

# 2026

## BENEFIT SUMMARY



**US Acute Care Solutions is proud to provide a comprehensive, market-leading benefits package for you and your family.**

Benefits are available for all full-time employees. Even as healthcare costs continue to rise, USACS makes every effort to share that ever-increasing burden to remain a competitive and attractive employer.



# HEALTH BENEFITS

Our medical coverage helps you maintain your well-being through preventative care and access to an extensive network of providers, as well as affordable prescription medication. Our medical plans are administered by AmeriBen using the Anthem BCBS PPO network. To see a current list of network providers online, visit [anthem.com](https://www.anthem.com)



## MEDICAL PLAN SUMMARY

US Acute Care Solutions provides three medical plan options to meet your individual and family needs. USACS' medical plans are administered by AmeriBen using the Anthem BCBS PPO network. All plans pay 100% of the cost for in-network preventative care, including annual physicals.

|                              | VALUE HDHP<br>HSA ELIGIBLE |                | ENHANCED HDHP <sup>2</sup><br>HSA ELIGIBLE |                | PREMIUM PPO <sup>1</sup> |                |
|------------------------------|----------------------------|----------------|--------------------------------------------|----------------|--------------------------|----------------|
|                              | NETWORK                    | OUT-OF-NETWORK | NETWORK                                    | OUT-OF-NETWORK | NETWORK                  | OUT-OF-NETWORK |
| CALENDAR YEAR DEDUCTIBLE     |                            |                |                                            |                |                          |                |
| EMPLOYEE                     | \$3,500                    | \$5,000        | \$1,750                                    | \$3,500        | \$1,250                  | \$2,500        |
| FAMILY                       | \$7,000                    | \$10,000       | \$3,500                                    | \$7,000        | \$2,500                  | \$5,000        |
| COINSURANCE PAYS             | 80%*                       | 60%*           | 80%*                                       | 50%*           | 80%*                     | 50%*           |
| ANNUAL OUT-OF-POCKET MAXIMUM |                            |                |                                            |                |                          |                |
| EMPLOYEE                     | \$5,000                    | \$8,000        | \$4,500                                    | \$9,000        | \$3,000                  | \$6,000        |
| FAMILY                       | \$10,000                   | \$16,000       | \$9,000                                    | \$18,000       | \$6,000                  | \$12,000       |
| OFFICE VISITS                |                            |                |                                            |                |                          |                |
| PREVENTIVE CARE              | 100%                       | Not covered    | 100%                                       | Not covered    | 100%                     | Not covered    |
| PRIMARY CARE                 | 80%*                       | 60%*           | 80%*                                       | 50%*           | \$25                     | 50%*           |
| SPECIALISTS                  | 80%*                       | 60%*           | 80%*                                       | 50%*           | \$50                     | 50%*           |
| OTHER SERVICES               |                            |                |                                            |                |                          |                |
| URGENT CARE VISIT            | 80%*                       | 60%*           | 80%*                                       | 50%*           | 80%*                     | 50%*           |
| EMERGENCY ROOM               | 80%*                       | 60%*           | 80%*                                       | 50%*           | 80%*                     | 50%*           |
| DIAGNOSTIC TESTING & IMAGING | 80%*                       | 60%*           | 80%*                                       | 50%*           | 80%*                     | 50%*           |
| OUTPATIENT HOSPITAL          | 80%*                       | 60%*           | 80%*                                       | 50%*           | 80%*                     | 50%*           |
| INPATIENT HOSPITAL           | 80%*                       | 60%*           | 80%*                                       | 50%*           | 80%*                     | 50%*           |
| INFERTILITY                  | 80%*                       | 60%*           | 80%*                                       | 50%*           | 80%*                     | 50%*           |

\* After Deductible

<sup>1</sup> For Value HDHP & Premium PPO Plans: The individual deductible amount must be met by each member enrolled under your medical coverage. If you have several covered dependents, all charges used to apply toward a "per individual" deductible amount will also be applied toward the "per family" deductible amount. When the family deductible amount is reached, no further individual deductibles need to be met for the remainder of that plan year. No member may contribute more than the individual deductible amount to the "per family" deductible amount.

<sup>2</sup> For the Enhanced HDHP: This plan has an aggregate deductible, meaning the family deductible amount will include all combined eligible expenses that you and your covered dependents incur. If your coverage level is more than employee only, the family deductible must be met before the plan pays.



