



# Bright Choices<sup>®</sup>

## Benefits Marketplace at a Glance: 2011-2012

### REINVENTING YOUR BENEFITS

The Chautauqua County Chamber of Commerce's benefits program gives you more choice with lower costs. We have partnered with Liazon to offer the Bright Choices<sup>®</sup> Benefits Exchange<sup>™</sup>, which gives you:

- Expanded choices for Medical, Dental, and Vision coverage -- and this year, the introduction of many new benefits including Life, Disability, Pet and many more!
- A new way to 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

For 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)

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These plans are only available to businesses who choose to participate in the Bright Choices program.  
**Application Deadline:** Applications are due 15 days prior to the month beginning coverage.  
**Administrative Fees:** No administrative fees for participants in the Bright Choices program.  
**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:** All groups must have at least 50% of Total Eligible Employees enrolled in any of the available Univera plans in order to pass minimum participation requirements

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

Note: The former Hybrid #1 has been replaced by Copay #3

Provision	Active — Co-Pay 1	Active — Co-Pay 2	Active — Co-Pay 3	Active — Hybrid 2 (Co-Pay + Deductible)	Active — Hybrid 3 (Co-Pay + Deductible)	Active — HSA 1 (Lower Deductible)	Active — HSA 2 (Moderate Deductible)	Active — HSA 3 (Higher Deductible)
Preventive Care	Covered in Full (includes annual physical, well-child visits, mammogram, pap smear, and colonoscopy)							
Physician Visit	\$25 (\$0 for Kids)	\$30 (\$0 for Kids)	\$30 (\$0 for Kids)	\$30 (\$0 for Kids)	\$30 (\$0 for Kids)	Deductible then 20%	Deductible then 0%	Deductible then 0%
Specialist Visit	\$40	\$50	\$50	\$50	\$50	Deductible then 20%	Deductible then 0%	Deductible then 0%
Hospital Stay	\$500	\$500	\$500	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 0%	Deductible then 0%
Outpatient Surgery	\$250	\$250	\$250	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 0%	Deductible then 0%
Maternity	Covered in Full	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%	All Services Deductible then 0%	All Services Deductible then 0%
Emergency Room	\$250	\$250	\$250	\$250	\$250	Deductible then 20%	Deductible then 0%	Deductible then 0%
Ambulance	\$250	\$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/\$25/\$50 \$0 Generics for Kids Brand Deductible: \$250 per person/ \$750 family maximum	\$5/\$25/\$50 \$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%

Up to age 26 on all plans regardless of student status; Domestic partner covered.

