



District Name  
Bargaining Unit

Sonoma County Office of Education  
Management/Confidential/SEIU/Board

2025-2026	Blue Shield	Blue Shield	Blue Shield	Blue Shield	Kaiser	Kaiser	Kaiser	Kaiser
	100-B \$20	90-E \$20 (Non-Marketed)	80-G \$30 (Non-Marketed)	2-Tier HSA \$5,000	\$10 OV, \$10 Rx	\$20 OV, \$10-20 Rx (Non-Marketed)	DHMO \$500	HSA \$1,700 SNG

**SISC Cost Example Scenarios (PPO Plans Only)<sup>1</sup>**

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				

<sup>1</sup>Examples 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	Member Pays	Member Pays
Individual/Family Deductibles (Ded)	\$100/\$300	\$300/\$600	\$500/\$1,000	\$5,000/\$10,000*	\$0	\$0	\$500/\$1,000	\$1,700*
Individual/Family Out-of-Pocket (OOP) Max <i>(includes medical deductibles, co-insurance and co-pays)</i>	\$1,000/\$3,000	\$1,000/\$3,000	\$2,000/\$4,000	\$6,350/\$12,700*	\$1,500/\$3,000	\$1,500/\$3,000	\$3,000/\$6,000	\$3,400*

\*Includes Rx

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**PROFESSIONAL SERVICES**

Primary Care* visit co-pay (\$0 Copay for 1st 3 cal yr <i>Primary Care OV on Non-HSA PPO plans</i> )	\$20	\$20	\$30	Deductible, then 30% after Ded	\$10	\$20	\$20	Deductible, then 10% after Ded
Urgent Care co-pay	\$20	\$20	\$30	30% after Ded	\$10	\$20	\$20	10% after Ded
Prenatal, postnatal office visit co-pay	\$20	\$20	\$30	30% after Ded	\$0	\$0	\$0	\$0
Specialists/Consultants co-pay	\$20	\$20	\$30	30% after Ded	\$10	\$20	\$20	10% after Ded
Scans: CT, CAT, MRI, PET etc.	0% after Ded	10% after Ded	20% after Ded	30% after Ded	\$0	\$0	10% after Ded Copay up to \$50	10% after Ded
Laboratory Procedures	0% after Ded	10% after Ded	20% after Ded	30% after Ded	\$0	\$0	\$10	10% after Ded
Diagnostic X-rays	0% after Ded	10% after Ded	20% after Ded	30% after Ded	\$0	\$0	\$10	10% after Ded
Infertility (Refer to Plan Document)	Not covered	Not covered	Not covered	Not covered	Co-pay applies	Co-pay applies	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	0% after Ded Ded Waived	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	\$100	10% after Ded	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	\$0	10% after Ded	10% after Ded
Surgery, Outpatient (performed in Surgery Center)	0% after Ded	10% after Ded	20% after Ded	30% after Ded	\$10	\$20	10% after Ded	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	\$20	10% after Ded	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	\$0	10% after Ded	10% after Ded
OUTPATIENT: Facility Based Care (preauth required)	0% after Ded	10% after Ded	20% after Ded	30% after Ded	\$10	\$20	10% after Ded	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	\$50	\$150	10% after Ded
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	\$10/30 visits (through ASH) combined w/chiro	Requires Prior Authorization
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	\$10/30 visits (through ASH) combined w/acu	no coverage
Physical and Occupational Therapy - Limits apply	0% after Ded	10% after Ded	20% after Ded	30% after Ded	\$10	\$20	\$20	10% after Ded
Durable Medical Equipment (DME)	0% after Ded	10% after Ded	20% after Ded	30% after Ded	no charge	no charge	20% after Ded	10% 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	amount in excess of \$500 allowance every 36 months	no coverage

\*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	\$10-20 Rx (Non-Marketed)	\$10-30 (30 day) Rx	HSA \$1,700 Rx
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Kaiser	Kaiser	Kaiser	Kaiser
Individual/Family Brand & Specialty Rx Deductibles	none	none	none	Included w/ Medical ded	none	none	none	Included w/ Medical ded
Individual/Family Rx Out-of-Pocket (OOP) Max <i>(includes Rx deductibles and co-pays)</i>	\$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	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 100 day supply	\$10 up to 30 day supply	deductible, then \$10
Brand co-pay/30 days supply	\$25	\$25	\$35	Deductible, then \$35	\$10 up to 100 day supply	\$20 up to 100 day supply	\$30 up to 30 day supply	deductible, then \$30
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	\$20 up to 30 day supply	\$30 up to 30 day supply	deductible, then \$30
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	\$10-\$20/up to 100 day supply	\$20-\$60 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	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.