

Sacramento City Unified School District:
All Groups Excluding SCTA

Western Health Advantage HDHP HMO Benefit Comparison

	Current 2026 Plan	Effective January 1, 2027
Benefit Summary	Western Health Advantage HDHP HMO \$1,800 w/HSA, Rx: \$0 / \$30 / \$50 What You Pay	Western Health Advantage HDHP HMO \$1,800 w/HSA, Rx: \$0 / \$30 / \$50 What You Pay
Medical Deductible	\$1,800 / \$3,600	\$1,800 / \$3,600
Medical Out-of-Pocket Maximum (individual/family)	\$3,600 / \$7,200	\$3,600 / \$7,200
Health Account	Navia HSA	Navia HSA
PCP Office Visit	\$0 copay(after deductible)	\$0 copay(after deductible)
Specialist Office Visit	\$0 copay(after deductible)	\$0 copay(after deductible)
Preventive Care	No charge	No charge
Inpatient Hospital Care	\$0 copay(after deductible)	\$0 copay(after deductible)
Mental Health Services (outpatient/inpatient)	\$0 copay(after deductible)	\$0 copay(after deductible)
Substance Abuse Services (outpatient/inpatient)	\$0 copay(after deductible)	\$0 copay(after deductible)
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	\$0 copay(after deductible)	\$0 copay(after deductible)
Complex Radiology (PET & MRI)	\$0 copay(after deductible)	\$0 copay(after deductible)
Outpatient Surgery	\$0 copay(after deductible)	\$0 copay(after deductible)
Outpatient Physical/Rehabilitation Therapy (Office Visit)	\$0 copay(after deductible)	\$0 copay(after deductible)
Chiropractic and Acupuncture Services*	\$0 copay(after deductible) 20 visits	\$0 copay(after deductible) 20 visits
Urgent Care (Office Visit only)	\$0 copay(after deductible)	\$0 copay(after deductible)
Emergency Room (Copay waived if admitted)	\$0 copay(after deductible)	\$0 copay(after deductible)
Hearing Aid (every 36 months)	Not Covered	Not Covered
Rx Deductible (individual/family)	None	None
Rx Out-of-Pocket Maximum (individual/family)	Combined with medical	Combined with medical
Rx Formulary List	WHA Preferred	WHA Preferred
Rx Pharmacy Network	CVS Caremark	CVS Caremark
Short-Term Prescription Drugs** (up to 30-day supply)	\$0 copay(after deductible) G \$30 copay (after deductible) PB \$50 copay (after deductible) NPB	\$0 copay(after deductible) G \$30 copay (after deductible) PB \$50 copay (after deductible) NPB
Long-Term Prescription Drugs (up to 90-day supply)	\$0 copay(after deductible) G \$60 copay (after deductible) PB \$100 copay (after deductible) NPB	\$0 copay(after deductible) G \$60 copay (after deductible) PB \$100 copay (after deductible) NPB

*Chiropractic and Acupuncture services have no annual visit maximums, must be medically necessary and may be subject to prior authorization from OptumHealth.

*G = Generic, PB = Preferred Brand, NPB = Non-preferred Brand

This comparison highlights key cost differences between plans. For a complete overview of coverage, benefits, limitations, and additional plan features, please review your group's customized Benefits Guide and the applicable plan summary.

Disclaimer: Prepared by RPA San Diego on behalf of CS VEBA.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department.