

2025 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 | \$1,000 | | \$4,000 | | \$6,000 | | \$500 | | | | | | \$2,500 | | \$7,500 | | \$10,000 | |
| Family | \$2,000 | | \$8,000 | | \$12,000 | | \$1,000 | | | | | | \$5,000 | | \$15,000 | | \$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 | \$4,500 | | \$9,200 | | \$12,500 | | \$4,500 | | | | | | \$4,500 | | \$9,200 | | \$13,000 | |
| Family | \$9,000 | | \$18,400 | | \$25,000 | | \$9,000 | | | | | | \$9,000 | | \$18,400 | | \$26,000 | |
| Inpatient/Outpatient Services | Copay/Coinsurance | | | | | | Copay/Coinsurance | | | | | | Copay/Coinsurance | | | | | |
| Inpatient Hospital Services | 20% after deductible | | 40% after deductible | | 50% after deductible | | 15% 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 | | | | | | 15% after deductible | | 40% after deductible | | 50% after deductible | |
| Urgent Care | \$50 copay | | \$75 copay | | \$200 copay after deductible | | \$50 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 | | 15% 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 | | \$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>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 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 \$25.00 | Up to \$75.00 | Up to \$30.00 | Up to \$40.00 | N/A | N/A | Up to \$25.00 | Up to \$75.00 | Up to \$30.00 | Up to \$40.00 | N/A | N/A | Up to \$25.00 | Up to \$75.00 | Up to 30.00 | Up to \$40.00 | N/A | N/A |
| Preferred Brand name | 20% (min \$0/ max \$65) | 20% (min \$0/ max \$200) | 25% (min \$0/ max \$125) | 20% (min \$0/ max \$100) | N/A | N/A | 20% (min \$0/ max \$65) | 20% (min \$0/ max \$200) | 25% (min \$0/ max \$125) | 20% (min \$0/ max \$100) | N/A | N/A | 20% (min \$0/ max \$65) | 20% (min \$0/ max \$200) | 25% (min \$0/ max \$125) | 20% (min \$0/ max \$100) | N/A | N/A |
| Non-preferred Brand Name | 30% (min \$0/ max \$165) | 30% (min \$0/ max \$500) | 35% (min \$0/ max \$175) | 30% (min \$0/ max \$250) | N/A | N/A | 30% (min \$0/ max \$165) | 30% (min \$0/ max \$500) | 35% (min \$0/ max \$175) | 30% (min \$0/ max \$250) | N/A | N/A | 30% (min \$0/ max \$165) | 30% (min \$0/ max \$500) | 35% (min \$0/ max \$175) | 30% (min \$0/ max \$250) | N/A | N/A |
| Specialty | N/A | N/A | N/A | N/A | 40% (max \$200/\$250) | 40% (max \$400) | N/A | N/A | N/A | N/A | 40% (max \$200/\$250) | 40% (max \$400) | N/A | N/A | N/A | N/A | 40% (max \$200/\$250) | 40% (max \$400) |
| 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 | \$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 \$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.