Travis Unified School District
Western Health Advantage Plans Benefit Comparisons
Effective: January 1, 2027

Carrier Name Plan Name	Western Health Advantage 0/20/0 HMO - $20 Copay	Western Health Advantage HSA $1,800 Subject to Final IRS Limits	Western Health Advantage HSA - $2,800 Subject to Final IRS Limits	Western Health Advantage Not HSA Compatible 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	$3,300/$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 $668 Employer Contribution				
SINGLE				
12 Months	$454.72	$144.87	$76.79	$20.49
11 Months	$496.06	$158.04	$83.77	$22.35
10 Months	$545.66	$173.84	$92.15	$24.59
TWO-PARTY				
12 Months	$1,577.46	$957.76	$821.59	$708.99
11 Months	$1,720.87	$1,044.83	$896.28	$773.44
10 Months	$1,892.95	$1,149.31	$985.91	$850.79
FAMILY				
12 Months	$2,509.34	$1,632.45	$1,439.78	$1,280.45
11 Months	$2,737.46	$1,780.85	$1,570.67	$1,396.85
10 Months	$3,011.21	$1,958.94	$1,727.74	$1,536.54

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