



Benefits Marketplace at a Glance 2Q 2010

REINVENTING YOUR BENEFITS

The Sandy Springs/Perimeter Chamber of Commerce's new benefits program gives you more choice with lower costs. We have partnered with Liazon to develop the Bright Choices™ program, which gives you:

- Significant choices for Medical, Dental, 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? Call Liazon at 678-906-7753 or 1-866-LIAZON-1

Applications are due 30 days prior to the month beginning coverage. The accompanying plans and rates are for groups of two employees or more. If you are a one-person company, please contact Liazon for more information.

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.

Plan	POS OA 902	POS OA 904	POS OA 932 (HSA-Qualified)	POS OA 934 (HSA-Qualified)
Preventive Care (Physical, Well-Child Visit, Mammogram, Pap Smear, Colonoscopy)	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Physician Visit	\$25	\$30	Deductible then 100%	Deductible then 100%
Specialist Visit	\$40	\$50	Deductible then 100%	Deductible then 100%
Hospital Stay	Deductible then 80%	Deductible then 80%	Deductible then 100%	Deductible then 100%
Outpatient Surgery	Deductible then 80%	Deductible then 80%	Deductible then 100%	Deductible then 100%
Maternity	Deductible then 80%	Deductible then 80%	Deductible then 100%	Deductible then 100%
Emergency Room	\$150	\$200	Deductible then 100%	Deductible then 100%
Ambulance	Deductible then 80%	Deductible then 80%	Deductible then 100%	Deductible then 100%
Prescriptions	Generics: \$15 Tier 2 Brand Name: \$45 Tier 3 Brand Name: \$60 \$0 Deductible	Generics: \$15 Tier 2 Brand Name: \$45 Tier 3 Brand Name: \$60 \$0 Deductible	Deductible then 100%	Deductible then 100%
Out-of-Network	Covered	Covered	Covered	Covered
Deductible	In-Network: \$500 Single \$1,000 Family Out-of-Network: \$1,500 Single \$3,000 Family	In-Network: \$1,500 Single \$3,000 Family Out-of-Network: \$2,000 Single \$4,000 Family	In-Network: \$2,500 Single \$5,000 Family Out-of-Network: \$4,000 Single \$8,000 Family	In-Network: \$5,250 Single \$10,500 Family Out-of-Network: \$7,000 Single \$14,000 Family
Coinsurance	In-Network: 80% Out-of-Network: 60%	In-Network: 80% Out-of-Network: 60%	In-Network: 100% Out-of-Network: 70%	In-Network: 100% Out-of-Network: 70%
Out-of-Pocket Maximum (Including Deductible)	In-Network: \$3,000 Single \$6,000 Family Out-of-Network: \$5,500 Single \$11,000 Family	In-Network: \$4,500 Single \$9,000 Family Out-of-Network: \$8,000 Single \$16,000 Family	In-Network: \$2,500 Single \$5,000 Family Out-of-Network: \$7,000 Single \$14,000 Family	In-Network: \$5,250 Single \$10,500 Family Out-of-Network: \$11,000 Single \$22,000 Family
Premium (Monthly)	4-Tier Rates Available on a Group-Specific Basis			

The above rates are for groups of two or more; one-person companies are not eligible for this program. Medical plans from other carriers are also available; contact Liazon for more information.



HEALTH SAVINGS ACCOUNT (HSA)*

Account Fees	No Setup or Monthly Administrative Fees for Aetna medical plan subscribers (Standard fees are \$10 for setup and \$3.95 for monthly maintenance)
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
Investments	Ability to invest in bonds, stocks, and mutual funds after a balance of \$2,000 has been accrued
Other Features	A Health Savings Account Debit Mastercard® and free online banking

*Only available with HSA-qualified medical insurance plans

MetLife 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: \$750/person	In-Network: \$1,000/person Out-of-Network: \$1,000/person	In-Network: \$1,500/person Out-of-Network: \$1,500/person
Rates (Monthly)	Employee: \$15.12 Employee + Spouse: \$29.76 Employee + Child(ren): \$33.82 Family: \$51.92	Employee: \$29.76 Employee + Spouse: \$59.92 Employee + Child(ren): \$56.52 Family: \$91.66	Employee: \$38.57 Employee + Spouse: \$78.09 Employee + Child(ren): \$76.65 Family: \$123.23

