

American Addiction Centers - 2020 Medical Plan Comparison							Union			
Medical Plan Provision	Bronze Plan with HRA		Silver Plan with H.S.A.		Gold Plan		High Deductible Health Plan (HDHP)		Preferred Provider Organization (PPO)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
AAC's Contribution to HRA (Individual/Family)	**\$2,000/\$4,000 (HRA debit card will be supplied to you by Meritall)		N/A		N/A		**\$750 / \$1,500		\$600 per employee (Handled by Payflex - employees receive a debit card)	
Deductible	Embedded		Embedded		Embedded		Non Embedded		Embedded	
Annual Deductible (Individual/Family)	\$6,000/ \$12,000	\$12,000/ \$24,000	\$2,800/ \$5,600	\$5,600/ \$11,200	\$1,500/ \$3,000	\$10,000/ \$20,000	\$2,000/ \$4,000	\$4,000/ \$8,000	\$1,250/ \$2,500	\$10,000/ \$20,000
Out-of-Pocket Maximum (Includes Deductible)(Individual/Family)	\$6,000/ \$12,000	\$18,000/ \$36,000	\$5,000/ \$8,000	\$10,000/ \$16,000	\$3,000/ \$6,000	\$30,000/ \$60,000	\$3,950/ \$7,900	\$7,950/ \$15,800	\$2,500/ \$5,000	\$30,000/ \$60,000
Preventive Care	100%	80% After Deductible	100%	50% After Deductible	100%	50% After Deductible	100%	50% After Deductible	100%	50% After Deductible
Primary Physician Office Visit	100% After Deductible	80% After Deductible	80% After Deductible	50% After Deductible	\$30 Copay	50% After Deductible	80% After Deductible	50% After Deductible	\$30 Copay	50% After Deductible
Specialist Office Visit	100% After Deductible	80% After Deductible	80% After Deductible	50% After Deductible	\$50 Copay	50% After Deductible	80% After Deductible	50% After Deductible	\$50 Copay	50% After Deductible
Teladoc	\$40 Copay, then 100%	N/A	\$40 Copay, then 100%	N/A	\$40 Copay, then 100%	N/A	\$40 Copay, then 100%	N/A	\$40 Copay, then 100%	N/A
Inpatient Hospital Services	100% After Deductible	80% After Deductible	80% After Deductible	50% After Deductible	80% After Deductible	50% After Deductible	80% After Deductible	50% After Deductible	80% After Deductible	50% After Deductible
Outpatient Hospital Services	100% After Deductible	80% After Deductible	80% After Deductible	50% After Deductible	80% After Deductible	50% After Deductible	80% After Deductible	50% After Deductible	80% After Deductible	50% After Deductible
Urgent Care	100% After Deductible	100% After Deductible	80% After Deductible	80% After Deductible	80% After Deductible	80% After Deductible	80% After Deductible		80% After Deductible	
Emergency Room Care	100% After Deductible	Paid at PPO Level of Benefits	80% After Deductible	Paid at PPO Level of Benefits	\$200 Copay, then 80%	Paid at PPO Level of Benefits	80% after Deductible		\$200 Copay, then 80% (No Deductible)	

** HRA funds are prorated on a monthly calculation based on your date of hire.

Proposed new health insurance options.

American Addiction Centers - 2020 Employee Costs Comparison			
Medical Plan Provision	Bronze Plan with HRA	Silver Plan with H.S.A.	Gold Plan
Type Coverage	Rates per Pay Period	Rates per Pay Period	Rates per Pay Period
Individual	\$0.00	\$30.00	\$77.00
Employee + Spouse	\$131.00	\$262.00	\$386.50
Employee + Child(ren)	\$93.50	\$204.00	\$309.00
Family	\$264.00	\$465.50	\$657.00

Please note the rates for Silver and Gold plans will be reduced by \$15/pay period for the first year of the contract.