Dependent Rider	In-Network:	Out-of-Network:	In-Network:	Out-of-Network:	In-Network:	Out-of-Network:	In-Network:	Out-of-Network:	In-Network:	Out-of-Network:
Deductible	None \$500 Single \$1,500 Family	None \$500 Single \$1,500 Family	\$1,000 Single \$3,000 Family	Out-of-Network: \$1,000 Single \$3,000 Family (Combined In/Out)	\$2,000 Single \$6,000 Family	Out-of-Network: \$2,000 Single \$6,000 Family (Combined In/Out)	\$1,300 Single \$2,600 Family	Out-of-Network: \$1,300 Single \$2,600 Family (Combined In/Out)	\$5,500 Single \$11,000 Family	Out-of-Network: \$5,500 Single \$11,000 Family (Combined In/Out)
Coinsurance	None \$1,500 Single \$4,500 Family (Applies only to deductible)	None \$1,500 Single \$4,500 Family (Applies only to deductible)	\$3,000 Single \$9,000 Family	Out-of-Network: \$3,000 Single \$9,000 Family	\$6,000 Single \$18,000 Family	Out-of-Network: \$6,000 Single \$18,000 Family	\$3,000 Single \$6,000 Family	Out-of-Network: \$3,000 Single \$6,000 Family	\$5,500 Single \$11,000 Family	Out-of-Network: \$5,500 Single \$11,000 Family
Out-of-Pocket Maximum	None \$1,500 Single \$4,500 Family (Applies only to deductible)	None \$1,500 Single \$4,500 Family (Applies only to deductible)	\$3,000 Single \$9,000 Family	Out-of-Network: \$3,000 Single \$9,000 Family	\$6,000 Single \$18,000 Family	Out-of-Network: \$6,000 Single \$18,000 Family	\$3,000 Single \$6,000 Family	Out-of-Network: \$3,000 Single \$6,000 Family	\$5,500 Single \$11,000 Family	Out-of-Network: \$5,500 Single \$11,000 Family
Premium (Monthly; Excluding Cash Back)	2-Tier Small Group \$557.75 Single \$1,466.11 Family	2-Tier Small Group \$527.82 Single \$1,388.88 Family	2-Tier Small Group \$471.15 Single \$1,245.05 Family	2-Tier Small Group \$448.08 Single \$1,178.69 Family	2-Tier Small Group \$408.28 Single \$1,073.14 Family	2-Tier Small Group \$310.32 Single \$822.22 Family	2-Tier Small Group \$279.27 Single \$739.90 Family	2-Tier Small Group \$191.75 Single \$507.66 Family	2-Tier Small Group \$191.75 Single \$507.66 Family	2-Tier Small Group \$191.75 Single \$507.66 Family
Cash Back	2-Tier Small Group \$641.41 Single \$1,686.04 Family	2-Tier Small Group \$606.99 Single \$1,597.22 Family	2-Tier Small Group \$541.82 Single \$1,431.81 Family	2-Tier Small Group \$515.29 Single \$1,355.49 Family	2-Tier Small Group \$469.51 Single \$1,234.11 Family	2-Tier Small Group \$356.87 Single \$945.56 Family	2-Tier Small Group \$321.16 Single \$850.88 Family	2-Tier Small Group \$220.51 Single \$583.81 Family	2-Tier Small Group \$220.51 Single \$583.81 Family	2-Tier Small Group \$220.51 Single \$583.81 Family

Cash Back program applies for all plans (up to \$500/year for Single and \$1,000 for Family).

\*Under the Generic Advantage Program, if you purchase a brand name prescription drug that has a generic equivalent, then you must pay (\$5 dollar copay for generic drug) + (actual cost of brand name drug) – (actual cost of generic drug). This program does not apply to drugs that only have generic alternatives. Doctor's orders cannot override this policy.



## HEALTH SAVINGS ACCOUNT (HSA)

<b>Account Setup and Fees</b>	All accounts must be setup directly at your local Key Bank branch office or online at the link below: <a href="https://www.key.com/html/H-12.hsa.html">https://www.key.com/html/H-12.hsa.html</a> (click the APPLY NOW button) No account opening or monthly account maintenance fees (Contact the Chamber for the Discount Code)
<b>Maximum Pretax Contributions for 2012</b>	Single: \$3,100 Family: \$6,250 Catch-up: An additional \$1,000 per year (if you're age 55 or older)
<b>Balances</b>	Account earns interest tax-free and balances roll over for future years



## DENTAL INSURANCE

Provision	Value Plan	Basic Plan	Enhanced Plan
<b>Preventive</b>	In-Network: 100% Out-of-Network: 80%	In-Network: 100% Out-of-Network: 90%	In-Network: 100% Out-of-Network: 100%
<b>Basic</b>	In-Network: 80% Out-of-Network: 50%	In-Network: 80% Out-of-Network: 70%	In-Network: 90% Out-of-Network: 80%
<b>Major</b>	In-Network: 0% Out-of-Network: 0%	In-Network: 50% Out-of-Network: 25%	In-Network: 60% Out-of-Network: 50%
<b>Orthodontia</b>	In-Network: 0% Out-of-Network: 0%	In-Network: 0% Out-of-Network: 0%	In-Network: 50% Out-of-Network: 50% (Lifetime Max: \$2,000/person)
<b>Deductible</b>	In-Network: \$0 Out-of-Network: \$50/person (\$150 family maximum; Applies to Basic and Major treatments only.)		
<b>Calendar Year Maximum</b>	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
<b>Rates (Monthly)</b>	Employee: \$19.68 Employee + Spouse: \$41.64 Employee + Child(ren): \$46.63 Family: \$69.40	Employee: \$35.48 Employee + Spouse: \$64.40 Employee + Child(ren): \$76.12 Family: \$109.64	Employee: \$51.01 Employee + Spouse: \$103.08 Employee + Child(ren): \$124.04 Family: \$177.23

