

## 2026 SmartHealth Medical Plan Options

SmartHealth Plan Name	SmartHealth EPO HDHP Plan Option	SmartHealth EPO Plan Option	SmartHealth HDHP Option		SmartHealth PPO Plan Option	
Network	<b>Ascension Network</b>	<b>Ascension Network</b>	<b>Ascension Network</b>	<b>National Network</b>	<b>Ascension Network</b>	<b>National Network</b>
<b>Annual Deductible</b>	<i>All eligible expenses apply toward all deductibles.</i>		<i>All eligible expenses apply toward all deductibles.</i>		<i>All eligible expenses apply toward all deductibles.</i>	
Single	\$2,000	\$500	\$2,500	\$7,500	\$1,000	\$4,000
Family	\$4,000	\$1,000	\$5,000	\$15,000	\$2,000	\$8,000
<b>Total Annual OOP max including Deductible</b>	<i>All eligible expenses apply toward all OOP maximums.</i>		<i>All eligible expenses apply toward all OOP maximums.</i>		<i>All eligible expenses apply toward all OOP maximums. Copays do not apply to the deductible</i>	
Single	\$4,000	\$4,500	\$5,000	\$8,500	\$5,000	\$10,600
Family	\$8,000	\$9,000	\$10,000	\$17,000	\$10,000	\$21,200
<b>Inpatient/Outpatient Services</b>	<b>Copay/Coinsurance</b>		<b>Copay/Coinsurance</b>		<b>Copay/Coinsurance</b>	
Inpatient Hospital Services	10% after deductible	15% after deductible	15% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Services (i.e. Lab, Radiology)	10% after deductible	15% after deductible	15% after deductible	40% after deductible	20% after deductible	40% after deductible
Urgent Care	10% after deductible	\$50 Copay	15% after deductible	\$200 copay after deductible	\$50 copay	\$75 copay
Emergency Room Visit	10% after deductible	\$500 Copay	15% after deductible	15% after Ascension Network deductible	\$500 copay	\$500 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)	10% after deductible	\$10 Copay	15% after deductible	40% after deductible	\$30 copay	40% after deductible
Specialist Visits	10% after deductible	\$25 Copay	15% after deductible	40% after deductible	\$60 copay	40% after deductible
Mental Health Visits (Individual therapy/ group therapy)	10% after deductible	\$10 Copay	15% after deductible	15% after Ascension Network deductible	\$30 copay	\$30 copay
<b>Therapy (Physical/Speech/Occupational) Annual max: 60 visits</b>	10% after deductible	15% after deductible	15% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Chiropractic Office Visit Annual max: 35 visits</b>	10% after deductible	\$30 Copay	15% after deductible	40% after deductible	\$35 copay	40% after deductible
<b>Preventive Health Care Adult/Child &amp; Immunizations</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Prescription Drugs</b>	<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>	<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>		<i>Prescription drugs do not count toward deductibles.</i>	
<b>Prescription Drug Plan (applies to all SmartHealth medical plans)</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 Generic &amp; Preferred</b>	<b>ARx Specialty 30-day Non-Preferred</b>
<b>Generic</b>	Up to \$25.00	Up to \$75.00	Up to \$35.00	Up to \$40.00	N/A	N/A
<b>Preferred Brand name</b>	20% (min \$0/ max \$100)	20% (min \$0/ max \$300)	25% (min \$0/ max \$150)	20% (min \$0/ max \$200)	N/A	N/A
<b>Non-preferred Brand Name</b>	30% (min \$0/ max \$175)	30% (min \$0/ max \$525)	35% (min \$0/ max \$225)	30% (min \$0/ max \$350)	N/A	N/A
<b>Specialty</b>	N/A	N/A	N/A	N/A	40% (max \$200/\$250)	40% (max \$425)

**Biweekly Premiums**

SmartHealth Plan Name	SmartHealth EPO HDHP Plan Option				SmartHealth EPO Plan Option				SmartHealth HDHP Option				SmartHealth PPO Plan Option			
Annual Pay Bands	Associate Only	Associate + Spouse	Associate + Child(ren)	Associate + Family	Associate Only	Associate + Spouse	Associate + Child(ren)	Associate + Family	Associate Only	Associate + Spouse	Associate + Child(ren)	Associate + Family	Associate Only	Associate + Spouse	Associate + Child(ren)	Associate + Family
Pay Band 1: Up to \$48,000.00	\$14.00	\$34.00	\$20.00	\$36.00	\$28.00	\$74.00	\$46.00	\$80.00	\$34.00	\$77.00	\$54.00	\$95.00	\$48.00	\$105.00	\$75.00	\$137.00
Pay Band 2: \$48,000.01 to \$112,000.00	\$37.00	\$87.00	\$76.00	\$96.00	\$52.00	\$116.00	\$93.00	\$145.00	\$57.00	\$129.00	\$107.00	\$154.00	\$71.00	\$158.00	\$129.00	\$197.00
Pay Band 3: \$112,000.01 to \$231,000.00	\$51.00	\$142.00	\$105.00	\$170.00	\$61.00	\$160.00	\$115.00	\$208.00	\$73.00	\$182.00	\$139.00	\$226.00	\$89.00	\$212.00	\$166.00	\$275.00
Pay Band 4: \$231,000.01 to \$361,000.00	\$65.00	\$182.00	\$123.00	\$243.00	\$75.00	\$192.00	\$133.00	\$272.00	\$90.00	\$221.00	\$163.00	\$298.00	\$109.00	\$263.00	\$196.00	\$350.00
Pay Band 5: Greater than \$361,000.01	\$97.00	\$227.00	\$174.00	\$280.00	\$107.00	\$237.00	\$184.00	\$297.00	\$127.00	\$279.00	\$228.00	\$334.00	\$152.00	\$313.00	\$256.00	\$385.00
Part Time: No Salary Bands	\$97.00	\$197.00	\$155.00	\$244.00	\$107.00	\$207.00	\$165.00	\$264.00	\$127.00	\$248.00	\$211.00	\$299.00	\$152.00	\$284.00	\$228.00	\$356.00

**Note:** 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.