

2024 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		
Annual Deductible	<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	\$750		\$3,000		\$5,000		\$0						\$2,000		\$6,000		\$10,000		
Family	\$1,500		\$6,000		\$10,000		\$0						\$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>						<i>All eligible expenses apply toward all OOP maximums.</i>						
Single	\$4,000		\$9,450		\$12,500		\$3,000						\$3,500		\$8,050		\$12,000		
Family	\$8,000		\$18,900		\$25,000		\$6,000						\$7,000		\$16,100		\$24,000		
Inpatient/Outpatient Services	Copay/Coinsurance						Copay/Coinsurance						Copay/Coinsurance						
Inpatient Hospital Services	20% after deductible		40% after deductible		50% after deductible		\$600 Copay						15% after deductible		40% after deductible		50% after deductible		
Outpatient Services (i.e. Lab, Radiology)	20% after deductible		40% after deductible		50% after deductible		\$75 Copay						15% after deductible		40% after deductible		50% after deductible		
Urgent Care	\$75 copay		\$200 copay after deductible		\$200 copay after National Network deductible		\$75 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		
Physician Office Services	Copay/Coinsurance						Copay/Coinsurance						Copay/Coinsurance						
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		
Therapy (Physical/Speech/Occupational) Annual max: 60 visits	20% after deductible		40% after deductible		50% after deductible		\$10 Copay (Physical Therapy) \$25 Copay (Speech/ Occupational Therapy)						15% after deductible		40% after deductible		50% after deductible		
Chiropractic Office Visit Annual max: 35 visits	\$35 copay		40% after deductible		50% after deductible		\$30 Copay						15% after deductible		40% after deductible		50% after deductible		
Preventive Health Care Adult/Child & Immunizations	\$0		\$0		50% after deductible		\$0						\$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>						<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 supply	ARx 90-day supply	Retail 30-day supply	ARx Home Delivery 90-day	ARx Specialty 30-day Generic & Preferred	ARx Specialty 30-day Non-Pref	ARx 30-day supply	ARx 90-day supply	Retail 30-day supply	ARx Home Delivery 90-day	ARx Specialty 30-day Generic & Preferred	ARx Specialty 30-day Non-Pref	ARx 30-day supply	ARx 90-day supply	Retail 30-day supply	ARx Home Delivery 90-day	ARx Specialty 30-day Generic & Preferred	ARx Specialty 30-day Non-Pref	
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	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	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	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)	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)	\$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	\$45.00	\$66.00	\$81.00	\$99.00	\$139.00	\$139.00	\$34.50	\$55.50	\$69.00	\$84.75	\$120.25	\$120.25	\$31.00	\$52.00	\$65.00	\$80.00	\$114.00	\$114.00	
Associate Plus Spouse or Associate Plus LDB	\$100.69	\$154.56	\$200.65	\$243.00	\$286.75	\$251.75	\$80.09	\$133.25	\$175.41	\$211.50	\$264.31	\$229.13	\$73.22	\$126.15	\$167.00	\$201.00	\$256.83	\$221.59	
Associate Plus Child(ren)	\$71.10	\$119.00	\$151.00	\$176.00	\$231.00	\$202.57	\$55.85	\$102.50	\$130.00	\$152.75	\$209.25	\$185.43	\$50.76	\$97.00	\$123.00	\$145.00	\$202.00	\$179.71	
Associate Plus Family or Children/LDB	\$135.98	\$204.98	\$263.17	\$322.98	\$352.98	\$326.36	\$107.20	\$173.54	\$227.85	\$290.43	\$320.43	\$289.12	\$97.61	\$163.06	\$216.07	\$279.58	\$309.58	\$276.70	

Note: 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.