



Bright Choices Benefits Marketplace at a Glance - 2012

REINVENTING YOUR BENEFITS

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

- Significant choices for Medical, Dental, Vision, Life, Disability, and Supplemental Health Insurance
- 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
(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
(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.

MEDICAL INSURANCE



Co-Pay Plan	Hybrid Plan	HSA Plan
HB-C-16	HB-CD-38E	HB-HDHP-4
These plans are available to groups with 6-20 eligible employees		

Co-Pay Plan	Hybrid Plans		HSA Plan
HB-C-16	HB-CD-38E	HB-CD-59	HB-HDHP-4
These plans are available to groups with 21-50 eligible employees			

In-Network	Deductible	Single	None	\$500	\$2,600	None	\$500	\$2,000	\$2,600
		Family	None	\$1,500	\$5,200	None	\$1,500	\$6,000	\$5,200
	Plan Pays		None	80%	100%	None	80%	80%	100%
	Out of Pocket Maximum		None	Single: \$1,500 Family: \$4,500	Single: \$5,500 Family: \$11,000	None	Single: \$1,500 Family: \$4,500	Single: \$6,000 Family: \$18,000	Single: \$5,500 Family: \$11,000
	Physician / Specialist		\$25 / \$40	\$25 / \$40	Deductible then 0%	\$25 / \$40	\$25 / \$40	\$40 / \$60	Deductible then 0%
	Hospital Stay		\$250	Deductible then 20%	Deductible then 0%	\$500	Deductible then 20%	Deductible then 20%	Deductible then 0%
	Outpatient Surgery		\$150	Deductible then 20%	Deductible then 0%	\$250	Deductible then 20%	Deductible then 20%	Deductible then 0%
	Emergency Room		\$150	\$250	Deductible then 0%	\$250	\$250	\$350	Deductible then 0%
Prescriptions		\$5/\$35/\$70	\$5/\$35/\$70	Deductible the \$5/\$35/\$70	\$5/\$35/\$70	\$5/\$35/\$70	\$5/\$45/\$90	Deductible the \$5/\$35/\$70	
Out-of-Network	Deductible	Single	\$500	\$500	\$2,600	\$500	\$500	\$2,000	\$2,600
		Family	\$1,500	\$1,500	\$5,200	\$1,500	\$1,500	\$6,000	\$5,200
	Plan Pays		60%	60%	100%	60%	60%	60%	100%
	Out of Pocket Maximum	Single	\$1,500	\$1,500	\$5,500	\$1,500	\$1,500	\$6,000	\$5,500
Family		\$4,500	\$4,500	\$11,000	\$4,500	\$4,500	\$18,000	\$11,000	
Monthly Rates	Small Group	Single	\$437.16	\$403.81	\$227.69	\$437.16	\$403.81	\$324.78	\$227.69
		Employee + Spouse	\$1,066.70	\$985.30	\$555.53	\$1,066.70	\$985.30	\$792.48	\$555.53
		Employee + Child(ren)	\$900.53	\$831.15	\$473.16	\$900.53	\$831.15	\$667.99	\$473.16
		Family	\$1,147.36	\$1,058.97	\$602.83	\$1,147.36	\$1,058.97	\$851.08	\$602.83
	Sole Proprietor	Single	\$502.73	\$464.39	\$261.85	\$502.73	\$464.39	\$373.50	\$261.85
		Employee + Spouse	\$1,226.69	\$1,133.08	\$638.85	\$1,226.69	\$1,133.08	\$911.36	\$638.85
		Employee + Child(ren)	\$1,035.61	\$955.82	\$544.14	\$1,035.61	\$955.82	\$768.19	\$544.14
		Family	\$1,319.48	\$1,217.83	\$693.26	\$1,319.48	\$1,217.83	\$978.76	\$693.26

Rates above are shown monthly. These rates are applicable for all enrollments from 1/1/2012-3/1/2012. No plan design changes are allowed. For official plan details, please reference the official Excellus BCBS benefit summaries.

