



## Bright Choices Benefits Marketplace at a Glance - 2013

### REINVENTING YOUR BENEFITS

Liazon's Bright Choices® Benefits Exchange® gives you:

- Significant choices for Medical, Dental, Vision, Life, Disability, and Supplemental Health Insurance and Health Savings Accounts
- Advanced technology to help you learn about and enroll in your benefits online with the Bright Choices portal
- Help to retain quality employees and save money by offering a comprehensive benefits program
- More support than ever to handle administration and billing, facilitate employee enrollment, and answer employee questions about health insurance and other benefits

#### **Questions?**

Sales Inquiries, Contact Our Sales Team at 1-888-280-3958

For Employee-Related Questions, Contact the Liazon Consumer Service Team at  
1-866-LIAZON-1 or [help@liazon.com](mailto:help@liazon.com)  
(Hours: 8:00am-6:00pm)

For Employer-Related Questions Or To Submit Paperwork, Contact the Liazon Client Service Team at  
Phone: 1-888-886-4345 Fax: 888-810-1059 Email: [myteammidwest@liazon.com](mailto:myteammidwest@liazon.com)  
(Hours: 8:00am-5:00pm)

This comparison has been prepared as a guide to assist you in evaluating the program. This is not a complete comparison or contract and in no way details all the benefits, limitations, or exclusions. Rates and terms are subject to change.



	Co-Pay Plans			Hybrid Plans		HSA Plans			
	*NEW* Active Co-Pay 1	*NEW* Active Co-Pay 2	*NEW* Active Co-Pay 3	*NEW* Active - Hybrid 2 (Co-Pay/Deductible)	*NEW* Active - Hybrid 3 (Co-Pay/Deductible)	Active - HSA 1 (Lower Deductible)	Active - HSA 2 (Moderate Deductible)	Active - HSA 3 (Higher Deductible)	
Preventative Care	Free	Free	Free	Free	Free	Free	Free	Free	
Physician / Specialist	\$15 (\$0 for Kids) / \$25	\$25 (\$0 for Kids) / \$40	\$30 (\$0 for Kids) / \$50	\$30 (\$0 for Kids) / \$50	\$30 (\$0 for Kids) / \$50	Deductible then 20% / Deductible then 20%	Deductible then 0% / Deductible then 0%	Deductible then 0% / Deductible then 0%	
Hospital Stay	\$150	\$500	\$500	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 0%	Deductible then 0%	
Outpatient Surgery	\$75	\$250	\$250	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 0%	Deductible then 0%	
Emergency Room	\$75	\$250	\$250	\$250	\$250	Deductible then 20%	Deductible then 0%	Deductible then 0%	
Prescriptions (Generic Advantage Program applies*)	\$5/\$25/\$50 (\$0 Generics for Kids)	\$5/\$35/\$70 (\$0 Generics for Kids)	\$5/\$45/\$90 (\$0 Generics for Kids)	\$5/\$45/\$90 (\$0 Generics for Kids) Brand Deductible: \$250 per person/ \$750 family maximum	\$5/\$45/\$90 (\$0 Generics for Kids) Brand Deductible: \$250 per person/ \$750 family maximum	Deductible then \$5/\$35/\$70 (\$0 Generics for Kids after deductible)	Deductible then \$5/\$35/\$70 (\$0 Generics for Kids after deductible)	Deductible then 0%	
Dependent Rider	Up to age 26 on all plans regardless of student status; Domestic partner covered.								
Deductible	In Network: None  Out of Network: \$500 Single \$1500 Family	In Network: None  Out of Network: \$500 Single \$1500 Family	In Network: None  Out of Network: \$500 Single \$1500 Family	In Network: \$1000 Single \$3000 Family  Out of Network: \$1000 Single \$3000 Family (combined in & out)	In Network: \$2000 Single \$6000 Family  Out of Network: \$2000 Single \$6000 Family (combined in & out)	In Network: \$1300 Single \$2600 Family  Out of Network: \$1300 Single \$2600 Family (combined in & out)	In Network: \$2600 Single \$5200 Family  Out of Network: \$2600 Single \$5200 Family (combined in & out)	In Network: \$5500 Single \$11000 Family  Out of Network: \$5500 Single \$11000 Family (combined in & out)	
Coinsurance	In Network: None Out of Network: 20%	In Network: None Out of Network: 20%	In Network: None Out of Network: 20%	In Network: 20% Out of Network: 40%	In Network: 20% Out of Network: 40%	In Network: 20% Out of Network: 40%	In Network: 0% Out of Network: 0%	In Network: 0% Out of Network: 0%	
Out of Pocket Maximum	In Network: None  Out of Network: \$1500 Single \$4500 Family	In Network: None  Out of Network: \$1500 Single \$4500 Family	In Network: None  Out of Network: \$1500 Single \$4500 Family	In Network: \$3000 Single \$9000 Family  Out of Network: \$3000 Single \$9000 Family (combined in & out)	In Network: \$6000 Single \$18000 Family  Out of Network: \$6000 Single \$18000 Family (combined in & out)	In Network: \$3000 Single \$6000 Family  Out of Network: \$3000 Single \$6000 Family (combined in & out)	In Network: \$5500 Single \$11000 Family  Out of Network: \$5500 Single \$11000 Family (combined in & out)	In Network: \$5500 Single \$11000 Family  Out of Network: \$5500 Single \$11000 Family (combined in & out)	
Small Group	single	\$602.03	\$555.93	\$532.39	\$459.87	\$428.22	\$359.03	\$319.67	\$238.12
	family	\$1,581.99	\$1,461.53	\$1,400.80	\$1,209.98	\$1,126.07	\$951.08	\$846.68	\$630.29
Sole Proprietor	single	\$692.33	\$639.32	\$612.25	\$528.85	\$492.45	\$412.89	\$367.63	\$273.84
	family	\$1,819.29	\$1,680.75	\$1,610.92	\$1,391.47	\$1,294.98	\$1,093.75	\$973.70	\$724.84
Active Rewards	Cash back program applies for all plans (up to \$500/year for single or \$1000/year for family)								

