

PREMIER

TALENT PARTNERS



2020 BENEFITS OVERVIEW



PREMIER

Medical Benefits

MEDICAL

2020 PLAN CHOICES	ANTHEM BLUE CROSS Elements Choice PPO 6500		ANTHEM BLUE CROSS CLASSIC PPO 1000/35/20		ANTHEM BLUE CROSS PREMIER 250/20/20		KAISER HMO 15
	In Network	Out Of Network	In Network	Out Of Network	In Network	Out Of Network	In Network
Lifetime Maximum Benefit	unlimited		unlimited		unlimited		unlimited
Deductible							
Individual	\$3,000	\$6,000	\$1,000	\$3,000	\$250	\$250	None
Family	\$13,000	\$39,000	\$3,000	\$9,000	\$750	\$750	None
Out of pocket maximum	includes deductible		includes deductible		includes deductible		
Individual	\$7,350	\$22,500	\$5,000	\$15,000	\$3,500	\$10,500	\$1,500
Family	\$14,700	\$44,100	\$10,000	\$30,000	\$7,000	\$21,000	\$3,000
Co-Insurance (your cost)	0%	50%	20%	40%	20%	40%	N/A
Office visit (pcp/specialist)	\$35/\$35 (1st 3 visits)	Ded + 50%	\$35 / \$35	Ded + 40%	\$20 / \$20	Ded + 40%	\$15 / \$15
Urgent care	Ded + 0%	Ded + 50%	\$35 Copay	Ded + 40%	\$20 Copay	Ded + 40%	\$15 Copay
Preventive services/ well baby care	No Charge	Ded + 50%	No Charge	Ded + 40%	No Charge	Ded + 40%	No Charge
Labs and x-rays	Ded + 0%	Ded + 50%	Ded + 20%	Ded + 40%	Ded + 20%	Ded + 40%	No Charge
MRI/CT/PET	Ded + 0%	Ded + 50%	Ded + 20%	Ded + 40%/ \$800 max	Ded + 20%	Ded + 40%/ \$800 max	No Charge
Hospitalization	Ded + 0%	Ded + 50%	Ded + 20%	Ded + 40%/ \$1,000 per day	Ded + 20%	Ded + 40%/ \$1,000 per day	\$250 per admission
Outpatient surgery	Ded + 0%	Ded + 50%	Ded + 20%	Ded + 40%/ \$350 max	Ded + 20%	Ded + 40%/ \$350 max	\$15 per procedure
Emergency room	Ded + 0%		\$150 (Waived if admitted) then Ded + 20%		\$100 (Waived if admitted) then Ded + 20%		\$100 Copay
Acupuncture	\$35 / \$35 (1st 3 visits)	Ded + 50% (20 per year)	\$35 Copay (20 per year)	Ded + 40% (20 per year)	\$20 (20 per year)	Ded + 40% (20 per year)	\$15 Copay
Chiropractic services	\$35 / \$35 (1st 3 visits)	Ded + 50% (30 per year)	\$35 Copay (30 per year)	Ded + 40% (30 per year)	\$20 (30 per year)	Ded + 40% (30 per year)	Not Covered
Prescriptions							
Rx deductible	\$500 / \$1,500 Deductible						
Generic	\$5 / \$25	Copay + 50% \$250 max	\$5 / \$20	Copay + 50%	\$5 / \$15	Copay + 50%	\$10
Brand	\$50		\$30		\$50		\$25
Non-formulary	\$65		\$50		\$45		\$25
FULL PLAN DESCRIPTION	CLICK HERE		CLICK HERE		CLICK HERE		CLICK HERE
EMPLOYEE CONTRIBUTION PER MONTH							
Employee only	\$72.39		\$164.62		\$323.39		\$100.32
Employee + spouse	\$757.26		\$980.15		\$1,329.44		\$838.71
Employee + child/ren	\$562.30		\$708.33		\$994.10		\$715.65
Employee + family	\$1,195.57		\$1,591.83		\$2,084.00		\$1,330.97

The benefits illustrated above are meant to serve as a summary of the benefits available under the carrier's plan. Should any discrepancy arise, the carrier's documents supersede this illustration. Once enrolled, you will receive a Combined Evidence of Coverage and Disclosure Form that explains the exclusions and limitations, as well as the full range of covered services of your plan, in detail.



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Dental, Vision, Life, and Disability Benefits

DENTAL	ANTHEM BLUE CROSS	
	In Network	Out Of Network
Annual Max	\$1,500	
Orthodontia Lifetime Max	not covered	
Deductible		
Preventive	\$0	
Basic (Individual/Family)	\$50/\$150	\$50/\$150
Major (Individual/Family)	\$50/\$150	\$50/\$150
Coinsurance		
Preventive	100%	
Basic	80%	80%
Major	50%	50%
Orthodontia	not covered	
Important Provisions		
Endodontic Services	basic	
Periodontal Maintenance	basic	
Periodontal Surgery	basic	
Oral Surgery (Simple Extractions)	basic	
Oral Surgery (Complex Extractions)	basic	
Usual & Customary	negotiated fee	90th percentile
EMPLOYEE CONTRIBUTION PER MONTH	FULL PLAN DESCRIPTION	
Employee only	-	
Employee + spouse	\$54.41	
Employee + child/ren	\$68.56	
Employee + family	\$128.96	

