

Top Echelon Contracting 2018 Health Insurance Benefit Summary

Top Echelon Contracting offers employees health insurance through **Aetna** (one of the largest and most nationally recognized health care companies in the United States). Employees working an average of 30 hours or more per week will have the opportunity to participate in one of the following four (4) medical plans.

Aetna HSA 6550/13100* (Base Plan)

<u>Type of Coverage</u>	<u>Employee Monthly Premium</u>	<u>Weekly Payroll Deduction</u>
Employee Only	\$ 188.56	\$ 43.51
Employee and Spouse	\$ 637.34	\$ 147.08
Employee and Child(ren)	\$ 445.00	\$ 102.69
Family	\$ 972.98	\$ 224.53

Aetna HSA 3000/6000

<u>Type of Coverage</u>	<u>Employee Monthly Premium</u>	<u>Weekly Payroll Deduction</u>
Employee Only	\$ 279.80	\$ 64.57
Employee and Spouse	\$ 837.19	\$ 193.20
Employee and Child(ren)	\$ 598.30	\$ 138.07
Family	\$1,254.04	\$ 289.39

Aetna PPO 2000/4000

<u>Type of Coverage</u>	<u>Employee Monthly Premium</u>	<u>Weekly Payroll Deduction</u>
Employee Only	\$ 429.06	\$ 99.01
Employee and Spouse	\$ 1,164.04	\$ 268.62
Employee and Child(ren)	\$ 849.04	\$ 195.93
Family	\$1,713.72	\$ 395.47

Aetna PPO 750/2250

<u>Type of Coverage</u>	<u>Employee Monthly Premium</u>	<u>Weekly Payroll Deduction</u>
Employee Only	\$ 598.92	\$ 138.21
Employee and Spouse	\$1,401.14	\$ 323.34
Employee and Child(ren)	\$1,070.17	\$ 246.96
Family	\$1,978.68	\$ 456.62

*Employees in California that elect the HSA6550 plan will see a different deductible and max out of pocket (network) per minimum value requirements. Please see comparison below for additional information.

If you elect health insurance coverage, the employee premium for the health insurance will be deducted from your pay on a pre-tax basis unless you direct otherwise. Your payroll deductions for the health insurance will begin the first pay of the month in which your coverage becomes effective. Each paycheck will have a benefit deduction. The above "Employee Monthly Premium" reflects an employer contribution of up to 50% of the "Employee Only" single coverage for the Base plan.

If you do not turn in a timesheet, no deductions can be made for that week and the deduction will be added to the next pay. For example, if your monthly premium is \$188.56, you would have a \$43.51 pre-tax deduction from each week's pay. If you do not turn in a timesheet one week, \$87.02 will be deducted from your next pay.

For more information about our complete benefit package please visit our Web site at:

<https://www.topechelon.com/contract-staffing/contractors/contractor-benefits/>

If you have any questions, please feel free to contact: HR at 888-627-3678 or email HR@TopEchelon.com

aetna[®] Finding a PPO Health Care Provider is Easy

Aetna Plans: Go to the Aetna Web site (www.Aetna.com) and click on "FIND A DOCTOR" at the top on the right. On the next page select "Plans through your job or spouse's/partner's job" on the right under "Search without logging in". Enter your **search criteria** and **zip code** then click "search". The plan to select is: "**Managed Choice POS (Open Access)**".

Disclaimer: This is a comparison of plans only. Actual benefit coverage can be found in the Summary Plan Description or by calling Aetna's Customer Service number on the back of your ID card. Benefits are subject to change based on the Company's vendors, suppliers, and Company requirements.

