

## Top Echelon Contracting 2019 Health Insurance Benefit Summary

Top Echelon Contracting offers employees health insurance through **Anthem** (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 three (3) medical plans.

### Anthem HSA 6550/13100\* (Base Plan)

<u>Type of Coverage</u>	<u>Employee Monthly Premium</u>	<u>Weekly Payroll Deduction</u>
Employee Only	\$ 140.31	\$ 32.38
Employee and Spouse	\$ 474.26	\$ 109.45
Employee and Child(ren)	\$ 331.14	\$ 76.42
Family	\$ 724.02	\$ 167.08

### Anthem 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	\$ 763.30	\$ 176.15
Employee and Child(ren)	\$ 585.53	\$ 135.12
Family	\$1,073.49	\$ 247.73

### Anthem PPO 1000/2000

<u>Type of Coverage</u>	<u>Employee Monthly Premium</u>	<u>Weekly Payroll Deduction</u>
Employee Only	\$ 482.88	\$ 111.43
Employee and Spouse	\$1,057.51	\$ 244.04
Employee and Child(ren)	\$ 811.23	\$ 187.21
Family	\$1,487.27	\$ 343.22

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 \$140.31, you would have a \$32.38 pre-tax deduction from each week's pay. If you do not turn in a timesheet one week, \$64.76 will be deducted from your next pay.

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

<https://topechelon.com/contract-staffing/faqs/>

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

## 2019 Top Echelon Contracting Comparison /Breakdown of Anthem Healthcare Plan Options

<b>Schedule of Benefits</b>	<b>Anthem HSA 6550/13100 (Base Plan) EFFECTIVE 1/1/2019</b>	<b>Anthem HSA 3000/6000 EFFECTIVE 1/1/2019</b>	<b>Anthem PPO 1000/2000 EFFECTIVE 1/1/2019</b>
Deductible (Network)	\$6,550/\$13,100	\$3,000/\$6,000	\$1,000/\$2,000
Coinsurance (Network)	Covered 100%	80% - 20%	80% - 20%
Out of Pocket Max (Network)	\$6,550/\$13,100	\$5,000/\$10,000	\$3,500/\$7000
Deductible (Non-Network)	\$10,000/\$20,000	\$6,000/\$12,000	\$1,500/\$3000
Coinsurance (Non-Network)	70% - 30%	60% - 40%	50% - 50%
Out of Pocket Max (Non-Network)	\$20,000/\$40,000	\$10,000/\$20,000	\$5,500/\$11,000
Office Visit (Network)	Covered 100%;	20%; after deductible	\$30 copay; deductible waived
Specialist Visit (Network)	Covered 100%; after deductible	20%; after deductible	\$50 copay; deductible waived
Allergy Injections (Network)	Covered 100%; after deductible	20%; after deductible	\$10
Allergy Testing (Network)	Covered 100%; after deductible	20%; after deductible	Allergy Testing is PCP or Specialist copay no deductible
Preventative Services (Network)	Covered 100% PPCA	Covered 100% PPCA	Covered 100% PPCA
Emergency Room Visit (Network)	Covered 100%; after deductible	20%; after deductible	20% after \$200 copay; deductible waived
Urgent Care Services (Network)	Covered 100%; after deductible	20%; after deductible	\$75 copay; deductible waived
Walk-in Clinics	Covered 100%; after deductible	20%; after deductible	\$30 copay; deductible waived
Inpatient Services (Network)	Covered 100%; after deductible	20%; after deductible	20%; after deductible
Outpatient Services (Network)	Covered 100%; after deductible	20%; after deductible	20%; after deductible
Lifetime Maximum (Network)	Unlimited	Unlimited	Unlimited
Retail Pharmacy (Network) Includes Diabetic Test Strip <i>*Members have additional cost with retail supply greater than 30 days</i>	The full cost of the drug is applied to the deductible. After deductible is met, covered 100%	The full cost of the drug is applied to the deductible. After deductible is met, cost is 20% until OOP is met.	Generic: \$10 Preferred: \$40 Non-Preferred: \$70 Anthem Specialty: 25% Max: \$350

Disclaimer: This is a comparison of plans only. Actual benefit coverage can be found in the Summary Plan Description or by calling Anthem'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.

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Home Delivery (Network) 31-90 day supply  Specialty Drugs limited to 30 day supply.	The full cost of the drug is applied to the deductible. After deductible is met, covered 100%	The full cost of the drug is applied to the deductible. After deductible is met, cost is 20% until OOP is met.	Generic: \$25.00 Preferred: \$120 Non-Preferred: \$210 Anthem Specialty: 25% Max: \$350

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