



Benefits Marketplace at a Glance - 2010

REINVENTING YOUR BENEFITS

Our 2010 benefits program gives you more choice with lower costs. We have partnered with Liazon to develop the Bright Choices™ program, which gives you:

- A wide range of choices for Medical, Dental, and Vision coverage
- Benefits including Life, Disability, and Supplemental Insurance like Accident, Critical Illness, and Long-Term Care, as well as Health Savings Accounts for qualified health plans
- Health and Wellness programs, Consult A Doctor services, and even Pet Insurance
- An easy way to learn about and enroll in your benefits online with the Bright Choices portal
- More support than ever to handle administration and billing, facilitate employee enrollment, and answer employee questions about health insurance and other benefits
- A monthly billing option, new for 2010

Questions? Call:

Liazon at 716-803-6190, ext. 2 or TJ Baker at 716-923-1405

These plans are only available to businesses who choose to participate in the Bright Choices program. This document valid through 2/28/11.

Application Deadline: Applications are due the 10th of the month prior to the month beginning coverage. There is a \$25 application fee for all new participating employees (fees waived for participants enrolling through the Bright Choices portal and at open enrollment).

Administrative Fees: Rates shown do not include administrative fees (for health, dental, and vision plans): \$6 per participant per month for those enrolled in one plan, \$8 for those in two plans, and \$10 for three or more plans. Fees are capped at \$70 per month per company and are non-refundable. Ask your membership representative about packages that include these fees.

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.

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	Active — Co-Pay 2	Active — Hybrid 1 (Co-Pay/Deductible)	* NEW * Active — Hybrid 2 (Co-Pay/Deductible)	* NEW * Active — Hybrid 3 (Co-Pay/Deductible)	Active — HSA 1 (Lower Deductible)	* NEW * Active — HSA 2 (Deductible)	Active — HSA 3 (Higher Deductible)
Provision	Free	Free	Free	Free	Free	Free	Free	Free
Preventive Care (Physical, Well-Child Visit, Mammogram, Pap Smear, Colonoscopy)	\$25 (\$0 for Kids)	\$30 (\$0 for Kids)	\$25 (\$0 for Kids)	\$30 (\$0 for Kids)	\$30 (\$0 for Kids)	Deductible then 20%	Deductible then 0%	Deductible then 0%
Physician Visit	\$40	\$50	\$40	\$50	\$50	Deductible then 20%	Deductible then 0%	Deductible then 0%
Specialist Visit	\$500	\$500	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 0%	Deductible then 0%
Hospital Stay	\$250	\$250	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 0%	Deductible then 0%
Outpatient Surgery	Covered in Full	Covered in Full	All Services Deductible then 20% Nursery Care \$0	All Services Deductible then 20% Nursery Care \$0	All Services Deductible then 20% Nursery Care \$0	All Services Deductible then 20%	All Services Deductible then 0%	All Services Deductible then 0%
Maternity	Covered in Full	Covered in Full	All Services Deductible then 20% Nursery Care \$0	All Services Deductible then 20% Nursery Care \$0	All Services Deductible then 20% Nursery Care \$0	All Services Deductible then 20%	All Services Deductible then 0%	All Services Deductible then 0%
Emergency Room	\$250	\$250	\$150	\$250	\$250	Deductible then 20%	Deductible then 0%	Deductible then 0%
Ambulance	\$250	\$250	\$150	\$250	\$250	Deductible then 20%	Deductible then 0%	Deductible then 0%
Prescriptions (Generic Advantage Program applies*)	\$5/\$25/\$50 (\$0 Generics for Kids)	\$5/\$25/\$50 (\$0 Generics for Kids)	\$5/\$35/\$70 (\$0 Generics for Kids) Brand Deductible: \$250 per person/ \$750 family maximum	\$5/\$35/\$70 (\$0 Generics for Kids) Brand Deductible: \$250 per person/ \$750 family maximum	\$5/\$35/\$70 (\$0 Generics for Kids) Brand Deductible: \$250 per person/ \$750 family maximum	Deductible then \$5/\$35/\$70 (\$0 Generics for Kids)	Deductible then \$5/\$35/\$70 (\$0 Generics for Kids)	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 \$1,500 Family	In-Network: None Out-of-Network: \$500 Single \$1,500 Family	In-Network: \$500 Single \$1,500 Family Out-of-Network: \$500 Single \$1,500 Family (Combined In/Out)	In-Network: \$1,000 Single \$3,000 Family Out-of-Network: \$1,000 Single \$3,000 Family (Combined In/Out)	In-Network: \$2,000 Single \$6,000 Family Out-of-Network: \$2,000 Single \$6,000 Family (Combined In/Out)	In-Network: \$1,300 Single \$2,600 Family Out-of-Network: \$1,300 Single \$2,600 Family (Combined In/Out)	In-Network: \$2,600 Single \$5,200 Family Out-of-Network: \$2,600 Single \$5,200 Family (Combined In/Out)	In-Network: \$5,500 Single \$11,000 Family Out-of-Network: \$5,500 Single \$11,000 Family (Combined In/Out)
Coinsurance	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: 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: \$1,500 Single \$4,500 Family (Applies only to deductible)	In-Network: None Out-of-Network: \$1,500 Single \$4,500 Family (Applies only to deductible)	In-Network: \$1,500 Single \$4,500 Family Out-of-Network: \$1,500 Single \$4,500 Family	In-Network: \$3,000 Single \$9,000 Family Out-of-Network: \$3,000 Single \$9,000 Family	In-Network: \$6,000 Single \$18,000 Family Out-of-Network: \$6,000 Single \$18,000 Family	In-Network: \$3,000 Single \$6,000 Family Out-of-Network: \$3,000 Single \$6,000 Family	In-Network: \$5,500 Single \$11,000 Family Out-of-Network: \$5,500 Single \$11,000 Family	In-Network: \$5,500 Single \$11,000 Family Out-of-Network: \$5,500 Single \$11,000 Family
Premium (Monthly; Excluding Cash Back)	Small Group \$447.56 Single \$1,176.40 Family Sole Proprietor \$514.69 Single \$1,352.86 Family	Small Group \$423.64 Single \$1,114.67 Family Sole Proprietor \$487.18 Single \$1,281.86 Family	Small Group \$397.14 Single \$1,045.40 Family Sole Proprietor \$456.71 Single \$1,202.21 Family	Small Group \$359.97 Single \$946.83 Family Sole Proprietor \$413.96 Single \$1,088.85 Family	Small Group \$328.19 Single \$862.54 Family Sole Proprietor \$377.42 Single \$991.91 Family	Small Group \$249.23 Single \$660.02 Family Sole Proprietor \$286.61 Single \$759.02 Family	Small Group \$224.83 Single \$595.30 Family Sole Proprietor \$258.55 Single \$684.59 Family	Small Group \$154.65 Single \$409.16 Family Sole Proprietor \$177.85 Single \$470.53 Family
Cash Back	Cash Back program applies for all plans (up to \$525/year for Single and \$1,050 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.


