



# SMART HEALTH

## Total Health Plan Solutions.

Plan Name	1500 Classic	2500 Classic	3500 Classic	5000 Classic	5000 HSA	7350 Value
Network	 *MultiPlan/PHCS (All other states besides NJ)	 *MultiPlan/PHCS (All other states)	 *MultiPlan/PHCS (All other states)	 *MultiPlan/PHCS (All other states)	 *MultiPlan/PHCS (All other states)	 *MultiPlan/PHCS (All other states)
Plan Availability	All 50 States	All 50 States	All 50 States	All 50 States	All 50 States	All 50 States
Rates						
Member	<b>\$960</b>	<b>\$886</b>	<b>\$780</b>	<b>\$717</b>	<b>\$655</b>	<b>\$579</b>
Member + Spouse	<b>\$1,894</b>	<b>\$1,745</b>	<b>\$1,532</b>	<b>\$1,407</b>	<b>\$1,283</b>	<b>\$1,130</b>
Member + Child(ren)	<b>\$1,707</b>	<b>\$1,573</b>	<b>\$1,382</b>	<b>\$1,269</b>	<b>\$1,158</b>	<b>\$1,020</b>
Family	<b>\$2,827</b>	<b>\$2,604</b>	<b>\$2,285</b>	<b>\$2,096</b>	<b>\$1,911</b>	<b>\$1,682</b>
Benefits						
Individual Deductible	\$1,500 In / \$3,000 Out	\$2,500 In / \$5,000 Out	\$3,500 In / \$7,000 Out	\$5,000 In / \$10,000 Out	\$5,000 In / \$10,000 Out	\$7,350 In / \$14,700 Out
Family Deductible	\$3,000 In / \$6,000 Out	\$5,000 In / \$10,000 Out	\$7,000 In / \$14,000 Out	\$10,000 In / \$20,000 Out	\$10,000 In / \$20,000 Out	\$14,700 In / \$29,400 Out
Individual Max Out of Pocket	\$7,350 In / \$20,000 Out	\$7,350 In / \$20,000 Out	\$7,350 In / \$20,000 Out	\$7,350 In / \$20,000 Out	\$7,350 In / \$20,000 Out	\$7,350 In / \$20,000 Out
Family Max Out of Pocket	\$14,700 In / \$40,000 Out	\$14,700 In / \$40,000 Out	\$14,700 In / \$40,000 Out	\$14,700 In / \$40,000 Out	\$14,700 In / \$40,000 Out	\$14,700 In / \$40,000 Out
Preventive Care	100%	100%	100%	100%	100%	100%
Lifetime Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum
Primary Care Visit Copay	\$40 Copay	\$40 Copay	\$45 Copay	\$45 Copay	Deductible then Plan pays 80%	\$50 Copay
Specialist Care Visit Copay	\$80 Copay	\$80 Copay	\$90 Copay	\$90 Copay	Deductible then Plan pays 80%	\$100 Copay
Laboratory & Diagnostic Services						
Facility	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Professional Fees	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Radiology Services						
Facility (CT/PET/MRI/MRA/SPECT)	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Professional Fees	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Facility & Professional Services						
Emergency Room - Professional Fee	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Emergency Room - Facility	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Inpatient Hospital - Physician Fees	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Inpatient - Facility	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Outpatient - Physician	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Outpatient Hospital - Facility	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Urgent Care Copay	\$80 Copay	\$80 Copay	\$90 Copay	\$90 Copay	Deductible then Plan pays 80%	\$100 Copay
Prescription Drug Benefit						
Generic	Retail: \$15 Copay	Retail: \$15 Copay	Retail: \$15 Copay	Retail: \$15 Copay	Discount Card	Discount Card
Preferred Brand	Retail: \$45 Copay	Retail: \$45 Copay	Retail: \$65 Copay	Retail: \$65 Copay	Discount Card	Discount Card
Non-Preferred Brand	Retail: \$85 Copay	Retail: \$85 Copay	Retail: \$100 Copay	Retail: \$100 Copay	Discount Card	Discount Card
<b>For Internal Use Only</b>	<p>*The QualCare network uses its network for all services in New Jersey, all other states the benefits will be based on Reference-Based Pricing.            *New Jersey Residents Only.            *QualCare network in NJ, all other states, MultiPlan / PHCS.            *New business rates good until 6/1/2025.            *12-month rate guarantee from effective date.            *All benefits are on a calendar year basis.            Disclaimer: This spreadsheet is only a snapshot of benefits. Please refer to the SBC as this is for illustration purposes only. Online rates and benefits supersede this sheet.</p>					