

## 2025 SmartHealth Medical Plan Options

SmartHealth PPO Copay Plan Option							SmartHealth EPO Plan Option						SmartHealth HDHP Option						
	Ascension Network		National Network		Out-of-Network		Ascension Network						Ascension Network		National Network		Out-of-Network		
<b>Annual Deductible</b>	<i>All eligible expenses apply toward all deductibles.</i>						<i>All eligible expenses apply toward all deductibles.</i>						<i>All eligible expenses apply toward all deductibles.</i>						
Single	\$1,000		\$4,000		\$6,000		\$500						\$2,500		\$7,500		\$10,000		
Family	\$2,000		\$8,000		\$12,000		\$1,000						\$5,000		\$15,000		\$20,000		
<b>Total Annual OOP max including Deductible</b>	<i>All eligible expenses apply toward all OOP maximums. Copays do not apply to the deductible.</i>						<i>All eligible expenses apply toward all OOP maximums.</i>						<i>All eligible expenses apply toward all OOP maximums.</i>						
Single	\$4,500		\$9,200		\$12,500		\$4,500						\$4,500		\$9,200		\$13,000		
Family	\$9,000		\$18,400		\$25,000		\$9,000						\$9,000		\$18,400		\$26,000		
<b>Inpatient/Outpatient Services</b>	<b>Copay/Coinsurance</b>						<b>Copay/Coinsurance</b>						<b>Copay/Coinsurance</b>						
Inpatient Hospital Services	20% after deductible		40% after deductible		50% after deductible		15% after deductible						15% after deductible		40% after deductible		50% after deductible		
Outpatient Services (i.e. Lab, Radiology)	20% after deductible		40% after deductible		50% after deductible		15% after deductible						15% after deductible		40% after deductible		50% after deductible		
Urgent Care	\$50 copay		\$75 copay		\$200 copay after deductible		\$50 Copay						15% after deductible		\$200 copay after deductible		\$200 copay after National Network deductible		
Emergency Room Visit	\$500 copay		\$500 copay		\$500 copay		\$500 Copay						15% after deductible		15% after Ascension Network deductible		15% after Ascension Network deductible		
<b>Physician Office Services</b>	<b>Copay/Coinsurance</b>						<b>Copay/Coinsurance</b>						<b>Copay/Coinsurance</b>						
Primary Care Visits (Family Practice/General Internal Medicine/Pediatrics)	\$30 copay		40% after deductible		50% after deductible		\$10 Copay						15% after deductible		40% after deductible		50% after deductible		
Specialist Visits	\$60 copay		40% after deductible		50% after deductible		\$25 Copay						15% after deductible		40% after deductible		50% after deductible		
Mental Health Visits (Individual therapy/ group therapy/ e-visits)	\$30 copay		\$30 copay		50% after deductible		\$10 Copay						15% after deductible		15% after Ascension Network deductible		50% after deductible		
<b>Therapy</b> (Physical/Speech/Occupational) Annual max: 60 visits	20% after deductible		40% after deductible		50% after deductible		15% after deductible						15% after deductible		40% after deductible		50% after deductible		
<b>Chiropractic Office Visit</b> Annual max: 35 visits	\$35 copay		40% after deductible		50% after deductible		\$30 Copay						15% after deductible		40% after deductible		50% after deductible		
<b>Preventive Health Care</b> Adult/Child & Immunizations	\$0		\$0		50% after deductible		\$0						\$0		\$0		50% after deductible		
<b>Prescription Drugs</b>	<i>Prescription drugs do not count toward deductibles.</i>						<i>Prescription drugs do not count toward deductibles.</i>						<i>Before satisfying the deductible, the full cost of prescription drugs count toward the deductible. After satisfying the deductible, you pay these co-pays until you reach your OOP maximum.</i>						
