

2025 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	\$1,000		\$4,000		\$6,000		\$2,500		\$7,500		\$10,000	
Family	\$2,000		\$8,000		\$12,000		\$5,000		\$15,000		\$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	\$4,500		\$9,200		\$12,500		\$4,500		\$9,200		\$13,000	
Family	\$9,000		\$18,400		\$25,000		\$9,000		\$18,400		\$26,000	
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	\$50 copay		\$75 copay		\$200 copay after 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	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 \$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
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
Specialty	N/A	N/A	N/A	N/A	40% (max \$200) 40% (max \$250)	40% (max \$400)	N/A	N/A	N/A	N/A	40% (max \$200) 40% (max \$250)	40% (max \$400)
Biweekly Premiums												
Annual Pay Band	\$61,000.00 or less	\$61,000.01 - \$108,000.00	\$108,000.01 - \$223,000.00	\$223,000.01 - \$349,000.00	\$349,000.01 or more	Part-time (all bands)	\$61,000.00 or less	\$61,000.01 - \$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	\$39.30	\$66.00	\$81.00	\$99.00	\$139.00	\$132.11	\$21.19	\$52.00	\$65.00	\$80.00	\$114.00	\$114.00
Associate Plus Spouse or Associate Plus LDB	\$78.56	\$157.26	\$203.00	\$243.00	\$330.04	\$224.87	\$39.07	\$113.00	\$167.00	\$201.00	\$273.00	\$191.46
Associate Plus Child(ren)	\$57.86	\$117.76	\$151.00	\$176.00	\$242.00	\$172.12	\$31.35	\$84.61	\$123.00	\$145.00	\$202.00	\$147.65
Associate Plus Family or Associate Plus Children/LDB	\$99.88	\$196.59	\$274.17	\$364.00	\$483.54	\$273.85	\$47.13	\$135.13	\$223.60	\$299.00	\$411.00	\$224.38
Notes: 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.												