PHARMACY BENEFITS

Prescription Drug Coverage for Medical Plans

|                               | VALUE HDHP     |                | ENHANCED HDHP  |                | PREMIUM PPO    |                |
|-------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|
|                               | NETWORK        | OUT-OF-NETWORK | NETWORK        | OUT-OF-NETWORK | NETWORK        | OUT-OF-NETWORK |
| PREVENTIVE DRUGS              |                |                |                |                |                |                |
|                               | 100% COVERED** |                | 100% COVERED** |                | 100% COVERED** |                |
| RETAIL RX (30-DAY SUPPLY)     |                |                |                |                |                |                |
| GENERIC                       | 80%*           | 60%*           | 80%*           | 50%*           | \$10 copay     | 50%*           |
| PREFERRED                     | 80%*           | 60%*           | 80%*           | 50%*           | \$40 copay     | 50%*           |
| NON-PREFERRED                 | 80%*           | 60%*           | 80%*           | 50%*           | \$70 copay     | 50%*           |
| MAIL ORDER RX (90-DAY SUPPLY) |                |                |                |                |                |                |
| GENERIC                       | 80%*           | Not covered    | 80%*           | Not covered    | \$25 copay     | Not covered    |
| PREFERRED                     | 80%*           | Not covered    | 80%*           | Not covered    | \$100 copay    | Not covered    |
| NON-PREFERRED                 | 80%*           | Not covered    | 80%*           | Not covered    | \$175 copay    | Not covered    |

\*Plan pays after deductible  
\*\*Must have a prescription for medication even if sold over the counter



VISION BENEFITS

USACS offers a comprehensive vision benefit provided through VSP.

|                                         |                        | VISION PLAN      |                 |                 |
|-----------------------------------------|------------------------|------------------|-----------------|-----------------|
|                                         |                        | NETWORK          | OUT-OF-NETWORK  | FREQUENCY       |
| EXAMS                                   |                        |                  |                 |                 |
|                                         | COPAY                  | \$10 copay       | \$45 allowance  | Every 12 months |
| LENSES                                  |                        |                  |                 |                 |
|                                         | SINGLE VISION          | \$10 copay       | \$30 allowance  | Every 12 months |
|                                         | BIFOCAL                | \$10 copay       | \$50 allowance  |                 |
|                                         | TRIFOCAL               | \$10 copay       | \$65 allowance  |                 |
| CONTACTS (IN LIEU OF LENSES AND FRAMES) |                        |                  |                 |                 |
|                                         | FITTING AND EVALUATION | Up to \$25 copay | N/A             | Every 12 months |
|                                         | ELECTIVE               | \$150 allowance  | \$105 allowance |                 |
|                                         | MEDICALLY NECESSARY    | \$10 copay       | \$210 allowance |                 |
| FRAMES                                  |                        |                  |                 |                 |
|                                         | ALLOWANCE              | \$150 allowance  | \$70 allowance  | Every 24 months |



DENTAL BENEFITS

USACS offers affordable dental plan options for routine care and beyond.  
Coverage is available from MetLife Dental.

|                                                                                                                                                             |            | BASIC PLAN                     |                           | BUY-UP PLAN                       |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------|---------------------------|-----------------------------------|----------------------------|
|                                                                                                                                                             |            | BASIC PLAN NETWORK             | BASIC PLAN OUT-OF-NETWORK | BUY-UP PLAN NETWORK               | BUY-UP PLAN OUT-OF-NETWORK |
| CALENDAR YEAR DEDUCTIBLE                                                                                                                                    |            |                                |                           |                                   |                            |
|                                                                                                                                                             | INDIVIDUAL | \$50                           | \$50                      | \$25                              | \$25                       |
|                                                                                                                                                             | FAMILY     | \$50 per individual            | \$50 per individual       | \$25 per individual               | \$25 per individual        |
| CALENDAR YEAR MAXIMUM                                                                                                                                       |            |                                |                           |                                   |                            |
|                                                                                                                                                             | PER PERSON | \$1,000                        | \$1,000                   | \$2,000                           | \$2,000                    |
| COVERED SERVICES                                                                                                                                            |            |                                |                           |                                   |                            |
| PREVENTIVE SERVICES<br>Oral Exams, Routine Cleanings, Bitewing X-rays, Fluoride Applications, Sealants, Space Maintainers, Panoramic X-rays                 |            | 100%*                          | 100%*                     | 100%*                             | 100%*                      |
| BASIC SERVICES<br>Full Mouth X-rays, Fillings, Oral Surgery, Simple Extractions                                                                             |            | 80%*                           | 80%*                      | 90%*                              | 90%*                       |
| MAJOR SERVICES<br>Oral Surgery, Complex Extractions, Denture Adjustments and Repairs, Root Canal Therapy, Periodontics, Crowns, Dentures, Bridges, Implants |            | 50%*                           | 50%*                      | 60%*                              | 60%*                       |
| ORTHODONTICS                                                                                                                                                |            | 50%<br>Dependent Children Only |                           | 50%<br>Includes Adult Orthodontia |                            |
| ORTHODONTIC LIFETIME MAXIMUM                                                                                                                                |            | \$1,000                        |                           | \$1,500                           |                            |