Please visit [myliazon.com](http://myliazon.com) for plan summaries. 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
<b>Eye Examination</b>	1 per Year	1 per Year	1 per Year
<b>Lenses</b>	1 Every 2 Years	1 per Year	1 per Year
<b>Frames</b>	1 Every 2 Years	1 Every 2 Years	1 per Year
<b>Rates (Monthly)</b>	Single: \$8.84 Family: \$19.21	Single: \$10.07 Family: \$21.31	Single: \$13.18 Family: \$28.29

Note: VSP rates will renew on 3/1/2012.



### 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. Guaranteed Accepted rule only applies at the employee's first open enrollment period. Please visit [myliazon.com](http://myliazon.com) 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	\$8,333	
	x 60%	x 60%	x 60%	x 60%	x 60%	x 60%	x 60%	x 60%	
Monthly Disability Benefit*	\$600	\$1,200	\$1,800	\$2,400	\$3,000	\$3,600	\$4,200	\$5,000 (Benefit Maximum)	
Age	18-39	\$2.30-\$3.70	\$4.59-\$7.40	\$6.89-\$11.10	\$9.18-\$14.80	\$11.48-\$18.50	\$13.78-\$22.20	\$16.07-\$25.90	\$18.37-\$29.60
	40-49	\$4.59-\$8.10	\$9.18-\$16.20	\$13.78-\$24.30	\$18.37-\$32.40	\$22.96-\$40.50	\$27.55-\$48.60	\$32.14-\$56.70	\$36.74-\$64.80
	50-59	\$10.33-\$22.80	\$20.66-\$45.60	\$31.00-\$68.40	\$41.33-\$91.20	\$51.66-\$114.00	\$61.99-\$136.80	\$72.32-\$159.60	\$82.66-\$182.40
	60-64	\$23.53-\$30.10	\$47.07-\$60.20	\$70.60-\$90.30	\$94.14-\$120.40	\$117.67-\$150.50	\$141.20-\$180.60	\$164.74-\$210.70	\$188.27-\$240.80
	65+	\$20.66-\$26.40	\$41.33-\$52.80	\$61.99-\$79.20	\$82.66-\$105.60	\$103.32-\$132.00	\$123.98-\$158.40	\$144.65-\$184.80	\$165.31-\$211.20
Benefit Period	5 years, including 2 years own occupation								
Waiting Period	6 months								

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 visit [myliazon.com](http://myliazon.com) for your Plan Summary. Included is a list of limitations and exclusions that pertain to your Long Term Disability coverage.



## 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 visit [myliazon.com](http://myliazon.com) 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)	\$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.



LONG TERM CARE INSURANCE

	Plan A	Plan B	Plan C
<b>Daily Benefit</b>	\$100	\$200	\$300
<b>Benefit Period</b>	Benefits start after 90 days and continue for 3 years	Benefits start after 90 days and continue for 6 years	Benefits start after 90 days and continue for 10 years
<b>Inflation Option</b>	GPO	CPI Compound	5% Compound
<b>Rates (Monthly)</b>	Based on Age, Health, and Partner Status	Based on Age, Health, and Partner Status	Based on Age, Health, and Partner Status



HEALTH AND WELLNESS PROGRAM

Healthy Start	Healthy Coach	Healthy Directions
<p><b>PHD Network:</b></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><b>PHD Network, plus Health Coach:</b></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><b>PHD Network and Health Coach, plus Home Screening Kit:</b></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
<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, diagnostic tests, hospitalizations, and surgeries—for dogs, cats, birds, ferrets, reptiles, and other exotic pets.</li> <li>No pre-authorization.</li> <li>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.		



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These plans are only available to businesses who choose to participate in the Bright Choices program.

**General Information:** 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. Open enrollment, plans design review/changes, and all rates renew on December 1st each year (except rates for Vision which renew on 3/1).

**How To Contact Liazon:**

*This comparison has been prepared as a guide to assist you in evaluating the program. Benefits described are primarily in-network; carrier benefit summaries should be referenced for details. 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.*

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