\*Under the Generic Advantage Program after you've paid any applicable deductible, if you purchase a brand name prescription drug that has a generic equivalent (same active ingredients and same intended therapeutic effect), then you must pay (\$5 dollar copay for generic drug) + (Actual cost of brand name drug) - (actual cost of generic drug). Doctor's orders cannot override this policy.

**\*\*Note: Rates DO NOT include administrative fees**



## HEALTH SAVINGS ACCOUNT (HSA)

Account Setup and Fees	All accounts must be setup directly at your local Key Bank branch office . No account setup or monthly maintenance fees through this program, only for Chamber Members.
Maximum Pretax Contributions	Single: \$3,250 Family: \$6,450 Catch-up: An additional \$1,000 per year (if you're age 55 or older)
Balances	Account earns interest tax-free and balances roll over for future years

## DENTAL INSURANCE



		In-Network			Out-of-Network		
		Value	Basic	Enhanced	Value	Basic	Enhanced
Preventive		100%	100%	100%	80%	90%	100%
Basic		80%	80%	80%	50%	70%	80%
Major		0%	50%	60%	0%	25%	50%
Orthodontia		0%	0%	50% Lifetime Max: 1,000/person)	0%	0%	50% Lifetime Max: 1,000/person)
Deductible		\$0			\$50/person (\$150 family maximum; Applies to Basic and Major Treatment only.)		
Calendar Year Max		\$750	\$1,000	\$1,500	\$500	\$750	\$1,000
Rates (Monthly)	Employee	\$19.10	\$34.44	\$50.68	Please visit <a href="http://myliazon.com">myliazon.com</a> for more plan details. Included for each plan is a list of imitations and exclusions that pertain to your Dental Insurance coverage.		
	+ Spouse	\$40.41	\$62.51	\$100.06			
	+ Child(ren)	\$45.26	\$73.88	\$112.11			
	Family	\$67.36	\$106.42	\$163.21			



## VISION INSURANCE

		Plan A	Plan B	Plan C
Eye Examination		1 per Year \$10 Copay	1 per Year \$10 Copay	1 per Year \$10 Copay
Lenses		1 Every 2 Years \$25 Copay	1 per Year \$25 Copay	1 per Year \$25 Copay
Frames, Contacts		1 Every 2 Years \$25 Copay	1 Every 2 Years \$25 Copay	1 per Year \$25 Copay
Allowance for Materials		\$130		
Rates (Monthly)	Single	\$8.84	\$10.07	\$13.18
	Family	\$19.21	\$21.31	\$28.29

## LIFE & ACCIDENTAL DEATH AND DISMEMBERMENT

	Employee	Partner	Child(ren)
Benefit Amount	Up to \$300,000 of coverage \$100,000 guarantee issue for new groups only.	Up to \$100,000 of coverage \$20,000 guarantee issue for new groups only.	\$10,000
Increment	\$25,000	\$10,000	N/A
Rates (Monthly)	Varies by age and amount of coverage, from \$0.10 to \$1.85 per \$1,000	Varies by age and amount of coverage, from \$0.10 to \$1.85 per \$1,000	\$1.90

Rates shown above are monthly. Employee needs to complete a Statement of Health Form for amounts exceeding Guarantee Issue. Employee must elect self-coverage to sign up for dependent coverage, which may not exceed 50% of employee coverage. Children to age 21 or 26 (if a student).

