

2025 SmartHealth Medical Plan Options

SmartHealth PPO OLP Bronze Plan Option							SmartHealth PPO OLP Silver Plan Option						SmartHealth PPO OLP Gold Plan Option						
	Ascension Network		National Network		Out-of-Network		Ascension Network		National Network		Out-of-Network		Ascension Network		National Network		Out-of-Network		
Annual Deductible	<i>All eligible expenses apply toward all deductibles.</i>						<i>All eligible expenses apply towards all deductibles.</i>						<i>All eligible expenses apply toward all deductibles.</i>						
Single	N/A		N/A		\$1,000		N/A		N/A		\$1,000		N/A		N/A		\$500		
Family	N/A		N/A		\$2,000		N/A		N/A		\$2,000		N/A		N/A		\$1,000		
Total Annual OOP max including Deductible	<i>All eligible expenses apply toward all OOP maximums. Note: copays do not apply to the deductible, but are counted toward OOP maximums.</i>						<i>All eligible expenses apply toward all OOP maximums. Note: copays do not apply to the deductible, but are counted towards OOP maximums.</i>						<i>All eligible expenses apply toward all OOP maximums. Note: copays do not apply to the deductible, but are counted towards the OOP maximums.</i>						
Single	\$6,350		\$6,350		\$10,000		\$6,350		\$6,350		\$10,000		\$3,000		\$3,000		\$3,000		
Family	\$12,700		\$12,700		\$20,000		\$12,700		\$12,700		\$20,000		\$6,000		\$6,000		\$6,000		
Inpatient/Outpatient Services	Copay/Coinsurance						Copay/Coinsurance						Copay/Coinsurance						
Inpatient Hospital Services	\$750 copay - Adult \$0 Copay - Child		\$750 copay - Adult \$0 copay - Child		20% after deductible		\$750 copay		\$750 copay		20% after deductible		\$0 copay		\$250 copay		30% after deductible		
Outpatient Services (i.e. Pathology, Radiology, X-Rays)	\$25 copay		\$25 copay		20% after deductible		\$25 copay		\$25 copay		20% after deductible		\$0 copay		\$0 copay \$10 copay - X-Ray		30% after deductible		
Urgent Care	\$35 copay		\$35 copay		20% after deductible		\$35 copay		\$35 copay		20% after deductible		\$0 copay		\$35 copay		30% after deductible		
Emergency Room Visit (waived if admitted)	\$150 copay		\$150 copay		\$150 copay		\$150 copay		\$150 copay		\$150 copay		\$150 copay		\$150 copay		\$150 copay		
Physician Office Services	Copay/Coinsurance						Copay/Coinsurance						Copay/Coinsurance						
Primary Care Visits (Family Practice/General Internal Medicine/Pediatrics)	\$15 copay - Adult \$0 copay - Child		\$15 copay - Adult \$0 copay - Child		20% after deductible		\$10 copay - Adult \$25 copay - Child		\$10 copay - Adult \$25 copay - Child		20% after deductible		\$10 copay		\$10 copay		30% after deductible		
Specialist Visits	\$25 copay		\$25 copay		20% after deductible		\$25 Copay		\$25 copay		20% after deductible		\$10 copay		\$10 copay		30% after deductible		
Mental Health Visits (Individual therapy/ group therapy/ e-visits)	\$15 copay - Adult \$0 copay - Child		\$15 copay - Adult \$0 copay - Child		20% after deductible		\$10 copay - Adult \$25 copay - Child		\$10 copay - Adult \$25 copay - Child		20% after deductible		\$10 copay		\$10 copay		30% after deductible		
Therapy (Physical/Speech/Occupational) Annual max: 60 visits	\$25 copay		\$25 copay		20% after deductible		\$25 copay		\$25 copay		20% after deductible		\$10 copay		\$10 copay		\$10 copay		
Chiropractic Office Visit Annual max: 35 visits	\$25 copay		\$25 copay		\$25 copay		\$25 copay		\$25 copay		\$25 copay		\$10 copay		\$10 copay		\$10 copay		
Preventive Health Care Adult/Child & Immunizations	\$0 copay		\$0 copay		Not covered		\$0 copay		\$0 copay		Not covered		\$0 copay		\$0 copay		Not covered		
Prescription Drugs	<i>Prescription drugs do not count toward deductibles.</i>						<i>Prescription drugs do not count toward deductibles.</i>						<i>Prescription drugs have separate OOP max - \$6,450 Single/ \$12,900 Family</i>						
	ARx 30-day supply	ARx 90-day supply	Retail 30-day supply	ARx Home Delivery 90-day	ARx Specialty 30-day		ARx 30-day supply	ARx 90-day supply	Retail 30-day supply	ARx Home Delivery 90-day	ARx Specialty 30-day		ARx 30-day supply	ARx 90-day supply	Retail 30-day supply	ARx Home Delivery 90-day	ARx Specialty 30-day		
Generic	\$10	\$25	\$10	\$25	N/A		\$10	\$25	\$10	\$25	N/A		\$0	\$0	\$4	\$10	N/A		
Preferred Brand name	\$20	\$50	\$20	\$50	N/A		\$20	\$50	\$20	\$50	N/A		\$0	\$0	\$15	\$37.50	N/A		
Non-preferred Brand Name	\$35	\$87.50	\$35	\$87.50	N/A		\$35	\$87.50	\$35	\$87.50	N/A		\$0	\$0	\$30	\$87.50	N/A		
Specialty	N/A	N/A	N/A	N/A	\$35		N/A	N/A	N/A	N/A	\$35		N/A	N/A	N/A	N/A	\$0		
Biweekly Premiums																			
Annual Pay Band	\$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	\$11.95	\$14.94	\$17.93	\$20.91	\$20.91	\$104.60	\$12.01	\$15.01	\$18.01	\$21.01	\$21.01	\$105.04	\$46.55	\$49.88	\$53.20	\$56.54	\$56.54	\$116.39	
Associate Plus Spouse or Associate Plus LDB	\$57.98	\$63.98	\$70.39	\$76.79	\$76.79	\$223.94	\$57.84	\$64.25	\$70.68	\$77.10	\$77.10	\$224.89	\$128.20	\$137.12	\$142.45	\$149.58	\$149.58	\$249.29	
Associate Plus Child(ren)	\$46.38	\$51.54	\$56.70	\$61.85	\$61.85	\$180.39	\$46.58	\$51.76	\$56.94	\$62.10	\$62.10	\$181.13	\$103.27	\$110.44	\$114.73	\$120.46	\$120.46	\$200.78	
Associate Plus Family or Associate Plus Children/LDB	\$83.21	\$92.46	\$101.71	\$110.96	\$110.96	\$323.60	\$83.56	\$92.84	\$102.12	\$111.41	\$111.41	\$324.94	\$185.27	\$198.14	\$205.86	\$216.15	\$216.15	\$360.26	

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.