Ascension

SmartHealth

2024 SmartHealth Medical Plan Options

	SmartHealth PPO Copay Plan Option			SmartHealth HDHP Option		
	Ascension Network	**National Network**	**Out-of-Network**	**Ascension Network**	**National Network**	**Out-of-Network**
Annual Deductible	*All eligible expenses apply toward all deductibles.*			*All eligible expenses apply toward all deductibles.*		
Single	$750	$3,000	$5,000	$2,000	$6,000	$10,000
Family	$1,500	$6,000	$10,000	$4,000	$12,000	$20,000
Total Annual OOP max including Deductible	*All eligible expenses apply toward all OOP maximums. Copays do not apply to the deductible.*			*All eligible expenses apply toward all OOP maximums.*		
Single	$4,000	$9,450	$12,500	$3,500	$8,050	$12,000
Family	$8,000	$18,900	$25,000	$7,000	$16,100	$24,000
Inpatient/Outpatient Services	**Copay/Coinsurance**			**Copay/Coinsurance**		
Inpatient Hospital Services	20% after deductible	40% after deductible	50% 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	40% after deductible	50% after deductible
Urgent Care	$75 copay	$200 copay after deductible	$200 copay after National Network deductible	15% after deductible	$200 copay after deductible	$200 copay after National Network deductible
Emergency Room Visit	$500 copay	$500 copay	$500 copay	15% after deductible	15% after Ascension Network deductible	15% after Ascension Network deductible
Physician Office Services	**Copay/Coinsurance**			**Copay/Coinsurance**		
Primary Care Visits (Family Practice/General Internal Medicine/Pediatrics)	$30 copay	40% after deductible	50% after deductible	15% after deductible	40% after deductible	50% after deductible
Specialist Visits	$60 copay	40% after deductible	50% after deductible	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	15% after deductible	15% after Ascension Network deductible	50% after deductible
Therapy (Physical/Speech/Occupational) Annual max: 60 visits	20% after deductible	40% after deductible	50% after deductible	15% after deductible	40% after deductible	50% after deductible
Chiropractic Office Visit Annual max: 35 visits	$35 copay	40% after deductible	50% after deductible	15% after deductible	40% after deductible	50% after deductible
Preventive Health Care Adult/Child & Immunizations	$0	$0	50% after deductible	$0	$0	50% after deductible
Prescription Drugs	*Prescription drugs do not count toward deductibles.*			*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.*		
	ARx 30-day	**ARx 90-day**	**Retail 30-day**	**ARx Home Delivery 90-day**	**ARx Specialty 30-day Generic & Preferred**	**ARx Specialty 30-day Non-Preferred**
Generic	Up to $20.00	Up to $60.00	Up to $25.00	Up to $30.00	N/A	N/A
Preferred Brand name	20% (min $0/ max $50)	20% (min $0/ max $150)	25% (min $0/ max $100)	20% (min $0/ max $75)	N/A	N/A
Non-preferred Brand Name	30% (min $0/ max $150)	30% (min $0/ max $450)	35% (min $0/ max $150)	30% (min $0/ max $225)	N/A	N/A
Specialty	N/A	N/A	N/A	N/A	40% (max $200)	40% (max $350)
Biweekly Premiums						
Annual Pay Band	$44,000.00 or less	$44,000.01 - $104,000.00	$104,000.01 - $215,000.00	$215,000.01 - $337,000.00	$337,000.01 or more	Part-time (all bands)
Associate	$44.17	$66.00	$81.00	$99.00	$139.00	$139.00
Associate Plus Spouse or Associate Plus LDB	$96.02	$163.00	$203.00	$243.00	$276.88	$279.22
Associate Plus Child(ren)	$65.36	$117.11	$151.00	$176.00	$224.18	$211.00
Associate Plus Family or Associate Plus Children/LDB	$128.92	$209.35	$256.82	$316.43	$346.43	$360.00

	ARx 30-day	ARx 90-day	Retail 30-day	ARx Home Delivery 90–day	ARx Specialty 30–day Generic & Preferred	ARx Specialty 30-day Non-Preferred
Generic	Up to $20.00	Up to $60.00	Up to $25.00	Up to $30.00	N/A	N/A
Preferred Brand name	20% (min $0/ max $50)	20% (min $0/ max $150)	25% (min $0/ max $100)	20% (min $0/ max $75)	N/A	N/A
Non-preferred Brand Name	30% (min $0/ max $150)	30% (min $0/ max $450)	35% (min $0/ max $150)	30% (min $0/ max $225)	N/A	N/A
Specialty	N/A	N/A	N/A	N/A	40% (max $200)	40% (max $350)
Biweekly Premiums						
Annual Pay Band	$44,000.00 or less	$44,000.01 - $104,000.00	$104,000.01 - $215,000.00	$215,000.01 - $337,000.00	$337,000.01 or more	Part-time (all bands)
Associate	$31.00	$52.00	$65.00	$80.00	$114.00	$114.00
Associate Plus Spouse or Associate Plus LDB	$69.83	$134.00	$167.00	$201.00	$248.37	$257.00
Associate Plus Child(ren)	$47.41	$97.00	$123.00	$145.00	$202.00	$202.00
Associate Plus Family or Associate Plus Children/LDB	$89.90	$173.88	$214.47	$269.55	$299.55	$316.71

Notes: Tobacco Surcharge: If you or a covered family member use tobacco products, a $30 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.

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