



## 2024-25 Medical Plan Options

Somerset Independent School District medical plan options will be offered through Cigna.

Plan Name	PPO 2000 Open Access Plus		HSA 4000 Open Access Plus		2200 Open Access Plus		3500 Open Access Plus		6000 Open Access Plus	
Network	OAP		OAP		OAP (In-Network Only)		OAP (In-Network Only)		OAP (In-Network Only)	
Deductible (AD refers to “after deductible has been met”)										
	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
In-Network	\$2,000 / \$6,000		\$4,000 / \$8,000		\$2,200 / \$4,400		\$3,500 / \$7,000		\$6,000 / \$12,000	
Out-of-Network	\$4,000 / \$12,000		\$6,500 / \$13,000		Not Covered		Not Covered		Not Covered	
Out-of-Pocket Max	Includes Deductible		Includes Deductible		Includes Deductible		Includes Deductible		Includes Deductible	
In-Network	\$8,000 / \$16,000		\$7,500 / \$15,000		\$7,000 / \$14,000		\$8,500 / \$17,000		\$9,100 / \$18,200	
Out-of-Network	\$24,000 / \$48,000		\$20,750 / \$41,500		Not Covered		Not Covered		Not Covered	
Plan Coinsurance										
In-Network	80%		70%		80%		70%		70%	
Out-of-Network	60%		50%		Not Covered		Not Covered		Not Covered	
Preventative Care										
In-Network	\$0		\$0		\$0		\$0		\$0	
Out-of-Network	40% AD		50% AD		Not Covered		Not Covered		Not Covered	
Physician Office Visit										
In-Network	\$30 copay		30% AD		\$30 copay		\$30 copay		\$50 copay	
Out-of-Network	40% AD		50% AD		Not Covered		Not Covered		Not Covered \$0	
Virtual Care	\$30 copay		30%		\$30 copay		\$30		\$50	
Specialist Office Visit										
In-Network	\$70 copay		30% AD		\$70 copay		\$70 copay		\$100 copay	
Out-of-Network	40% AD		50% AD		Not Covered		Not Covered		Not Covered	
Diagnostic Lab & Radiology Physician Office										
In-Network	\$0 Under Office Visit		\$0 Under Office Visit		\$0 Under Office Visit		\$0 Under Office Visit		\$0 Under Office Visit	
Out-of-Network	\$0 Under Office Visit		\$0 Under Office Visit		Not Covered		Not Covered		Not Covered	
Emergency Room										
In-Network	20% AD		30% AD		\$500 + \$0 AD		\$500 + \$0 AD		\$500 + \$0 AD	
Out-of-Network	20% AD		30% AD		\$500 + \$0 AD		\$500 + \$0 AD		\$500 + \$0 AD	
Urgent Care										
In-Network	\$50 copay		30% AD		\$50 copay		\$75 copay		\$100 copay	
Out-of-Network	\$50 copay		50% AD		Not Covered		Not Covered		Not Covered	
Advanced Radiology (MRI/CT/PET)										
In-Network	20% AD		30% AD		20% AD		30% AD		30% AD	
Out-of-Network	40% AD		50% AD		Not Covered		Not Covered		Not Covered	
Inpatient & Outpatient Services										
In-Network	20% AD		30% AD		20% AD		30% AD		30% AD	
Out-of-Network	40% AD		50% AD		Not Covered		Not Covered		Not Covered	
Pharmacy (CVS is Out-of-Network)										
Rx Deductible Individual/Family	\$200 / \$200		Integrated w/ Medical		\$200 / \$400		N/A		\$200 / \$400	
Pharmacy	30 Day	90 Day	30 & 90 Day		30 Day	90 Day	30 Day	90 Day	30 Day	90 Day
Generic	\$35	\$88	\$10		\$20	\$50	\$20	\$50	\$35	\$88
Preferred Brand	\$65	\$163	30% AD		\$40	\$100	\$40	\$100	\$65	\$163
Non-Preferred Brand	\$100	\$250	30% AD		\$80	\$200	\$80	\$200	\$100	\$250
Specialty	\$200		30% AD		\$200		\$200		\$200	
Out-of-Network	50%		50% AD		50%		50%		50%	