

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	\$54,000.00 or less	\$54,000.01 - \$112,000.00	\$112,000.01 - \$231,000.00	\$231,000.01 - \$361,000.00	\$361,000.01 or more	Part-time (all bands)	\$54,000.00 or less	\$54,000.01 - \$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	\$47.00	\$71.00	\$89.00	\$109.00	\$152.00	\$152.00	\$34.00	\$57.00	\$73.00	\$90.00	\$127.00	\$127.00
Associate Plus Spouse or Associate Plus LDB	\$100.00	\$180.00	\$225.00	\$263.00	\$315.00	\$295.00	\$76.00	\$148.00	\$185.00	\$221.00	\$298.00	\$270.00
Associate Plus Child(ren)	\$69.00	\$129.00	\$166.00	\$196.00	\$256.00	\$230.00	\$53.00	\$107.00	\$139.00	\$163.00	\$228.00	\$210.00
Associate Plus Family or Associate Plus Children/LDB	\$132.00	\$232.00	\$301.00	\$347.00	\$382.00	\$365.00	\$96.00	\$184.00	\$247.00	\$298.00	\$357.00	\$322.00

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.