



Somerset ISD

2024-25 Medical Premiums

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
PER PAYROLL					
Employee Only	\$173.84	\$77.44	\$158.44	\$137.15	\$110.23
Employee + Spouse	\$603.82	\$392.71	\$570.11	\$523.48	\$464.52
Employee + Child(ren)	\$459.29	\$286.73	\$431.73	\$393.62	\$345.43
Employee + Family	\$892.89	\$604.65	\$846.85	\$783.19	\$702.70
MONTHLY					
Employee Only	\$347.67	\$154.87	\$316.87	\$274.29	\$220.45
Employee + Spouse	\$1,207.64	\$785.41	\$1,140.21	\$1,046.95	\$929.04
Employee + Child(ren)	\$918.57	\$573.46	\$863.46	\$787.23	\$690.86
Employee + Family	\$1,785.77	\$1,209.30	\$1,693.70	\$1,566.38	\$1,405.40