2018 Top Echelon Contracting Comparison /Breakdown of Aetna Healthcare Plan Options

Schedule of Benefits	Aetna HSA 6550/13100* (Base Plan) EFFECTIVE 1/1/2018	Aetna HSA 3000/6000 EFFECTIVE 1/1/2018	Aetna PPO 2000/4000 EFFECTIVE 1/1/2018	Aetna PPO 750/2250 EFFECTIVE 1/1/2018
Deductible (Network)	\$6,550/\$13,100	\$3,000/\$6,000	\$2,000/\$4,000	\$750/\$2,250
Deductible California Only	\$6350/\$12700	\$3,000/\$6,000	\$2,000/\$4,000	\$750/\$2,250
Coinsurance (Network)	Covered 100%	80% - 20%	80% - 20%	80% - 20%
Out of Pocket Max (Network)	\$6,550/\$13,100	\$5,000/\$10,000	\$4,000/\$8,000	\$3,250/\$6,500
Out of Pocket Max (Network) California Only	\$6350/\$12700	\$5,000/\$10,000	\$4,000/\$8,000	\$3,250/\$6,500
Deductible (Non-Network)	\$10,000/\$20,000	\$6,000/\$12,000	\$4,000/\$8,000	\$1,500/\$4,500
Coinsurance (Non-Network)	70% - 30%	60% - 40%	50% - 50%	50% - 50%
Out of Pocket Max (Non-Network)	\$20,000/\$40,000	\$10,000/\$20,000	\$8,000/\$16,000	\$5,500/\$11,000
Office Visit (Network)	Covered 100%; after deductible	20%; after deductible	\$30 copay; deductible waived	\$30 copay; deductible waived
Specialist Visit (Network)	Covered 100%; after deductible	20%; after deductible	\$50 copay; deductible waived	\$50 copay; deductible waived
Allergy Injections (Network)	Covered 100%; after deductible	20%; after deductible	\$5	\$5
Allergy Testing (Network)	Covered 100%; after deductible	20%; after deductible	Allergy Testing is PCP or Specialist copay no deductible	Allergy Testing is PCP or Specialist copay no deductible
Preventative Services (Network)	Covered 100% PPCA	Covered 100% PPCA	Covered 100% PPCA	Covered 100% PPCA

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Emergency Room Visit (Network)	Covered 100%; after deductible	20%; after deductible	20% after \$200 copay; deductible waived	20% after \$200 copay; deductible waived
Urgent Care Services (Network)	Covered 100%; after deductible	20%; after deductible	\$75 copay; deductible waived	\$75 copay; deductible waived
Walk-in Clinics	Covered 100%; after deductible	20%; after deductible	\$30 copay; deductible waived	\$30 copay; deductible waived
Inpatient Services (Network)	Covered 100%; after deductible	20%; after deductible	20%; after deductible	20%; after deductible
Outpatient Services (Network)	Covered 100%; after deductible	20%; after deductible	20%; after deductible	20%; after deductible
Lifetime Maximum (Network)	Unlimited	Unlimited	Unlimited	Unlimited
Retail Pharmacy (Network) 30 Day Supply Includes Diabetic Test Strip	The full cost of the drug is applied to the deductible before any benefits are considered for payment. After deductible is met, covered 100% for formulary, non-formulary and Aetna Premier Specialty drugs.	The full cost of the drug is applied to the deductible before any benefits are considered for payment. After deductible is met, 20% for formulary, non-formulary and Aetna Premier Specialty drugs.	Generic: \$15 Preferred: \$40 Non-Preferred: 50% Aetna Specialty CareRx: 25% For formulary and non-formulary drugs	Generic: \$15 Preferred: \$40 Non-Preferred: 50% Aetna Specialty CareRx: 25% For formulary and non-formulary drugs
Home Delivery (Network) 31-90 day supply	The full cost of the drug is applied to the deductible before any benefits are considered for payment. After deductible is met, covered 100% for formulary, non-formulary and Aetna Premier Specialty drugs.	The full cost of the drug is applied to the deductible before any benefits are considered for payment. After deductible is met, 20% for formulary, non-formulary and Aetna Premier Specialty drugs.	Generic: \$37.50 Preferred: \$100 Non-Preferred: 50% Aetna Specialty CareRx: 25% For formulary and non-formulary drugs	Generic: \$37.50 Preferred: \$100 Non-Preferred: 50% Aetna Specialty CareRx: 25% For formulary and non-formulary drugs

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