\*After Deductible



# 401(k) BENEFITS

At USACS, we don't just invest in your present. We also invest in your future. **We offer an industry-leading 10% company-funded 401(k) up to the IRS limit of \$35,000** to set you up for long-term growth, success and security, regardless of your contribution. Our marquee benefit applies to all Physician owners and employees. We want you to enjoy the fruits of your labor long after you've decided to retire.



## 401(k) RETIREMENT PLAN

The USACS 401(k) Plan provides you with the tools and flexibility you need to prepare for a secure retirement. Eligible employees can invest for retirement while receiving certain tax advantages.

### PLAN AT A GLANCE

|                      |                                                                                                                                                                  |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Recordkeeper         | Fidelity                                                                                                                                                         |
| Website              | <a href="http://www.netbenefits.com">www.netbenefits.com</a>                                                                                                     |
| Eligibility          | Date of hire for individual contributions after 500 hours for employer contributions.                                                                            |
| Company Contribution | US Acute Care Solutions offers a 10% contribution to Clinicians/nonclinicians based on a set criteria.* You are immediately vested in the company contributions. |

\* Eligibility

As a W-2 employee, you are eligible to participate in the 401(k) by making either pre-tax or Roth/post-tax contributions effective upon date of hire. US Acute Care Solutions offers a 10% contribution to Clinicians/nonclinicians who meet the eligibility requirements; you are immediately vested in these company contributions.

For new hires, 500 hours must be worked within their anniversary year to become eligible to receive 3% of the US Acute Care Solutions contribution. The company contributions will begin on the date the eligibility requirement is met. New hires who work 1,000 hours within the calendar year will receive an additional 7% contribution starting on the date that the 1,000 hours requirement is met. The 7% contribution will be retroactive to the date that the 500-hour requirement is met or January 1, whichever is later.



## HEALTH SAVINGS ACCOUNT

A Health Savings Account (HSA) is a personal healthcare bank account used to pay for qualified medical expenses and is funded by you. HSA contributions and withdrawals for qualified healthcare expenses are tax-free. You must be enrolled in a HDHP to participate. Check out IRS Publication 502 ([www.irs.gov](http://www.irs.gov)) for a complete list of eligible expenses. You can also contribute up to \$3,400 to a Limited Purpose Flexible Spending Account (FSA) for dental and vision only.

### HSA FUNDING LIMITS

|                                     |         |
|-------------------------------------|---------|
| EMPLOYEE                            | \$4,400 |
| FAMILY                              | \$8,750 |
| CATCH-UP CONTRIBUTION<br>(AGES 55+) | \$1,000 |

### EMPLOYER HSA CONTRIBUTION

ENHANCED HDHP ONLY

|          |       |
|----------|-------|
| EMPLOYEE | \$250 |
| FAMILY   | \$500 |



# PAID PARENTAL LEAVE

When one of our own is having a child, the rest of us rally around to ensure they receive the time they need to pursue their dream of family and the financial support they need to continue excelling in their career. This benefit is among the most generous not just in acute care, but in all of healthcare. It applies to all new parents, including birth mothers as well as fathers, partners, spouses, adoptive, or surrogate parents. We take care of you like family so you can take care of yours.



## PAID PARENTAL LEAVE

US Acute Care Solutions provides an industry-leading parental leave benefit that covers up to 12 weeks of paid leave for birth mothers and 2 weeks of paid leave, at 100% plus 4 weeks of paid leave at 50% of base wages, for all new parents. This paid leave includes birth mothers as well as fathers, partners, spouses, adoptive, or surrogate parents. We take care of you like family so you can take care of yours.

### PARENTAL LEAVE:

2 weeks Parental Leave paid at 100% + 4 weeks Parental Leave paid at 50%\*



### BIRTH PARENT:

8 weeks Leave paid at 100%\* (6 weeks short-term disability + 2 weeks Parental Leave)

+ 4 weeks Parental Leave paid at 50%\*



PLUS flexible clinical scheduling for 3 months post leave, when available.

