



Sacramento City Unified School District:

All Groups Excluding SCTA

Western Health Advantage HMO Benefit Comparison

	Current 2026 Plan	Effective January 1, 2027
Benefit Summary	Western Health Advantage HMO \$15 / 100% What You Pay	Western Health Advantage HMO \$15 / 100% What You Pay
Medical Deductible	None	None
Medical Out-of-Pocket Maximum (individual/family)	\$1,500 / \$3,000	\$1,500 / \$3,000
Health Account	None	None
PCP Office Visit	\$15 copay	\$15 copay
Specialist Office Visit	\$15 copay	\$15 copay
Preventive Care	No charge	No charge
Inpatient Hospital Care	No charge	No charge
Mental Health Services (outpatient/inpatient)	\$15 copay / No charge	\$15 copay / No charge
Substance Abuse Services (outpatient/inpatient)	\$15 copay / No charge	\$15 copay / No charge
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge
Complex Radiology (PET & MRI)	No charge	No charge
Outpatient Surgery	\$100 copay	\$100 copay
Outpatient Physical/Rehabilitation Therapy (Office Visit)	\$15 copay	\$15 copay
Chiropractic and Acupuncture Services*	\$15 copay (20 visits)	\$15 copay (20 visits)
Urgent Care (Office Visit only)	\$20 copay	\$20 copay
Emergency Room (Copay waived if admitted)	\$100 copay	\$100 copay
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)	\$10 G \$20 PB \$30 NPB	\$10 G \$20 PB \$30 NPB
Long-Term Prescription Drugs (up to 90-day supply)	\$20 G \$40 PB \$60 NPB	\$20 G \$40 PB \$60 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.