

2024 SmartHealth Medical Plan Options

SmartHealth PPO Copay Plan Option							SmartHealth HDHP Option					
	Ascension Network		BlueChoice Options Network (IL)		Out-of-Network		Ascension Network		BlueChoice Options Network (IL)		Out-of-Network	
Annual Deductible	<i>All eligible expenses apply toward all deductibles.</i>						<i>All eligible expenses apply toward all deductibles.</i>					
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	<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>					
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 BlueChoice Options Network (IL) deductible		15% after deductible		\$200 copay after deductible		\$200 copay after Blue Choice Options Network (IL) 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	<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>					
	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	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	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	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	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)	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)	\$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	\$68.92	\$76.61	\$81.73	\$99.00	\$139.00	\$131.70	\$52.52	\$60.09	\$65.13	\$80.00	\$114.00	\$114.33
Associate Plus Spouse or Associate Plus LDB	\$138.59	\$158.56	\$171.88	\$230.20	\$260.20	\$242.26	\$102.41	\$121.90	\$134.90	\$192.89	\$222.89	\$203.56
Associate Plus Child(ren)	\$129.88	\$148.32	\$159.94	\$176.00	\$235.96	\$216.11	\$101.77	\$120.12	\$131.68	\$145.00	\$202.00	\$187.56
Associate Plus Family or Associate Plus Children/LDB	\$199.54	\$230.28	\$250.76	\$316.25	\$346.25	\$356.01	\$142.08	\$171.20	\$190.61	\$255.03	\$285.03	\$290.33
Notes: Tobacco Surcharge: If you or a covered family member use tobacco products, a \$30 surcharge will be deducted biweekly from your paycheck.												