

## 2026 SmartHealth Medical Plan Options

	SmartHealth PPO OLP Bronze Plan Option						SmartHealth PPO OLP Silver Plan Option						SmartHealth PPO OLP Gold Plan Option					
	Ascension Network		National Network		Out-of-Network		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 towards all deductibles.</i>						<i>All eligible expenses apply toward all deductibles.</i>					
Single	N/A		N/A		\$1,000		N/A		N/A		\$1,000		N/A		N/A		\$500	
Family	N/A		N/A		\$2,000		N/A		N/A		\$2,000		N/A		N/A		\$1,000	
<b>Total Annual OOP max including Deductible</b>	<i>All eligible expenses apply toward all OOP maximums. Note: copays do not apply to the deductible, but are counted toward OOP maximums.</i>						<i>All eligible expenses apply toward all OOP maximums. Note: copays do not apply to the deductible, but are counted towards OOP maximums.</i>						<i>All eligible expenses apply toward all OOP maximums. Note: copays do not apply to the deductible, but are counted towards the OOP maximums.</i>					
Single	\$6,350		\$6,350		\$10,000		\$6,350		\$6,350		\$10,000		\$3,000		\$3,000		\$3,000	
Family	\$12,700		\$12,700		\$20,000		\$12,700		\$12,700		\$20,000		\$6,000		\$6,000		\$6,000	
<b>Inpatient/Outpatient Services</b>	<b>Copay/Coinsurance</b>						<b>Copay/Coinsurance</b>						<b>Copay/Coinsurance</b>					
Inpatient Hospital Services	\$750 copay - Adult \$0 Copay - Child		\$750 copay - Adult \$0 copay - Child		20% after deductible		\$750 copay		\$750 copay		20% after deductible		\$0 copay		\$250 copay		30% after deductible	
Outpatient Services (i.e. Pathology, Radiology, X-Rays)	\$25 copay		\$25 copay		20% after deductible		\$25 copay		\$25 copay		20% after deductible		\$0 copay		\$0 copay \$10 copay - X-Ray		30% after deductible	
Urgent Care	\$35 copay		\$35 copay		20% after deductible		\$35 copay		\$35 copay		20% after deductible		\$0 copay		\$35 copay		30% after deductible	
Emergency Room Visit (waived if admitted)	\$150 copay		\$150 copay		\$150 copay		\$150 copay		\$150 copay		\$150 copay		\$150 copay		\$150 copay		\$150 copay	
<b>Physician Office Services</b>	<b>Copay/Coinsurance</b>						<b>Copay/Coinsurance</b>						<b>Copay/Coinsurance</b>					
Primary Care Visits (Family Practice/General Internal Medicine/Pediatrics)	\$15 copay - Adult \$0 copay - Child		\$15 copay - Adult \$0 copay - Child		20% after deductible		\$10 copay - Adult \$25 copay - Child		\$10 copay - Adult \$25 copay - Child		20% after deductible		\$10 copay		\$10 copay		30% after deductible	
Specialist Visits	\$25 copay		\$25 copay		20% after deductible		\$25 Copay		\$25 copay		20% after deductible		\$10 copay		\$10 copay		30% after deductible	
Mental Health Visits (Individual therapy/ group therapy)	\$15 copay - Adult \$0 copay - Child		\$15 copay - Adult \$0 copay - Child		20% after deductible		\$10 copay - Adult \$25 copay - Child		\$10 copay - Adult \$25 copay - Child		20% after deductible		\$10 copay		\$10 copay		30% after deductible	
<b>Therapy</b> (Physical/Speech/Occupational) Annual max: 60 visits	\$25 copay		\$25 copay		20% after deductible		\$25 copay		\$25 copay		20% after deductible		\$10 copay		\$10 copay		\$10 copay	
<b>Chiropractic Office Visit</b> Annual max: 35 visits	\$25 copay		\$25 copay		\$25 copay		\$25 copay		\$25 copay		\$25 copay		\$10 copay		\$10 copay		\$10 copay	
<b>Preventive Health Care</b> Adult/Child & Immunizations	\$0 copay		\$0 copay		Not covered		\$0 copay		\$0 copay		Not covered		\$0 copay		\$0 copay		Not covered	
<b>Prescription Drugs</b>	<i>Prescription drugs do not count toward deductibles.</i>						<i>Prescription drugs do not count toward deductibles.</i>						<i>Prescription drugs have separate OOP max - \$6,450 Single/ \$12,900 Family</i>					
	<b>ARx 30-day supply</b>	<b>ARx 90-day supply</b>	<b>Retail 30-day supply</b>	<b>ARx Home Delivery 90-day</b>	<b>ARx Specialty 30-day</b>		<b>ARx 30-day supply</b>	<b>ARx 90-day supply</b>	<b>Retail 30-day supply</b>	<b>ARx Home Delivery 90-day</b>	<b>ARx Specialty 30-day</b>		<b>ARx 30-day supply</b>	<b>ARx 90-day supply</b>	<b>Retail 30-day supply</b>	<b>ARx Home Delivery 90-day</b>	<b>ARx Specialty 30-day</b>	
Generic	\$10	\$25	\$10	\$25	N/A		\$10	\$25	\$10	\$25	N/A		\$0	\$0	\$4	\$10	N/A	
Preferred Brand name	\$20	\$50	\$20	\$50	N/A		\$20	\$50	\$20	\$50	N/A		\$0	\$0	\$15	\$37.50	N/A	
Non-preferred Brand Name	\$35	\$87.50	\$35	\$87.50	N/A		\$35	\$87.50	\$35	\$87.50	N/A		\$0	\$0	\$30	\$87.50	N/A	
Specialty	N/A	N/A	N/A	N/A	\$35		N/A	N/A	N/A	N/A	\$35		N/A	N/A	N/A	N/A	\$0	
<b>Biweekly Premiums</b>																		
<b>Annual Pay Band</b>	\$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)	\$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	\$13.00	\$16.00	\$19.00	\$22.00	\$22.00	\$110.00	\$13.00	\$16.00	\$19.00	\$22.00	\$22.00	\$110.00	\$49.00	\$52.00	\$56.00	\$59.00	\$59.00	\$122.00
Associate Plus Spouse or Associate Plus LDB	\$60.00	\$67.00	\$74.00	\$81.00	\$81.00	\$235.00	\$61.00	\$68.00	\$74.00	\$81.00	\$81.00	\$236.00	\$133.00	\$144.00	\$150.00	\$157.00	\$157.00	\$262.00
Associate Plus Child(ren)	\$49.00	\$54.00	\$60.00	\$65.00	\$65.00	\$189.00	\$49.00	\$54.00	\$60.00	\$65.00	\$65.00	\$190.00	\$108.00	\$116.00	\$121.00	\$127.00	\$127.00	\$211.00
Associate Plus Family or Associate Plus Children/LDB	\$87.00	\$97.00	\$107.00	\$117.00	\$117.00	\$340.00	\$88.00	\$98.00	\$107.00	\$117.00	\$117.00	\$342.00	\$190.00	\$208.00	\$216.00	\$227.00	\$227.00	\$379.00
<b>Note:</b> 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.																		