	<b>ARx 30-day supply</b>	<b>ARx 90-day supply</b>	<b>Retail 30-day supply</b>	<b>ARx Home Delivery 90-day</b>	<b>ARx Specialty 30-day Generic &amp; Preferred</b>	<b>ARx Specialty 30-day Non-Pref</b>	<b>ARx 30-day supply</b>	<b>ARx 90-day supply</b>	<b>Retail 30-day supply</b>	<b>ARx Home Delivery 90-day</b>	<b>ARx Specialty 30-day Generic &amp; Preferred</b>	<b>ARx Specialty 30-day Non-Pref</b>	<b>ARx 30-day supply</b>	<b>ARx 90-day supply</b>	<b>Retail 30-day supply</b>	<b>ARx Home Delivery 90-day</b>	<b>ARx Specialty 30-day Generic &amp; Preferred</b>	<b>ARx Specialty 30-day Non-Pref</b>	
Generic	Up to \$25.00	Up to \$75.00	Up to \$30.00	Up to \$40.00	N/A	N/A	Up to \$25.00	Up to \$75.00	Up to \$30.00	Up to \$40.00	N/A	N/A	Up to \$25.00	Up to \$75.00	Up to \$30.00	Up to \$40.00	N/A	N/A	
Preferred Brand name	20% (min \$0/ max \$65)	20% (min \$0/ max \$200)	25% (min \$0/ max \$125)	20% (min \$0/ max \$100)	N/A	N/A	20% (min \$0/ max \$65)	20% (min \$0/ max \$200)	25% (min \$0/ max \$125)	20% (min \$0/ max \$100)	N/A	N/A	20% (min \$0/ max \$65)	20% (min \$0/ max \$200)	25% (min \$0/ max \$125)	20% (min \$0/ max \$100)	N/A	N/A	
Non-preferred Brand Name	30% (min \$0/ max \$165)	30% (min \$0/ max \$500)	35% (min \$0/ max \$175)	30% (min \$0/ max \$250)	N/A	N/A	30% (min \$0/ max \$165)	30% (min \$0/ max \$500)	35% (min \$0/ max \$175)	30% (min \$0/ max \$250)	N/A	N/A	30% (min \$0/ max \$165)	30% (min \$0/ max \$500)	35% (min \$0/ max \$175)	30% (min \$0/ max \$250)	N/A	N/A	
Specialty	N/A	N/A	N/A	N/A	40% (max \$200/\$250)	40% (max \$400)	N/A	N/A	N/A	N/A	40% (max \$200/\$250)	40% (max \$400)	N/A	N/A	N/A	N/A	40% (max \$200/\$250)	40% (max \$400)	
<b>Biweekly Premiums</b>																			
<b>Annual Pay Band</b>	\$46,000.00 or less	\$46,000.01-\$108,000.00	\$108,000.01-\$223,000.00	\$223,000.01-\$349,000.00	\$349,000.01 or more	Part-time (all bands)	\$46,000.00 or less	\$46,000.01-\$108,000.00	\$108,000.01-\$223,000.00	\$223,000.01-\$349,000.00	\$349,000.01 or more	Part-time (all bands)	\$46,000.00 or less	\$46,000.01-\$108,000.00	\$108,000.01-\$223,000.00	\$223,000.01-\$349,000.00	\$349,000.01 or more	Part-time (all bands)	
Associate	\$45.00	\$66.00	\$81.00	\$104.00	\$139.00	\$139.00	\$34.50	\$55.50	\$69.00	\$88.25	\$120.25	\$120.25	\$31.00	\$52.00	\$65.00	\$83.00	\$114.00	\$114.00	
Associate Plus Spouse or Associate Plus LDB	\$114.00	\$164.53	\$209.02	\$249.00	\$318.51	\$286.00	\$93.00	\$141.63	\$177.51	\$213.00	\$284.38	\$264.25	\$86.00	\$134.00	\$167.00	\$201.00	\$273.00	\$257.00	
Associate Plus Child(ren)	\$73.00	\$121.00	\$151.00	\$177.58	\$242.00	\$222.58	\$61.00	\$103.00	\$130.00	\$156.15	\$212.00	\$204.90	\$57.00	\$97.00	\$123.00	\$149.00	\$202.00	\$199.00	
Associate Plus Family or Children/LDB	\$162.10	\$226.00	\$305.00	\$364.00	\$417.00	\$360.00	\$125.68	\$194.50	\$262.25	\$315.25	\$369.75	\$320.80	\$113.54	\$184.00	\$248.00	\$299.00	\$354.00	\$307.73	

**Note:** Tobacco Surcharge: If you or a covered family member use tobacco products, a \$50 surcharge will be deducted biweekly from your paycheck.  
**Spousal Surcharge:** If your spouse or legally-domiciled beneficiary (LDB) has access to employer-sponsored medical insurance coverage outside of Ascension, a spousal surcharge will be deducted biweekly from your paycheck.