MEDICAL INSURANCE



		Hybrid Plans		HSA Plans				
		EC0322S - Hybrid #1	EC0323S - Hybrid #2	NECHD 31S - HSA #1	NECHD 32S - HSA #2	HDHP 33SF - HSA #3	NECHD 30S - HSA #4	
These plans are available through the Bright Choices™ Portal for groups with 1-50 eligible employees								
In-Network	Deductible	Single	\$1,500	\$2,500	\$1,500	\$2,500	\$3,500	\$5,000
		Family	\$3,750	\$6,250	\$3,000	\$5,000	\$7,000	\$10,000
	Plan Pays		80%	80%	Defined Copayments	Defined Copayments	80%	80%
	Out of Pocket Maximum		Single: \$4,500 Family: \$11,250	Single: \$7,500 Family: \$18,750	Single: \$3,000 Family: \$6,000	Single: \$5,000 Family: \$10,000	Single: \$5,950 Family: \$11,900	Single: \$5,950 Family: \$11,900
	Physician / Specialist		\$30 / \$50	\$30 / \$50	Deductible then \$30 / Deductible then \$50	Deductible then \$30 / Deductible then \$50	Deductible then 20% / Deductible then 20%	Deductible then 20% / Deductible then 20%
	Hospital Stay		Deductible then 20%	Deductible then 20%	Deductible then \$250	Deductible then \$500	Deductible then 20%	Deductible then 20%
	Outpatient Surgery		Deductible then 20%	Deductible then 20%	Deductible then \$200	Deductible then \$200	Deductible then 20%	Deductible then 20%
	Emergency Room		\$200	\$200	Deductible then \$150	Deductible then \$150	Deductible then 20%	Deductible then 20%
	Prescriptions		\$4/50%/50% (\$250 deductible for tiers 2 & 3)	\$4/50%/50% (\$250 deductible for tiers 2 & 3)	Deductible then \$5/\$35/\$70	Deductible then \$5/\$35/\$70	Deductible then 20%/20%/40%	Deductible then \$5/\$35/\$70
Out-of-Network	Deductible	Single	N/A	N/A	N/A	N/A	\$2,000	N/A
		Family	N/A	N/A	N/A	N/A	\$6,000	N/A
	Plan Pays		N/A	N/A	N/A	N/A	60%	N/A
	Out of Pocket Maximum	Single	N/A	N/A	N/A	N/A	\$6,000	N/A
Family		N/A	N/A	N/A	N/A	\$18,000	N/A	
Monthly Rates	Small Group	Single	\$402.94	\$374.63	\$342.15	\$276.82	\$240.14	\$190.55
		Employee +1	\$805.88	\$749.26	\$684.30	\$553.64	\$420.28	\$381.10
		Employee + 2+	\$1,047.64	\$974.04	\$889.59	\$719.73	\$624.36	\$495.43
	Sole Proprietor	Single	\$463.37	\$430.82	\$393.47	\$318.34	\$276.16	\$219.13
		Employee +1	\$926.77	\$861.66	\$786.95	\$636.69	\$552.33	\$438.27
		Employee + 2+	\$1,204.79	\$1,120.15	\$1,023.03	\$827.69	\$718.02	\$569.75

Rates above are shown monthly. These rates are applicable for all enrollments from 1/1/2012-3/1/2012. Any business with 1-50 eligibles can offer all 6 of these plans simultaneously. For official plan details, please reference the official MVP benefit summaries.