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

Provision	Voluntary Option
Copay	\$10 for Exam and \$25 for Materials
Eye Examination	1 Per Year
Lenses	1 Per Year
Frames	1 Every 2 Years
Rates (Monthly)	Employee Only: \$8.44 Employee + Spouse: \$16.45 Employee + Child(ren): \$17.30 Family: \$24.05



CRITICAL ILLNESS WITH CANCER BENEFIT

	Basic	Enhanced
Benefit Amount	\$10,000	\$20,000
Heart Attack, Stroke, Major Organ Transplant, End-Stage Renal Failure, Alzheimer's Disease, Invasive Cancer	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)
Wellness Benefit	\$100 Per Year	
Rates (Monthly; Based on age, smoker status, and family size)	\$9.62 and up	\$15.21 and up

Minimum participation of 2 people and 3 applications required.



ACCIDENT INSURANCE

	Group Accident Insurance
Benefit Amount	\$40,000 for Accidental Death and/or Dismemberment \$1,000 for Initial Hospitalization due to Accidental Injury \$200 Per Day for Hospitalization due to Accidental Injury Up to \$500 Per Person in Medical Fees due to Accidental Injury \$50 Per Outpatient Physician Visit (Need Not Be Accident Related)
Rates (Monthly)	Single: \$15.56 Family: \$39.30

Minimum participation of 2 people and 3 applications required.



EMPLOYEE LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Amount		\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$400,000	\$500,000
Age	18-29	\$2.13	\$4.25	\$6.38	\$8.50	\$12.75	\$17.00	\$21.25	\$25.50	\$34.00	\$42.50
	30-34	\$2.73	\$5.45	\$8.18	\$10.90	\$16.35	\$21.80	\$27.25	\$32.70	\$43.60	\$54.50
	35-39	\$3.43	\$6.85	\$10.28	\$13.70	\$20.55	\$27.40	\$34.25	\$41.10	\$54.80	\$68.50
	40-44	\$4.15	\$8.30	\$12.45	\$16.60	\$24.90	\$33.20	\$41.50	\$49.80	\$66.40	\$83.00
	45-49	\$5.95	\$11.90	\$17.85	\$23.80	\$35.70	\$47.60	\$59.50	\$71.40	\$95.20	\$119.00
	50-54	\$9.40	\$18.80	\$28.20	\$37.60	\$56.40	\$75.20	\$94.00	\$112.80	\$150.40	\$188.00
	55-59	\$16.15	\$32.30	\$48.45	\$64.60	\$96.90	\$129.20	\$161.50	\$193.80	\$258.40	\$323.00
	60-64	\$22.40	\$44.80	\$67.20	\$89.60	\$134.40	\$179.20	\$224.00	\$268.80	\$358.40	\$448.00
	65-69	\$40.50	\$81.00	\$121.50	\$162.00	\$243.00	\$324.00	\$405.00	\$486.00	\$648.00	\$810.00
70+	\$71.88	\$143.75	\$215.63	\$287.50	\$431.25	\$575.00	\$718.75	\$862.50	\$1,150.00	\$1,437.50	
Guaranteed Accepted											

Rates shown above are monthly. Plan Maximum is lesser of \$500,000 or 5x earnings. 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 Life Insurance coverage.



SPOUSE LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT

Amount		\$25,000	\$50,000	\$75,000	\$100,000
Age	<30	\$2.15	\$4.30	\$6.45	\$8.60
	30-34	\$2.75	\$5.50	\$8.25	\$11.00
	35-39	\$3.45	\$6.90	\$10.35	\$13.80
	40-44	\$4.18	\$8.35	\$12.53	\$16.70
	45-49	\$5.98	\$11.95	\$17.93	\$23.90
	50-54	\$9.43	\$18.85	\$28.28	\$37.70
	55-59	\$16.18	\$32.35	\$48.53	\$64.70
	60-64	\$22.43	\$44.85	\$67.28	\$89.70
	65-69	\$40.53	\$81.05	\$121.58	\$162.10
70+	\$71.90	\$143.80	\$215.70	\$287.60	
Guaranteed Accepted					

CHILD(REN) LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT

Amount	\$5,000	\$10,000
All Ages	\$1.36	\$2.71

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

Rates are monthly. Employee must elect self-coverage to sign up for spouse coverage. Total coverage must be less than 50% of employee coverage.