HEALTH SAVINGS ACCOUNT (HSA)

Account Setup and Fees	All accounts must be setup directly at your local Key Bank branch office or online at the link below: https://www.key.com/html/H-12.hsa.html (click the APPLY NOW button) No account opening or monthly account maintenance fees (Please contact us for the Discount Code)
Maximum Pretax Contributions	Single: \$3,050 Family: \$6,150 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

Provision	Value Plan	Basic Plan	Enhanced Plan
Preventive	In-Network: 100% Out-of-Network: 80%	In-Network: 100% Out-of-Network: 90%	In-Network: 100% Out-of-Network: 100%
Basic	In-Network: 80% Out-of-Network: 50%	In-Network: 80% Out-of-Network: 70%	In-Network: 90% Out-of-Network: 80%
Major	In-Network: 0% Out-of-Network: 0%	In-Network: 50% Out-of-Network: 25%	In-Network: 60% Out-of-Network: 50%
Orthodontia	In-Network: 0% Out-of-Network: 0%	In-Network: 0% Out-of-Network: 0%	In-Network: 50% Out-of-Network: 50% (Lifetime Maximum: \$1,000/person)
Deductible	In-Network: \$0 Out-of-Network: \$50/person (\$150 family maximum; Applies to Basic and Major treatments only.)		
Calendar Year Maximum	In-Network: \$750/person Out-of-Network: \$500/person	In-Network: \$1,000/person Out-of-Network: \$750/person	In-Network: \$1,500/person Out-of-Network: \$1,000/person
Rates (Monthly)	Employee: \$16.40 Employee + Spouse: \$34.70 Employee + Child(ren): \$38.86 Family: \$57.83	Employee: \$29.57 Employee + Spouse: \$53.67 Employee + Child(ren): \$63.43 Family: \$91.37	Employee: \$43.51 Employee + Spouse: \$85.90 Employee + Child(ren): \$96.25 Family: \$140.12

Please [click here](#) for your Value Plan Summary. Please [click here](#) for your Basic Plan Summary. Please [click here](#) for your Enhanced Plan Summary. Included in each is a list of limitations and exclusions that pertain to your Dental Insurance coverage.