HEALTH SAVINGS ACCOUNT (HSA)

Account Setup and Fees	All accounts must be setup directly at your local office . Please contact your bank of choice for more details.
Maximum Pretax Contributions	Single: \$3,100 Family: \$6,250 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%	90%	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/person			\$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	\$19.47	\$35.11	\$51.65	Please visit http://brightchoices.com for more plan details. Included for each plan is a list of imitations and exclusions that pertain to your Dental Insurance coverage.		
	+ Spouse	\$41.19	\$63.72	\$101.98			
	+ Child(ren)	\$46.13	\$75.30	\$114.27			
	Family	\$68.66	\$108.47	\$166.35			



VISION INSURANCE

		Plan A	Plan B	Plan C
Eye Examination		1 per Year \$10 Copay	1 Every 2 Years \$25 Copay	1 Every 2 Years \$25 Copay
Lenses		1 per Year \$10 Copay	1 per Year \$25 Copay	1 Every 2 Years \$25 Copay
Frames, Contacts		1 per Year \$10 Copay	1 per Year \$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 \$500,000 of coverage Groups 2-19: \$50,000 guarantee issue 20-99: \$100,000 guarantee issue	Up to \$100,000 of coverage Groups 2-19: \$20,000 guarantee issue 20-99: \$50,000 guarantee issue	\$5,000, or \$10,000
Increment	\$25,000	\$5,000	N/A
Rates (Monthly)	Varies by age and amount of coverage, from \$0.09 to \$4.51 per \$1,000	Varies by age and amount of coverage, from \$0.09 to \$4.51 per \$1,000	Rate is \$0.28 per \$1,000, regardless of number of children

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	Enhanced	Premier
Benefit Amount	60% of Predisability Earnings		
Duration	5 Years		
Maximum	\$6,000 per month		
Rates (Monthly)	Varies by age and amount of coverage, 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 payroll



CRITICAL ILLNESS WITH CANCER BENEFIT

	Value	Basic	Enhanced
Benefit Amount	\$10,000	\$30,000	\$50,000
Heart Attack, Stroke, Major Organ Transplant, End-Stage Renal Failure, Alzheimer's Disease, Invasive Cancer	Pays 25% of coverage (Payable Once)	Pays 25% of coverage (Payable Once)	Pays 25% of coverage (Payable Once)
Coronary Artery Bypass Surgery, Carcinoma in Situ	Pays 25% of coverage (Payable Once)	Pays 25% of coverage (Payable Once)	Pays 25% of coverage (Payable Once)
Rates (Monthly)	\$11.70 and up (Based on age, smoker status, and family size)	\$16.77 and up (Based on age, smoker status, and family size)	\$25.35 and up (Based on age, smoker status, and family size)

Enrollment for this product requires a phone and/or in-person interview with a Liazon representative.



ACCIDENT INSURANCE

	Basic	Enhanced	Premier
Benefit Amount	Payout amounts vary based on type of injury. Benefits are paid directly to you or your assignee. Benefits are paid regardless of other coverage.		
Rates (Monthly)	Accident Policy Only Single: \$22.72 Family: \$34.40	Accident Policy Only Single: \$43.27 Family: \$66.64	Accident Policy Only Single: \$63.83 Family: \$98.87

Enrollment for this product requires a phone and/or in-person interview with a Liazon representative.



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"> • Unlimited Tele-Consults and E-Consults • Low cost (\$34.95–\$39.95) comprehensive Medical Tele-Consults, where prescriptions can be prescribed • Complete access to the Personal Health Manager
Rates (Monthly)	\$5.00 Per Month



HEALTH AND WELLNESS PROGRAM

	Healthy Start	Healthy Coach	Healthy Directions
Benefits	<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>
Rates (Monthly)	\$8.33 Per Month	\$24.99 Per Month	\$41.66 Per Month



PET INSURANCE

	Standard Plan	Superior Plan	Avian & Exotic Pet Plan
Annual Maximum	\$9,000	\$14,000	\$7,000
Per Incident Deductible	\$50	\$50	\$50
Additional Features	<ul style="list-style-type: none"> · 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. · No pre-authorization; Visit any licensed veterinarian worldwide. · 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. 		
Rates (Monthly)	Based on age and species. Rates are discounted for Liazon consumers.		