



District Name **Sonoma County Office of Education**
 Bargaining Unit **ASCOE**

2025-2026	Blue Shield	Blue Shield	Blue Shield	Blue Shield	Kaiser	Kaiser
	100-B \$20	90-E \$20 (Non-Marketed)	80-G \$30 (Non-Marketed)	2-Tier HSA \$5,000	\$10 OV, \$10 Rx	DHMO \$500

SISC Cost Example Scenarios (PPO Plans Only)¹

Maternity Example	\$120	\$1,000	\$2,000	\$6,350		
Diabetes Example	\$120	\$1,000	\$2,000	\$6,350		
Fractured Foot Example	\$120	\$1,000	\$2,000	\$6,350		

¹Examples are based on the federal SBC examples, but updated with actual SISC Costs.

MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles (Ded)	\$100/\$300	\$300/\$600	\$500/\$1,000	\$5,000/\$10,000*	\$0	\$500/\$1,000
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,000/\$3,000	\$1,000/\$3,000	\$2,000/\$4,000	\$6,350/\$12,700*	\$1,500/\$3,000	\$3,000/\$6,000

*Includes Rx

PROFESSIONAL SERVICES

Primary Care* visit co-pay (\$0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)	\$20	\$20	\$30	Deductible, then 30% after Ded	\$10	\$20
Urgent Care co-pay	\$20	\$20	\$30	30% after Ded	\$10	\$20
Prenatal, postnatal office visit co-pay	\$20	\$20	\$30	30% after Ded	\$0	\$0
Specialists/Consultants co-pay	\$20	\$20	\$30	30% after Ded	\$10	\$20
Scans: CT, CAT, MRI, PET etc.	0% after Ded	10% after Ded	20% after Ded	30% after Ded	\$0	10% after Ded Copay up to \$50
Laboratory Procedures	0% after Ded	10% after Ded	20% after Ded	30% after Ded	\$0	\$10
Diagnostic X-rays	0% after Ded	10% after Ded	20% after Ded	30% after Ded	\$0	\$10
Infertility (Refer to Plan Document)	Not covered	Not covered	Not covered	Not covered	Co-pay applies	Co-pay applies
Preventive Care (includes physical exams & screenings)	0% after Ded Ded Waived	0% after Ded Ded Waived	0% after Ded Ded Waived	0% after Ded Ded Waived	\$0	0% after Ded Ded Waived

HOSPITAL & SKILLED NURSING FACILITY SERVICES

Emergency Room visit (copay waived if admitted) - Avg Cost: \$2,847 \$100+10%: \$375 \$100+20%: \$649	0% after Ded \$100 co-pay	10% after Ded \$100 co-pay	20% after Ded \$100 co-pay	30% after Ded \$100 co-pay	\$100	10% after Ded
Inpatient Hospital (preauthorization required) - Avg Cost for one day: \$6,067 10%: \$607 20%: \$1,213	0% after Ded	10% after Ded	20% after Ded	30% after Ded	\$0	10% after Ded
Surgery, Outpatient (performed in Surgery Center)	0% after Ded	10% after Ded	20% after Ded	30% after Ded	\$10	10% after Ded
Surgery, Outpatient (performed in a Hospital) - limits may apply	0% after Ded	10% after Ded	20% after Ded	30% after Ded	\$10	10% after Ded

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	0% after Ded	10% after Ded	20% after Ded	30% after Ded	\$0	10% after Ded
OUTPATIENT: Facility Based Care (preauth required)	0% after Ded	10% after Ded	20% after Ded	30% after Ded	\$10	10% after Ded

OTHER SERVICES

Ambulance (Ground or Air)	0% after Ded \$100 co-pay	10% after Ded \$100 co-pay	20% after Ded \$100 co-pay	30% after Ded \$100 co-pay	\$50	\$150
Acupuncture - Limits apply	0% after Ded	10% after Ded	20% after Ded	30% after Ded	\$10/30 visits (through ASH) combined w/chiro	\$10/30 visits (through ASH) combined w/chiro
Chiropractic - Limits apply	0% after Ded	10% after Ded	20% after Ded	30% after Ded	\$10/30 visits (through ASH) combined w/acu	\$10/30 visits (through ASH) combined w/acu
Physical and Occupational Therapy - Limits apply	0% after Ded	10% after Ded	20% after Ded	30% after Ded	\$10	\$20
Durable Medical Equipment (DME)	0% after Ded	10% after Ded	20% after Ded	30% after Ded	no charge	20% after Ded
Hearing Aids	Amount in excess of \$700 allowance/24 months	10% after Ded and Amount in excess of \$700 allowance/24 months	20% after Ded and Amount in excess of \$700 allowance/24 months	30% after Ded and Amount in excess of \$700 allowance/24 months	amount in excess of \$500 allowance every 36 months	amount in excess of \$500 allowance every 36 months

*Primary Care Providers (PCPs) are those without specialty certifications, practicing general pediatrics, internal medicine, family or general practice, or obstetrics and gynecology.

PHARMACY BENEFITS

Plan	Rx 7-25	Rx 7-25	Rx 9-35	Rx HSA	\$10 Rx	\$10-30 (30 day) Rx
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Kaiser	Kaiser
Individual/Family Brand & Specialty Rx Deductibles	none	none	none	Included w/ Medical ded	none	none
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	\$1,500/\$2,500	\$1,500/\$2,500	\$2,500/\$3,500	Included w/ Med OOP Max	Included w/ Med OOP Max	Included w/ Med OOP Max
Generic co-pay/30 days supply	\$0 at Costco† \$7 at Other Network	\$0 at Costco† \$7 at Other Network	\$0 at Costco† \$9 at Other Network	Deductible, then \$0 at Costco or \$9 at Other Network	\$10 up to 100 day supply	\$10 up to 30 day supply
Brand co-pay/30 days supply	\$25	\$25	\$35	Deductible, then \$35	\$10 up to 100 day supply	\$30 up to 30 day supply
Specialty co-pay/up to 30 days supply	\$25 Must Use Navitus Mail	\$25 Must Use Navitus Mail	\$35 Must Use Navitus Mail	Deductible, then \$35 (Must Use Navitus Mail)	\$10 up to 30 day supply	\$30 up to 30 day supply
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$60†	\$0-\$60†	\$0-\$90†	Deductible, then \$0-\$90	\$10-\$10/up to 100 day supply	\$20-\$60 up to 100 day supply
Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Kaiser Mail Order Pharmacy	Kaiser Mail Order Pharmacy

This comparison displays member cost-share for In-Network services. Out-of-Network services may not be covered. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Employee cost/payroll deduction, if applicable, can be requested from the district.

†Some narcotic pain and cough medications are not included in the Costco Free Generic or 90-day supply programs.