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 (Lenses, Frames, Contacts)	\$130	\$130	\$130
Rates (Monthly)	Single: \$8.09 Family: \$17.59	Single: \$9.22 Family: \$19.52	Single: \$12.07 Family: \$25.90



EMPLOYEE LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Amount	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000	
Age	18-29	\$2.65	\$5.30	\$7.95	\$10.60	\$13.25	\$15.90	\$18.55	\$21.20	\$26.50	\$31.80
	30-34	\$3.40	\$6.80	\$10.20	\$13.60	\$17.00	\$20.40	\$23.80	\$27.20	\$34.00	\$40.80
	35-39	\$4.15	\$8.30	\$12.45	\$16.60	\$20.75	\$24.90	\$29.05	\$33.20	\$41.50	\$49.80
	40-44	\$4.90	\$9.80	\$14.70	\$19.60	\$24.50	\$29.40	\$34.30	\$39.20	\$49.00	\$58.80
	45-49	\$7.15	\$14.30	\$21.45	\$28.60	\$35.75	\$42.90	\$50.05	\$57.20	\$71.50	\$85.80
	50-54	\$11.15	\$22.30	\$33.45	\$44.60	\$55.75	\$66.90	\$78.05	\$89.20	\$111.50	\$133.80
	55-59	\$19.40	\$38.80	\$58.20	\$77.60	\$97.00	\$116.40	\$135.80	\$155.20	\$194.00	\$232.80
	60-64	\$26.90	\$53.80	\$80.70	\$107.60	\$134.50	\$161.40	\$188.30	\$215.20	\$269.00	\$322.80
	65-69	\$46.90	\$93.80	\$140.70	\$187.60	\$234.50	\$281.40	\$328.30	\$375.20	\$469.00	\$562.80
Guaranteed Accepted											

Rates shown above are monthly. For life insurance, employee needs to complete a Statement of Health Form for amounts exceeding \$100,000. Please [click here](#) for your Plan Summary. Included is a list of limitations and exclusions that pertain to your Life Insurance coverage.



SPOUSE LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT

Amount	\$10,000	\$20,000	\$30,000	
Age	18-29	\$1.06	\$2.12	\$3.18
	30-34	\$1.36	\$2.72	\$4.08
	35-39	\$1.66	\$3.32	\$4.98
	40-44	\$1.96	\$3.92	\$5.88
	45-49	\$2.86	\$5.72	\$8.58
	50-54	\$4.46	\$8.92	\$13.38
	55-59	\$7.76	\$15.52	\$23.28
	60-64	\$10.76	\$21.52	\$32.28
	65-69	\$18.76	\$37.52	\$56.28

Coverage amount must be less than 50% of employee coverage.



CHILD(REN) LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT

Amount	\$1,000	\$2,000	\$4,000	\$5,000	\$10,000
All Ages	\$0.19	\$0.38	\$0.76	\$0.96	\$1.91

Employee must elect self-coverage in order to sign up for child(ren) coverage. Monthly rate covers all dependent children of the employee, regardless of number of children.



LONG-TERM DISABILITY

Pre-Disability Monthly Income	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	
	x 60%	x 60%	x 60%	x 60%	x 60%	x 60%	x 60%	
Monthly Disability Benefit* (60% of Pre-Disability Income)	\$600	\$1,200	\$1,800	\$2,400	\$3,000	\$3,600	\$4,200	
Age	18-39	\$2.30-\$3.70	\$4.60-\$7.40	\$6.90-\$11.10	\$9.20-\$14.80	\$11.50-\$18.50	\$13.80-\$22.20	\$16.10-\$25.90
	40-49	\$4.60-\$8.10	\$9.20-\$16.20	\$13.80-\$24.30	\$18.40-\$32.40	\$23.00-\$40.50	\$27.60-\$48.60	\$32.20-\$56.70
	50-59	\$10.30-\$22.80	\$20.60-\$45.60	\$30.90-\$68.40	\$41.20-\$91.20	\$51.50-\$114.00	\$61.80-\$136.80	\$72.10-\$159.60
	60-64	\$23.50-\$30.10	\$47.00-\$60.20	\$70.50-\$90.30	\$94.00-\$120.40	\$117.50-\$150.50	\$141.00-\$180.60	\$164.50-\$210.70
	65-69	\$23.60-\$26.40	\$47.20-\$52.80	\$70.80-\$79.20	\$94.40-\$105.60	\$118.00-\$132.00	\$141.60-\$158.40	\$165.20-\$184.80