VISION	ANTHEM BLUE CROSS	
	in network	out of network
Office visit copay	\$10	n/a
Materials copay	\$25	n/a
Eye exam reimbursement	100%	up to \$49
Lenses		
Single vision	covered after copay	\$35
Bifocal		\$49
Trifocal		\$74
Contact lenses	\$130	\$92
Frames allowance	\$130 + 20%	\$50
Eye exam	every 12 months	
Lenses	every 12 months	
Contact lenses	every 12 months	
Frames	every 24 months	
EMPLOYEE CONTRIBUTION PER MONTH	FULL PLAN DESCRIPTION	
Employee only	-	
Employee + spouse	\$4.59	
Employee + child/ren	\$5.25	
Employee + family	\$11.14	

BASIC LIFE	ANTHEM BLUE CROSS
Class	All Eligible Employees
Benefit Amount	\$50,000
AD&D Benefit	Same as Benefit Amount
Guaranteed Issue	\$50,000
	PLAN DETAILS

OPTIONAL LIFE	ANTHEM BLUE CROSS
Class	All Eligible Employees
Benefit Amount	\$10,000 increments; 5X salary up to \$500,000
AD&D Benefit	Same as Benefit Amount
Guaranteed Issue	\$10,000
Spouse Benefit	\$5,000 increments up to \$250K not to exceed 50% of EE benefit
Child Benefit	\$15,000
	PLAN DETAILS

SHORT-TERM DISABILITY	ANTHEM BLUE CROSS
Class	All Eligible Employees
Taxable Benefit	Yes
Benefit Percentage	60%
Benefit Maximum	\$2,500
Elimination Period	
Accident	7 Days
Sickness	7 Days
Benefit Duration	12 Weeks
	PLAN DETAILS

LONG-TERM DISABILITY	ANTHEM BLUE CROSS
Class	All Eligible Employees
Taxable Benefit	Yes
Benefit Percentage	60%
Benefit Maximum	\$10,800
Guaranteed Issue	\$10,800
Elimination Period	90 Days
Benefit Duration	SSNRA
Own Occupation	2 Years
Pre-Existing	3/12
	PLAN DETAILS



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More Benefits

FLEXIBLE SPENDING ACCOUNT (FSA)



- Premier provides eligible employees the opportunity to enroll in a medical FSA plan, as well as a dependent care plan. Both plans offer employees tremendous opportunities to make pre-tax payroll withholdings to pay for qualified medical and dependent care expenses.
- [Find out more](#)

GYM DISCOUNTS



- Website: [24 Hour Fitness](#) [Click here](#) for more information
- Website: [Active Sports Club](#) [Click here](#) for more information

FARM FRESH TO YOU



- 10% discount and convenient delivery with promo "ProIns"
- [Find out more](#)

HEALTH REIMBURSEMENT ACCOUNT (HRA)



- Premier will enroll all employees who elect the Anthem Elements Choice PPO 6500 medical plan into the HRA plan through BRI.
- Premier will contribute \$3,000 HRA funds towards the \$6,500 deductible to be used on Co-pay, RX, and medical expenses only (excluding dental/vision).
- Medical insurance premiums are not eligible for HRA reimbursement.
- If expenses are eligible under both an HRA and FSA, your HRA funds will be used first.
- [Find out more](#)

SOFI: STUDENT LOAN COST REDUCTION



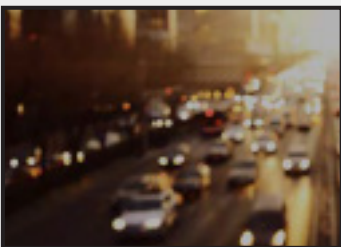
- Convenience—consolidate all your student loans into a single loan
- \$300 welcome bonus if you sign up and refinance through [this link](#).

CARTELLIGENT



- Carrelligent makes buying a new car enjoyable.
- [Find out more](#)

COMMUTER BENEFIT PROGRAM



- This program allows employees to tap into an existing federal program (Sec 132) to pay for transit passes and vanpool expenses on a pre-tax basis. IRS limit is \$270 per month for transit, and \$270 for parking.
- [Find out more](#)

WELLNESS/COMMUTING BENEFIT PROGRAM:

Being able to bring one's natural self to work every day requires our employees to prioritize their physical and mental wellness. We also understand that commuting expenses quickly add up and any extra support can help. Premier is very committed to supporting physical, mental and financial wellness in our employees and offers a \$50/month reimbursement program for wellness and/or commuting related expenses so that employees are able to rejuvenate and recharge outside of work. All permanent, full-time employees of Premier are eligible for this benefit.

ALTERNATIVE BENEFIT CHOICE: STUDENT LOAN REPAYMENT PROGRAM



New! Student Loan Repayment Program (administered by Goodly):

All employees have the opportunity to enroll in our new Student Loan Repayment Program. Anyone who chooses to enroll will receive \$50 a month towards paying down their student loans. Premier Talent Partners will send the contribution to Goodly each month, who will then send it directly to your servicer. You should make your regular monthly payment to stay eligible for that month's contribution. Thanks to these contributions, you will save money on interest and cut time off your loan!

- [Find out more](#)

EMPLOYEE ASSISTANCE PROGRAM (EAP)



Imagine having a counselor, a lawyer and a financial consultant on call whenever you need them. Actually, you don't have to imagine it because with Resource Advisor, you already do. And, it's included with your Anthem Blue Cross group life and/or disability plan at no extra cost.

- [Find out more](#)