

Socorro Independent School District

2023 Benefit Plan Options



October 2023

CDHP Plan

CDHP

ACO CDHP

Main Benefits	CDHP		ACO CDHP	
	In Network*	Out network*	The Hospitals of Providence In Network*	Out network*
Deductible	\$3,200 / \$6,400	\$6,400 / \$12,800	\$3,200 / \$6,400	\$6,400 / \$12,800
Coinsurance	100%	50%	100%	50%
Out of Pocket Maximum	\$3,200 / \$6,400	Unlimited	\$3,200 / \$6,400	Unlimited
Inpatient Hospital	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Emergency Room	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Primary office visit	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Specialist office visit	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Routine Adult physical exams	No charge	50% after deductible	No charge	50% after deductible
Routine Child exams	No charge	50% after deductible	No charge	50% after deductible
Pharmacy	0% after deductible	No coverage	0% after deductible	No coverage

Base Plan

Main Benefits	Mexico Benefit	Base Plan		ACO Base Plan	
		U.S. In Network*	U.S. Out network*	Hospitals of Providence In Network*	Out network*
Deductible	\$0	\$1,250 / \$2,500	\$1,850 / \$3,700	\$1,250 / \$2,500	\$1,850 / \$3,700
Coinsurance	No Charge	80%	50%	80%	50%
Out of Pocket Maximum	\$0	\$4,600 / \$9,200	Unlimited	\$4,600 / \$9,200	Unlimited
Inpatient Hospital	No charge	20% after deductible and \$200 inpatient per confinement copay	50% after deductible and \$750 inpatient per confinement copay	20% after deductible and \$200 inpatient per confinement copay	50% after deductible and \$750 inpatient per confinement copay
Emergency Room	No charge	20% after deductible and \$250 copay	20% after deductible and \$250 copay	20% after deductible and \$250 copay	20% after deductible and \$250 copay
Primary office visit	No charge	No charge after \$30 copay	50% after deductible	No charge after \$30 copay	50% after deductible
Specialist office visit	No charge	No charge after \$40 copay	50% after deductible	No charge after \$40 copay	50% after deductible
Routine Adult physical exams	No charge	No charge	50% after deductible	No charge	50% after deductible
Routine Child exams	No charge	No charge	50% after deductible	No charge	50% after deductible
Pharmacy Generic	No charge	\$5 copay per month supply	No coverage	\$5 copay per month supply	No coverage
Brand		\$45 copay per month supply		\$45 copay per month supply	
preferred		\$90 copay per month supply		\$90 copay per month supply	
Specialty		\$110 copay per month supply*		\$110 copay per month supply*	

*Specialty medications eligible for PrudentRX program will be \$0 copay when member enrolls in the PrudentRX program, otherwise will be 30% coinsurance



Premier Plan

Main Benefits	Mexico Benefit	Premier Plan		ACO Premier Plan	
		U.S. In Network*	U.S. Out network*	Hospitals of Providence In Network*	Out network*
Deductible	\$0	\$700 / \$1,400	\$1,050 / \$2,100	\$700 / \$1,400	\$1,050 / \$2,100
Coinsurance	No Charge	90%	50%	90%	50%
Out of Pocket Maximum	\$0	\$3,900 / \$7,800	Unlimited	\$3,900 / \$7,800	Unlimited
Inpatient Hospital	No charge	10% after deductible and \$200 inpatient per confinement copay	50% after deductible and \$750 inpatient per confinement copay	10% after deductible and \$200 inpatient per confinement copay	50% after deductible and \$750 inpatient per confinement copay
Emergency Room	No charge	10% after deductible and \$250 copay	10% after deductible and \$250 copay	10% after deductible and \$250 copay	10% after deductible and \$250 copay
Primary office visit	No charge	No charge after \$25 copay	50% after deductible	No charge after \$25 copay	50% after deductible
Specialist office visit	No charge	No charge after \$25 copay	50% after deductible	No charge after \$25 copay	50% after deductible
Routine Adult physical exams	No charge	No charge	50% after deductible	No charge	50% after deductible
Routine Child exams	No charge	No charge	50% after deductible	No charge	50% after deductible
Pharmacy Generic	Non- No charge	\$5 copay per month supply	No coverage	\$5 copay per month supply	No coverage
Brand		\$40 copay per month supply		\$40 copay per month supply	
preferred		\$85 copay per month supply		\$85 copay per month supply	
Specialty		\$110 copay per month supply*		\$110 copay per month supply*	

*Specialty medications eligible for PrudentRX program will be \$0 copay when member enrolls in the PrudentRX program, otherwise will be 30% coinsurance

Count on us to:



**Make your
plan effective
01-01-2023**



Give new members ID cards
within **10 days** of when we get
your information*

*Existing members requesting copies will receive digital ID cards.



Keep you informed
about your health plan
and benefits on your
Aetna® member website



Answer your questions
through your member website
or by phone at
855-513-9865

