



## 2025-26 Medical Plan Options

Somerset Independent School District will continue to offer medical coverage through Cigna. Effective 9/1/2025, the PPO 2000 will be discontinued, and employees will need to elect a different plan option for the 2025-26 plan year.

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

**DISCLAIMER:** The material in this benefits overview is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. plan documents and this information, the plan documents will always govern.



# Somerset ISD

## 2025-26 Medical Premiums

Plan Name	HSA 4000 Open Access Plus	2200 Open Access Plus	3500 Open Access Plus	6000 Open Access Plus
Network	OAP	OAP In-Network Only	OAP In-Network Only	OAP In-Network Only
PER PAYROLL				
Employee Only	\$134.53	\$195.36	\$181.20	\$158.16
Employee + Spouse	\$517.74	\$650.97	\$619.95	\$569.48
Employee + Child(ren)	\$388.92	\$497.82	\$472.47	\$431.22
Employee + Family	\$775.35	\$957.25	\$914.90	\$846.00
MONTHLY				
Employee Only	\$269.06	\$390.72	\$362.40	\$316.32
Employee + Spouse	\$1035.48	\$1,301.94	\$1239.90	\$1,138.96
Employee + Child(ren)	\$777.84	\$995.64	\$994.94	\$862.44
Employee + Family	\$1,550.70	\$1,914.50	\$1,829.80	\$1,692.00