* 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. Please [click here](#) for your Plan Summary. Included is a list of limitations and exclusions that pertain to your Long Term Disability coverage.

MetLife[®] SHORT TERM DISABILITY INSURANCE

Weekly Benefit Amount (Available in \$50 increments)		\$100	\$250	\$500	\$750	\$1000
Age	< 44	\$6.70	\$16.75	\$33.50	\$50.25	\$67.00
	45-49	\$7.00	\$17.50	\$35.00	\$52.50	\$70.00
	50-54	\$8.60	\$21.50	\$43.00	\$64.50	\$86.00
	55-59	\$11.90	\$29.75	\$59.50	\$89.25	\$119.00
	60-64	\$14.00	\$35.00	\$70.00	\$105.00	\$140.00
	65 +	\$14.70	\$36.75	\$73.50	\$110.25	\$147.00
Waiting Period		7 Days for Injury and Illness				
Benefit Period		25 Weeks				

Rates shown above are monthly. Pre-existing conditions apply for conditions diagnosed within the last 3 months. Please [click here](#) for your Plan Summary. Included is a list of limitations and exclusions that pertain to your Short Term Disability coverage. Like most group Disability insurance policies, MetLife group policies contain certain exclusions, exceptions, waiting periods, limitations, reductions of benefits and terms for keeping them in force. Ask your MetLife Sales Representative for complete costs and details.



CRITICAL ILLNESS WITH CANCER BENEFIT

	Basic	Enhanced	Premier
Benefit Amount	\$10,000	\$30,000	\$50,000
Heart Attack, Stroke, Major Organ Transplant, End-Stage Renal Failure, Alzheimer's Disease, Invasive Cancer	Pays 100% of Coverage	Pays 100% of Coverage	Pays 100% of Coverage
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)	\$14.60 and up (Based on age, smoker status, and family size)	\$25.35 and up (Based on age, smoker status, and family size)



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

LONG TERM CARE INSURANCE*





	Starter	Protection	Superior Protection
Daily Benefit Limit (Nursing Home, Home Health Care)	\$100	\$250	\$400
Benefit Period	Benefits start after 12 weeks and continue for 3 years	Benefits start after 12 weeks and continue for 6 years	Benefits start after 12 weeks and continue for entire lifetime
Additional Features	\$500 Caregiver Training Benefit No Inflation Adjustment Guaranteed Additional Purchase	\$1,250 Caregiver Training Benefit 5% Per Year Inflation Adjustment Guaranteed Additional Purchase	\$2,000 Caregiver Training Benefit 5% Per Year Inflation Adjustment Guaranteed Additional Purchase
Rates (Monthly)	Based on Age	Based on Age	Based on Age

*For illustration only; providers and exact plans to be determined.



TELE-MEDICINE 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
Rate	\$5 Per Month



Allies

HEALTH DISCOUNT PROGRAM

Benefits	<p>OptumHealth Allies is a money-saving program designed to help you reduce your health care spending and start living a healthier lifestyle. While this benefit is not health insurance, it will give you discounts on many of the services and items you buy today. With OptumHealth Allies you have access to:</p> <ul style="list-style-type: none"> • Typical savings of 5-50% on health services for you and your family. • More than 500,000 providers nationwide. • On-the-spot savings—no claim forms to submit. • 24-hour nurse hotline to answer your health questions <p>OptumHealth Allies can work alongside whatever medical and dental insurance plan you choose.</p>
Rate	\$15.50 Per Month



HEALTH AND WELLNESS PROGRAM

Healthy Start	Healthy Coach	Healthy Directions
<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 the results of your assessment, 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, plus 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 health 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>
\$8.33 per Month	\$24.99 per Month	\$41.66 per Month



PET INSURANCE

	Standard Plan	Superior Plan	Avian and 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, diagnostic 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.		