.79 | $1,256.89 |
| 10 Months | $2,739.02 | $1,771.12 | $1,558.46 | $1,382.58 |

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