LONG-TERM DISABILITY

Pre-Disability Monthly Income		\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000
		x 60%						
Monthly Disability Benefit* (60% of Pre-Disability Income)		\$600	\$1,200	\$1,800	\$2,400	\$3,000	\$3,600	\$4,200
Age	0-34	\$2.30 - \$2.90	\$4.59 - \$5.80	\$6.89 - \$8.70	\$9.18 - \$11.60	\$11.48 - \$14.50	\$13.78 - \$17.40	\$16.07 - \$20.30
	35-39	\$2.87 - \$3.70	\$5.74 - \$7.40	\$8.61 - \$11.10	\$11.48 - \$14.80	\$14.35 - \$18.50	\$17.22 - \$22.20	\$20.09 - \$25.90
	40-44	\$4.59 - \$5.90	\$9.18 - \$11.80	\$13.78 - \$17.70	\$18.37 - \$23.60	\$22.96 - \$29.50	\$27.55 - \$35.40	\$32.14 - \$41.30
	45-49	\$6.31 - \$8.10	\$12.63 - \$16.20	\$18.94 - \$24.30	\$25.26 - \$32.40	\$31.57 - \$40.50	\$37.88 - \$48.60	\$44.20 - \$56.70
	50-54	\$10.33 - \$13.20	\$20.66 - \$26.40	\$31.00 - \$39.60	\$41.33 - \$52.80	\$51.66 - \$66.00	\$61.99 - \$79.20	\$72.32 - \$92.40
	55-59	\$17.79 - \$22.80	\$35.59 - \$45.60	\$53.38 - \$68.40	\$71.18 - \$91.20	\$88.97 - \$114.00	\$106.76 - \$136.80	\$124.56 - \$159.60
	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
	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

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		\$100	\$250	\$500	\$750	\$1000
Age	< 44	\$7.40	\$18.50	\$37.00	\$74.00	\$68.00
	45-49	\$6.80	\$17.00	\$34.00	\$68.00	\$70.00
	50-54	\$7.80	\$19.50	\$39.00	\$78.00	\$87.00
	55-59	\$10.40	\$26.00	\$52.00	\$104.00	\$120.00
	60-64	\$11.60	\$29.00	\$58.00	\$116.00	\$141.00
	65 +	\$11.80	\$29.50	\$59.00	\$118.00	\$148.00
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.



LONG TERM CARE INSURANCE

	Starter	Protection	Superior Protection
Daily Benefit Limit (Nursing Home, Home Health Care, Alternative Living)	\$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)	\$32.42 and Up (Based on Age)	\$100 and Up (Based on Age)	\$300 and Up (Based on Age)



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% to 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 (Monthly)	\$15.50



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



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 • Unlimited E-Consults • Low cost (\$34.95–\$39.95) comprehensive Medical Tele-Consults, where prescriptions can be prescribed • Complete access to the Personal Health Manager
Cost	\$60 Per Year



FLEXIBLE SPENDING ACCOUNTS

	Health Account	Dependent Account	Commuter Account
Benefits and Tax Savings	<p>Flexible Spending Accounts allow you to set money aside on a pre-tax basis to pay for eligible health, dependent, or commuter (public transportation, vanpool, or parking) expenses. The money comes directly out of your paycheck every pay period and you can save money by reducing federal, state, local, and social security taxes. You need to budget your expenses correctly, because you need to use the money set aside in the accounts during the calendar year, or you lose the money.</p> <p>Also included:</p> <ul style="list-style-type: none"> • Many easy ways to pay for services including a debit/credit card and a “Pay my Provider” service that remits payments directly to your provider. • Real-time access to account information online or via telephone along with a comprehensive online Learning Center. 		
Eligible Expenses	<p>If you do not have a Health Savings Account, then an exhaustive list, approved by the IRS, of medical, dental, vision and pharmacy expenses are eligible. If you do have a Health Savings Account, you can still use your Health Account to cover dental and vision expenses.</p>	<p>Most expenses associated with the care of a child or elder (who is your dependent) that are necessary because you are at work. For example, you can use your Dependent Care Account to pay for babysitting, pre-school, after school programs, and nannies for children as well as adult day care and custodial care for elders.</p>	<p>Most commuter expenses associated with your commute to and from work, including the cost for buses, ferries, trains, subways, and parking near transportation or work.</p>
Contribution Limits	A maximum of \$5,000 per year; potentially less depending on your employer’s plan	A maximum of \$5,000 per year	A maximum of \$2,760 per year
Rates (Monthly)	Typical fees are \$250 per year plus \$5.95 per participant per month		

Note: Employer fees apply. Account minimums may apply.



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.		