

2024 SmartHealth Medical Plan Options

	SmartHealth PPO Copay Plan Option						SmartHealth HDHP Option						
	Ascensio	n Network		Network		f-Network Ascensio							
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	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	0 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	r deductible 15% after		deductible	ble 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	er 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	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 I						Premiums						
Annual Pay Band	\$49,000.00 or less	\$49,000.01 - \$104,000.00	\$104,000.01 - \$215,000.00	\$215,000.01 - \$337,000.00	\$337,000.01 or more	Part-time (all bands)	\$49,000.00 or less	\$49,000.01 - \$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	\$31.00	\$52.00	\$65.00	\$80.00	\$114.00	\$114.00	
Associate Plus Spouse or Associate Plus LDB	\$100.40	\$148.20	\$197.00	\$243.00	\$287.73	\$259.00	\$71.95	\$119.20	\$167.00	\$201.00	\$253.60	\$222.82	
Associate Plus Child(ren)	\$70.38	\$119.00	\$151.00	\$176.00	\$231.00	\$202.97	\$49.37	\$97.00	\$123.00	\$145.00	\$202.00	\$185.82	
Associate Plus Family or Associate Plus Children/LDB	\$131.87	\$186.77	\$259.57	\$330.30	\$360.30	\$331.41	\$90.48	\$144.13	\$210.83	\$278.88	\$308.88	\$274.32	
Notes: Tobacco Surcharge: If you or a covered family member	r use tobacco produ	cts. a \$30 surchard	ne will be deducted	biweekly from you	r pavcheck.								

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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.