\*Based on 12 months average salary.



SURVIVOR BENEFITS

Company-Provided Employee Life & Accidental Death and Dismemberment (AD&D) Insurance

Company-provided Employee Life and AD&D benefits are provided to you as a part of your basic coverage. USACS provides employees with Basic Life & AD&D insurance through MetLife, which guarantees loved ones, such as a spouse or other designated survivor(s), continue to receive part of an employee’s benefits after a death.

Your Basic Life and AD&D insurance benefit is \$100,000 or higher, depending on your role.

Voluntary Life and AD&D Insurance

Life and AD&D benefits are an important part of your family's financial security. US Acute Care Solutions provides a generous company-paid Life and AD&D insurance benefit to cover expenses in a time of need. Additional coverage is also available to protect you and your family. Eligible employees may purchase additional Voluntary Life and AD&D insurance. Premiums are paid through payroll deductions.

| COMPANY-PROVIDED EMPLOYEE LIFE & AD&D   |                                                |
|-----------------------------------------|------------------------------------------------|
| COVERAGE AMOUNT                         | \$100,000                                      |
| WHO PAYS                                | US Acute Care Solutions                        |
| MAXIMUM BENEFIT                         | \$100,000 or higher, depending on role         |
| EVIDENCE OF INSURABILITY (EOI) REQUIRED | No                                             |
| VOLUNTARY EMPLOYEE LIFE                 |                                                |
| COVERAGE AMOUNT                         | \$10,000 increments, up to \$500,000           |
| WHO PAYS                                | Employee                                       |
| MAXIMUM BENEFIT                         | \$500,000                                      |
| VOLUNTARY SPOUSE LIFE                   |                                                |
| COVERAGE AMOUNT                         | \$10,000 increments, up to \$250,000           |
| WHO PAYS                                | Employee                                       |
| MAXIMUM BENEFIT                         | \$250,000, up to 100% of the employee's amount |
| EVIDENCE OF INSURABILITY (EOI) REQUIRED | \$50,000                                       |
| VOLUNTARY CHILD LIFE                    |                                                |
| COVERAGE AMOUNT                         | \$10,000                                       |
| WHO PAYS                                | Employee                                       |
| MAXIMUM BENEFIT                         | \$10,000                                       |
| EVIDENCE OF INSURABILITY (EOI) REQUIRED | No                                             |
| VOLUNTARY EMPLOYEE AD&D                 |                                                |
| COVERAGE AMOUNT                         | \$10,000 increments, up to \$500,000           |
| WHO PAYS                                | Employee                                       |
| MAXIMUM BENEFIT                         | \$500,000                                      |



INCOME PROTECTION

US Acute Care Solutions provides a market-leading, company-paid short and long term disability benefit. This coverage protects you financially in the event you cannot work as a result of a debilitating off-the-job injury or illness.

| SHORT TERM DISABILITY (STD) INSURANCE |                                                                                                                                              |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| WEEKLY MAXIMUM BENEFIT                | Weeks 1-6; 100% of your weekly earnings<br>Weeks 7-13; 60% of your weekly earnings                                                           |
| ELIMINATION PERIOD                    | 8 days                                                                                                                                       |
| MAXIMUM BENEFIT PERIOD                | 13 weeks                                                                                                                                     |
| LONG TERM DISABILITY (LTD) INSURANCE  |                                                                                                                                              |
| MONTHLY MAXIMUM BENEFIT               | \$10,000                                                                                                                                     |
| ELIMINATION PERIOD                    | 3 months                                                                                                                                     |
| MAXIMUM BENEFIT PERIOD                | Payments will last for as long as you are disabled<br>or until you reach your Social Security<br>Normal Retirement Age, whichever is sooner. |



INDIVIDUAL DISABILITY INSURANCE

Supplemental LTD coverage is an optional “buy up” offering to replace up to 65% of your earnings (up to max \$7,500/month additional) through UNUM. Participants pay the full cost after tax; hence the benefit is not subject to income tax. Coverage is Guaranteed Issue and will be effective once carrier approval is received. Enrollment is separate from Open Enrollment and you will be notified if you are eligible for this additional coverage.

For more information  
about career opportunities:

**[usacs.com/careers](https://usacs.com/careers)**

To browse all our locations:

**[usacs.com/locations](https://usacs.com/locations)**

