

## 2023 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	
<b>Annual Deductible</b>	<i>All eligible expenses apply toward all deductibles.</i>						<i>All eligible expenses apply toward all deductibles.</i>					
Single	\$0		\$3,000		\$5,000		\$3,000		\$6,000		\$10,000	
Family	\$0		\$6,000		\$10,000		\$6,000		\$12,000		\$20,000	
<b>Total Annual OOP max including Deductible</b>	<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	\$3,000		\$9,100		\$12,500		\$3,000		\$7,500		\$12,000	
Family	\$6,000		\$18,200		\$25,000		\$6,000		\$15,000		\$24,000	
<b>Inpatient/Outpatient Services</b>	<b>Copay/Coinsurance</b>						<b>Copay/Coinsurance</b>					
Inpatient Hospital Services	\$750 copay		40% after deductible		50% after deductible		0% after deductible		40% after deductible		50% after deductible	
Outpatient Services (i.e. Lab, Radiology)	\$75 copay		40% after deductible		50% after deductible		0% after deductible		40% after deductible		50% after deductible	
Urgent Care	\$75 copay		\$200 copay after deductible		\$200 copay after National Network deductible		0% after deductible		\$200 copay after deductible		\$200 copay after National Network deductible	
Emergency Room Visit	\$500 copay		\$500 copay		\$500 copay		0% after deductible		0% after Ascension Network deductible		0% after Ascension Network deductible	
<b>Physician Office Services</b>	<b>Copay/Coinsurance</b>						<b>Copay/Coinsurance</b>					
Primary Care Visits (Family Practice/General Internal Medicine/Pediatrics)	\$25 copay		40% after deductible		50% after deductible		0% after deductible		40% after deductible		50% after deductible	
Specialist Visits (including OB/GYN)	\$50 copay		40% after deductible		50% after deductible		0% after deductible		40% after deductible		50% after deductible	
Mental Health Visits	\$25 copay		\$25 copay		50% after deductible		0% after deductible		0% after deductible		50% after deductible	
<b>Therapy</b> (Physical/Speech/Occupational) Annual max: 60 visits	\$10 copay (Physical Therapy) \$25 copay (Speech/ Occupational Therapy)		40% after deductible		50% after deductible		0% after deductible		40% after deductible		50% after deductible	
<b>Chiropractic Office Visit</b> Annual max: 35 visits	\$30 copay		40% after deductible		50% after deductible		0% after deductible		40% after deductible		50% after deductible	
<b>Preventive Health Care</b> Adult/Child & Immunizations	\$0		\$0		50% after deductible		\$0		\$0		50% after deductible	
<b>Prescription Drugs</b>	<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>					
	<b>ARx 30-day</b>	<b>ARx 90-day</b>	<b>Retail 30-day</b>	<b>ARx Home Delivery 90-day</b>	<b>ARx Specialty 30-day</b>		<b>ARx 30-day</b>	<b>ARx 90-day</b>	<b>Retail 30-day</b>	<b>ARx Home Delivery 90-day</b>	<b>ARx Specialty 30-day</b>	
Generic	Up to \$15.00	Up to \$30.00	Up to \$15.00	Up to \$30.00	N/A		Up to \$15.00	Up to \$30.00	Up to \$15.00	Up to \$30.00	N/A	
Preferred Brand name	20% (min \$30/ max \$50)	20% (min \$60/ max \$100)	25% (min \$50/ max \$100)	20% (min \$60/ max \$100)	N/A		20% (min \$30/ max \$50)	20% (min \$60/ max \$100)	25% (min \$50/ max \$100)	20% (min \$60/ max \$100)	N/A	
Non-preferred Brand Name	30% (min \$50/ max \$100)	30% (min \$125/ max \$250)	35% (min \$60/ max \$120)	30% (min \$125/ max \$250)	N/A		30% (min \$50/ max \$100)	30% (min \$125/ max \$250)	35% (min \$60/ max \$120)	30% (min \$125/ max \$250)	N/A	
Specialty	N/A	N/A	N/A	N/A	\$200		N/A	N/A	N/A	N/A	\$200	
<b>Biweekly Premiums</b>												
<b>Annual Pay Band</b>	\$61,000.00 or less	\$61,000.01 - \$100,000.00	\$100,000.01 - \$207,000.00	\$207,000.01 - \$324,000.00	\$324,000.01 or more	Part-time (all bands)	\$61,000.00 or less	\$61,000.01 - \$100,000.00	\$100,000.01 - \$207,000.00	\$207,000.01 - \$324,000.00	\$324,000.01 or more	Part-time (all bands)
Associate	\$34.30	\$60.00	\$73.00	\$89.00	\$131.85	\$107.11	\$16.19	\$52.00	\$65.00	\$80.00	\$114.00	\$91.83
Associate Plus Spouse or Associate Plus LDB	\$73.56	\$147.26	\$188.00	\$223.00	\$305.04	\$199.87	\$34.07	\$103.00	\$164.51	\$201.00	\$273.00	\$166.46
Associate Plus Child(ren)	\$52.86	\$107.76	\$136.00	\$158.00	\$221.46	\$147.12	\$26.35	\$74.61	\$123.00	\$145.00	\$202.00	\$122.65
Associate Plus Family or Associate Plus Children/LDB	\$94.88	\$186.59	\$259.17	\$344.00	\$458.54	\$248.85	\$42.13	\$125.13	\$208.60	\$299.00	\$398.43	\$199.38
<b>Note:</b> Tobacco Surcharge: If you or a covered family member use tobacco products, a \$30 surcharge will be deducted biweekly from your paycheck.												