



2017 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 plans described below:



Aetna HSA 6550/13100 (Base Plan)

<u>Type of Coverage</u>	<u>Employee Monthly Premium</u>	<u>Weekly Payroll Deduction</u>
Employee Only	\$ 194.39	\$ 44.86
Employee and Spouse	\$ 657.05	\$ 151.63
Employee and Child(ren)	\$ 458.76	\$ 105.87
Family	\$1,003.07	\$ 231.48

Aetna HSA 3000/6000

<u>Type of Coverage</u>	<u>Employee Monthly Premium</u>	<u>Weekly Payroll Deduction</u>
Employee Only	\$ 288.46	\$ 66.57
Employee and Spouse	\$ 863.08	\$ 199.17
Employee and Child(ren)	\$ 616.81	\$ 142.34
Family	\$1,292.83	\$ 298.35

Aetna PPO 2000/4000

<u>Type of Coverage</u>	<u>Employee Monthly Premium</u>	<u>Weekly Payroll Deduction</u>
Employee Only	\$ 442.33	\$ 102.08
Employee and Spouse	\$1,200.04	\$ 276.93
Employee and Child(ren)	\$ 875.30	\$ 201.99
Family	\$1,766.72	\$ 407.70

Aetna PPO 750/2250

<u>Type of Coverage</u>	<u>Employee Monthly Premium</u>	<u>Weekly Payroll Deduction</u>
Employee Only	\$ 618.99	\$ 142.84
Employee and Spouse	\$1,445.09	\$ 333.48
Employee and Child(ren)	\$1,103.89	\$ 254.74
Family	\$2,040.49	\$ 470.88

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)**”.

Additional Benefits

Dental Insurance

Employees who work at least an average of 30 hours per week have the option to elect dental insurance. This is a voluntary plan that immediately covers 100% of the usual and customary cost for preventive procedures, 80% for restorative procedures, and 50% for major procedures. The cost to the employee is based on individual, employee + one or family coverage.

<u>Type of Coverage</u>	<u>Weekly Payroll Deduction</u>	<u>Employee Monthly Premium</u>
Single	\$11.56	\$50.07
Employee + one	\$22.46	\$97.31
Family	\$33.48	\$145.08

Vision Insurance

This voluntary vision plan is available to contractors who work at least an average of 30 hours per week. This provider network is comprised of more than 50,000 providers with provider locations nationwide. Additional savings can be found on items like extra pairs of eyewear, and even non-covered items such as sunglasses and accessories. The vision plan includes savings on vision exams, frames, lenses, and contact lenses. A laser vision correction benefit is also included.

<u>Type of Coverage</u>	<u>Weekly Payroll Deduction</u>	<u>Employee Monthly Premium</u>
Single	\$1.11	\$4.81
Employee + Spouse	\$2.11	\$9.15
Family	\$3.10	\$13.43

Life Insurance

This voluntary Group Term Life Insurance policy is available to employees who work at least an average of 30 hours per week. You may buy the life insurance in multiples of \$10,000 up to \$500,000 not to exceed five times your annual salary. Additional life insurance may be purchased for your spouse and children. These life insurance policies are portable after 12 months of employment, meaning you can choose to keep this coverage even when you leave Top Echelon Contracting's employment. Anyone working less than 12 months will have the option of converting the policy. Please note, life insurance purchased during Open Enrollment or after the employee's first 31 days of employment is subject to underwriting approval.

Accidental Death and Dismemberment Insurance

Accidental Death & Dismemberment Insurance (AD&D) is automatically included with all employee life insurance. If a covered employee loses their life caused by an accident, the life insurance amount will be doubled.

SUPPLEMENTAL INSURANCE



Short Term Disability Insurance

This policy helps to replace lost income due to an accident or illness that keeps you from coming to work: injuries, surgeries, maternity leave, etc. **You may purchase this benefit regardless of the status of your medical coverage.**

Accident and Critical Illness/Cancer Coverage

We offer employees accident and critical illness/cancer coverage through Allstate. These policies help with the out-of-pocket expenses the employee may incur due to an accident or critical illness: deductibles, co-pays, travel expenses, and other items not covered under a medical plan. These products pay over and above any medical coverage you may have. You may purchase these benefits regardless of the status of your medical coverage.

401(k) Savings Plan: All eligible employees, 21 years and older, have the option to join our 401(k) Savings Plan at the end of six months of employment. You can contribute up to 90% of your weekly gross pay on a pre-tax basis up to the 2017 maximum of \$18,000. If you reach age 50 or older in 2017, you may contribute an additional \$6,000 to the plan. You may roll over previous employer's 401(k) money into Top Echelon Contracting's 401(k) immediately.

For more information on 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

2017 Top Echelon Contracting Comparison /Breakdown of Aetna Healthcare Plan Options

Schedule of Benefits	Aetna HSA 6550/13100 (Base Plan) EFFECTIVE 1/1/2017	Aetna HSA 3000/6000 EFFECTIVE 1/1/2017	Aetna PPO 2000/4000 EFFECTIVE 1/1/2017	Aetna PPO 750/2250 EFFECTIVE 1/1/2017
Deductible (Network)	\$6,550/\$13,100	\$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
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
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

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.

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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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