

2026 SmartHealth Medical Plan Options

| | SmartHealth PPO Plan Option | | | | | | SmartHealth HDHP Option | | | | | |
|--|--|----------------------------|-----------------------------|---------------------------------|---|---|--|----------------------------|--|---------------------------------|---|---|
| | Ascension Network | | National Network | | Out-of-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> | | | | | |
| Single | \$1,000 | | \$4,000 | | \$10,000 | | \$2,500 | | \$7,500 | | \$10,000 | |
| Family | \$2,000 | | \$8,000 | | \$20,000 | | \$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> | | | | | |
| Single | \$5,000 | | \$10,600 | | \$13,000 | | \$5,000 | | \$8,500 | | \$13,000 | |
| Family | \$10,000 | | \$21,200 | | \$26,000 | | \$10,000 | | \$17,000 | | \$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) | \$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 | <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 | 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 \$35.00 | Up to \$40.00 | N/A | N/A | Up to \$25.00 | Up to \$75.00 | Up to \$35.00 | Up to \$40.00 | N/A | N/A |
| Preferred Brand name | 20% (min \$0/ max \$100) | 20% (min \$0/ max \$300) | 25% (min \$0/ max \$150) | 20% (min \$0/ max \$200) | N/A | N/A | 20% (min \$0/ max \$100) | 20% (min \$0/ max \$300) | 25% (min \$0/ max \$150) | 20% (min \$0/ max \$200) | N/A | N/A |
| Non-preferred Brand Name | 30% (min \$0/ max \$175) | 30% (min \$0/ max \$525) | 35% (min \$0/ max \$225) | 30% (min \$0/ max \$350) | N/A | N/A | 30% (min \$0/ max \$175) | 30% (min \$0/ max \$525) | 35% (min \$0/ max \$225) | 30% (min \$0/ max \$350) | N/A | N/A |
| Specialty | N/A | N/A | N/A | N/A | 40% (max \$200) 40% (max \$250) | 40% (max \$425) | N/A | N/A | N/A | N/A | 40% (max \$200) 40% (max \$250) | 40% (max \$425) |
| Biweekly Premiums | | | | | | | | | | | | |
| Annual Pay Band | \$48,000.00 or less | \$48,000.01 - \$112,000.00 | \$112,000.01 - \$231,000.00 | \$231,000.01 - \$361,000.00 | \$361,000.01 or more | Part-time (all bands) | \$48,000.00 or less | \$48,000.01 - \$112,000.00 | \$112,000.01 - \$231,000.00 | \$231,000.01 - \$361,000.00 | \$361,000.01 or more | Part-time (all bands) |
| Associate | \$48.00 | \$71.00 | \$89.00 | \$109.00 | \$152.00 | \$219.00 | \$34.00 | \$57.00 | \$73.00 | \$90.00 | \$127.00 | \$213.00 |
| Associate Plus Spouse or Associate Plus LDB | \$107.00 | \$173.00 | \$218.00 | \$263.00 | \$315.00 | \$483.00 | \$79.00 | \$144.00 | \$182.00 | \$221.00 | \$298.00 | \$466.00 |
| Associate Plus Child(ren) | \$76.00 | \$129.00 | \$166.00 | \$196.00 | \$256.00 | \$387.00 | \$56.00 | \$107.00 | \$139.00 | \$163.00 | \$228.00 | \$383.00 |
| Associate Plus Family or Associate Plus Children/LDB | \$146.00 | \$225.00 | \$286.00 | \$361.00 | \$396.00 | \$703.00 | \$104.00 | \$187.00 | \$239.00 | \$298.00 | \$347.00 | \$664.00 |

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.