## LONG-TERM DISABILITY INSURANCE

	Basic
Benefit Amount	60% of Predisability Earnings
Duration	5 Years
Maximum	\$5,000 per month
Rates (Monthly)	Varies by age, amount of coverage and earnings, from \$.23 - \$2.64 per \$100 of monthly benefit.

Rates shown above are monthly. Your exact monthly benefit and monthly rate will depend on your monthly income reported by your employer (rounded to the nearest \$1) as well as the SIC code reported by your employer.



## SHORT-TERM DISABILITY INSURANCE

Benefit Amount	Purchase up to 60% of weekly salary, in increments of \$50
Duration	26 weeks
Increment	Minimum of \$100, maximum of \$1,000 per week
Rates (Monthly)	Varies by age and amount of coverage, from \$0.67 to \$1.47 per \$10 of covered weekly benefit



## TELEMEDICINE PROGRAM

Benefits	<p>Consult A Doctor connects you to licensed physicians 24 hours a day, 7 days a week. Physicians can be contacted either via telephone (Tele-Consults) or secure e-mail (E-Consults), and Consult A Doctor offers an informative, interactive, educational online Personal Health Manager. Services include:</p> <ul style="list-style-type: none"> <li>• Unlimited Tele-Consults and E-Consults</li> <li>• Low cost (\$34.95-\$39.95) comprehensive Medical Tele-Consults, where prescriptions can be prescribed</li> <li>• Complete access to the Personal Health Manager</li> </ul>
Rates (Monthly)	\$5.00 Per Month

## HEALTH AND WELLNESS PROGRAM

Wellness by Choice	Healthy Start	Healthy Coach	Healthy Directions
<b>Benefits</b>	<p>PHD Network:</p> <p>The Personal Health Development (PHD) Network gives you your own personalized online environment where you have the ability to uncover and learn about your individual health risks, such as Heart Disease, Diabetes, Stroke, and Stress. Based on your results, the system provides you with an individualized wellness program.</p>	<p>PHD Network, plus Health Coach:</p> <p>The PHD Network is coupled with your own personal health coach: a registered nurse highly trained in behavior modification science. This skilled professional works with you regularly and is able to explain risks, uncover barriers to change that you may possess, and provide valuable health planning assistance.</p>	<p>PHD Network and Health Coach + Home Screening Kit:</p> <p>A home test kit helps you get an accurate snapshot of your most important lab values, such as cholesterol and glucose. The PHD Network and your coach explain your results and develop a plan for you. This plan gives you the tools to help you become healthier and avoid additional health care costs.</p>
<b>Rates (Monthly)</b>	\$8.33 Per Month	\$24.99 Per Month	\$41.66 Per Month



## PET INSURANCE

	Standard Plan	Superior Plan	Avian & Exotic Pet Plan
<b>Annual Maximum</b>	\$9,000	\$14,000	\$7,000
<b>Per Incident Deductible</b>	\$50	\$50	\$50
<b>Additional Features</b>	<ul style="list-style-type: none"> <li>Covers a multitude of medical problems and conditions related to accidents and illnesses—including office visits, prescriptions, tests, hospitalizations, and surgeries—for dogs, cats, birds, ferrets, reptiles, and other exotic pets.</li> <li>No pre-authorization; Visit any licensed veterinarian worldwide.</li> <li>Optional Pet WellCare Protection™ Coverage is available to help dog and cat owners with the cost of routine care—including annual exams, vaccinations, and other routine care—with no deductibles.</li> </ul>		
<b>Rates (Monthly)</b>	Based on age and species. Rates are discounted for Liazon consumers.		

**BRIGHT CHOICES™**  
From Liazon

**Administrative Fees:** Rates shown DO NOT include administrative fees

**Fee Schedule:**

Late Fee of \$100 is assessed when premium is not paid by the 20th of the month prior to effective date  
Bounced Check fee \$25  
Paper invoice fee \$2/invoice

**Application Deadline:** Applications are due the 10th of the month prior to the month beginning coverage.

**Rates:** Health insurance rates only apply to groups with 50 or fewer total eligible employees. All other insurance products and rates apply to all groups, regardless of size. **Billing is done monthly.**

**Participation Requirements (Medical Only):**

Groups of 5 net eligibles and below must have 100% participation on a Univera product.  
Groups of 6 net eligibles and above must have 75% participation on a Univera product.

Valid waivers include (exclusively): Coverage through a spouse with a commercial carrier or TRICARE; Coverage through a parent who has commercial coverage; Retiree coverage of the employee through a commercial carrier; and Ineligible employees.