

Selecting a plan that’s right for you

	Exclusive Provider Organization High Deductible Health Plan (EPO HDHP)	Exclusive Provider Organization (EPO)	High Deductible Health Plan (HDHP)	Preferred Provider Organization (PPO)
Summary	- Lowest premiums - Higher deductibles - Ascension network	- Lower premiums - Lowest deductibles - Ascension network	- Higher premiums - Highest deductibles - Expanded network	- Highest premiums - Lower deductibles - Expanded network
Overview	The EPO HDHP may help build savings for future medical costs through a Health Savings Account (HSA). Members of this plan also receive high-quality, coordinated care within the Ascension network. <i>Not all markets are eligible for this option.*</i>	The EPO plan offers lower deductibles and upfront copays, while providing members with high-quality coordinated care within the Ascension Network. <i>Not all markets are eligible for this option.*</i>	The HDHP plan offers the opportunity to save for future medical costs through a Health Savings Account (HSA). It’s especially suited for members who want flexibility to see a broader range of providers, including specialists or care outside the Ascension network.	The PPO plan provides the flexibility to see a broader range of providers, including specialists or care outside the Ascension network subject to higher deductibles and out of pocket costs.
Markets	Select ministries*	Select ministries*	All markets	All markets
Copays				
Primary care provider visit	10% after deductible is met	\$10 copay	15% after deductible is met	\$30 copay
Specialist visit	10% after deductible is met	\$25 copay	15% after deductible is met	\$60 copay
Inpatient services	10% after deductible is met	15% after deductible is met	15% after deductible is met	20% after deductible is met
Urgent care	10% after deductible is met	\$50 copay	15% after deductible is met	\$50 copay
Emergency room	10% after deductible is met	\$500 copay	15% after deductible is met	\$500 copay
Deductible	\$2,000 individual \$4,000 family	\$500 individual \$1,000 family	\$2,500 individual \$5,000 family	\$1,000 individual \$2,000 family
Coinsurance	10%	15% for inpatient and outpatient services	15%	20%
Out-of-pocket maximum	\$4,000 individual \$8,000 family	\$4,500 individual \$9,000 family	\$5,000 individual \$10,000 family	\$5,000 individual \$10,000 family
HSA contribution from Ascension	\$500 individual \$1,000 family	N/A	\$250 individual \$500 family	N/A

EXAMPLE COVERAGE BY PLAN

Marie elected to receive insurance as an individual. The example below shows how Marie’s medical costs add up over a year and what each plan would pay. Below every visit or treatment (in the “Care received” column), you’ll see the total cost before any payments or insurance adjustments.

	EPO HDHP*	EPO*	HDHP	PPO
Care Received (total price before insurance)				
Office visit (\$150)	\$150 toward deductible	\$10 copay	\$150 toward deductible	\$30 copay
Lab tests (\$250)	\$250 toward deductible	\$250 toward deductible	\$250 toward deductible	\$250 toward deductible
Surgery (\$2,000)	\$1,640 Marie pays full amount until \$2,000 deductible is met (including the payment for the office visit and lab tests above); she then pays 10% coinsurance	\$512.50 Marie pays full amount until she meets the \$500 deductible (not including copays); she then pays 15% coinsurance	\$2,000 Marie pays full amount, as she has not met her \$2,500 deductible yet	\$1,000 Marie pays full amount until she meets the \$1,000 deductible (not including copays) then 20% coinsurance
Physical therapy (\$250)	\$25 (10% coinsurance after deductible is met)	\$37.50 (15% coinsurance after deductible is met)	\$122.50 (\$100 to meet remaining deductible + 15% coinsurance after deductible is met)	\$50 (20% coinsurance after deductible is met)
Rx (\$175)	\$25 copay	\$25 copay	\$25 copay	\$25 copay
Total cost (\$2,825)	\$2,090	\$835	\$2,547.50	\$1,355
HSA contributions	\$500 (Ascension) \$100 (Marie)	N/A	\$250 (Ascension) \$50 (Marie)	N/A
Amount paid out of pocket	Total: \$1,490 = \$2,090 – \$600 (HSA balance)	Total: \$835	Total: \$2,247.50 = \$2,547.50 – \$300 (HSA balance)	Total: \$1,355

This example pertains to associate-only coverage and services within the Ascension Network (Tier 1) and assumes prescriptions are filled at an Ascension Rx pharmacy.

* The EPO HDHP and EPO options will be available for 2026 in the following ministries: Ascension St. Vincent/Jacksonville (FLJAC); Ascension Illinois (ILARL); Ascension Sacred Heart/ Pensacola (FLPEN); Ascension St. Vincent/Indianapolis and Evansville (ININD); Ascension Via Christi/Wichita (KSWIC); Saint Thomas Health/ Nashville (TNNAS); Ascension Seton/ Austin (TXAUS); Ascension Providence/ Waco (TXWAC); Ascension St. John/ Tulsa (OKTUL); and Ascension Wisconsin (WIAPP & WIMIL).

Eligibility rules apply. The information provided on this website is intended to serve only as a summary of the plans. Though every effort has been made to provide accurate information on this website, the possibility of error always exists. If there is any inconsistency between the official plan documents and the information provided on this website, the official plan documents will govern. As with any benefit plan, there may be changes or amendments in the future, and each participating employer reserves the right to withdraw from the plans. Any examples of future benefits are provided for illustrative purposes only and do not constitute a guarantee of future benefits or future employment.

The plans are not maintained pursuant to a collective bargaining agreement; however, union employees of participating organizations may participate in certain of the plans if their collective bargaining agreement specifies participation in such plans.