



Bright Choices® Benefits Exchange® — 2012

REINVENTING YOUR BENEFITS

The Ulster County Regional Chamber of Commerce's 2012 benefits program gives you more choice with lower costs. We have partnered with Liazon to develop the Bright Choices® program, which gives you:

Choice of plans – Liazon's Benefits Marketplace is a comprehensive suite of benefits plans and programs that address the diverse needs of each person, including:

- A wide range of choices for Medical and Dental coverage
- Benefits including Life and Disability, and Health Savings Accounts for qualified health plans

Communications and Decision Support – To ensure that we are creating effective consumers, Liazon's Bright Choices portal provides rich decision support tools that reveal the actual costs of benefits, help consumers build their own personalized benefits portfolios and educate them to make more informed decisions when using healthcare services.

Service and Support – Liazon takes care of all service so you can focus on your business, not on benefits. We handle all benefits administration—eligibility, enrollment and carrier connections—and we support your employees with a dedicated Consumer Advocacy Center that helps them solve any benefit-related issues.

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
(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.

	Copay 1	Hybrid 1	HSA 1	HSA 2	HSA 3	HSA 4
Premium (Monthly)	Small Group \$570.11 Single \$1,140.20 Two-Person \$1,482.29 Family Sole Proprietor \$655.62 Single \$1,311.25 Two-Person \$1,704.64 Family	Small Group \$528.29 Single \$1,056.58 Two-Person \$1,373.55 Family Sole Proprietor \$607.53 Single \$1,215.07 Two-Person \$1,579.59 Family	Small Group \$425.09 Single \$850.18 Two-Person \$1,105.23 Family Sole Proprietor \$488.85 Single \$977.71 Two-Person \$1,271.02 Family	Small Group \$343.81 Single \$687.62 Two-Person \$893.90 Family Sole Proprietor \$395.38 Single \$790.77 Two-Person \$1,027.99 Family	Small Group \$298.19 Single \$596.38 Two-Person \$775.29 Family Sole Proprietor \$342.92 Single \$685.84 Two-Person \$891.59 Family	Small Group \$236.49 Single \$472.98 Two-Person \$614.87 Family Sole Proprietor \$271.96 Single \$543.93 Two-Person \$707.11 Family
Preventive Care	Covered in Full (Includes Physical, Well-Child Visit, Mammogram, Pap Smear, Colonoscopy)					
Physician Visit	\$30	\$30	Deductible then \$30	Deductible then \$30	Deductible then 20%	Deductible then 20%
Specialist Visit	\$50	\$50	Deductible then \$50	Deductible then \$50	Deductible then 20%	Deductible then 20%
Hospital Stay	\$1,000	Deductible then 20%	Deductible then \$250	Deductible then \$500	Deductible then 20%	Deductible then 20%
Outpatient Surgery	\$150	Deductible then 20%	Deductible then \$200	Deductible then \$200	Deductible then 20%	Deductible then 20%
Emergency Room	\$100	\$200	Deductible then \$150	Deductible then \$150	Deductible then 20%	Deductible then 20%
Ambulance	\$150	Deductible then 20%	Deductible then \$150	Deductible then \$150	Deductible then 20%	Deductible then 20%
Prescriptions	\$500 Brand Name Deductible, then \$10/50%/50%	\$500 Brand Name Deductible, then \$5/\$45/\$90	Deductible, then \$5/\$35/\$70	Deductible, then \$5/\$35/\$70	Deductible, then 20%/20%/40%	Deductible, then \$5/\$35/\$70
Dependent Rider	Up to age 26 on all plans regardless of student status; Domestic partner covered.					
Annual Benefit Max	Unlimited					
Deductible	In-Network: N/A Out-of-Network: None	In-Network: \$1,000 Single \$2,500 Family Out-of-Network: None	In-Network: \$1,500 Single \$3,000 Family Out-of-Network: None	In-Network: \$2,500 Single \$5,000 Family Out-of-Network: None	In-Network: \$3,500 Single \$7,000 Family Out-of-Network: \$7,000 Single \$14,000 Family	In-Network: \$5,000 Single \$10,000 Family Out-of-Network: None
Coinsurance	In-Network: N/A Out-of-Network: None	In-Network: 20% Out-of-Network: None	In-Network: 0% Out-of-Network: None	In-Network: 0% Out-of-Network: None	In-Network: 20% Out-of-Network: 40%	In-Network: 20% Out-of-Network: None
Out-of-Pocket Maximum	In-Network: N/A Out-of-Network: None	In-Network: \$3,000 Single \$7,500 Family Applies only to deductible Out-of-Network: None	In-Network: \$3,000 Single \$6,000 Family Out-of-Network: None	In-Network: \$5,000 Single \$10,000 Family Out-of-Network: None	In-Network: \$5,950 Single \$11,900 Family Out-of-Network: \$14,000 Single \$28,000 Family	In-Network: \$5,950 Single \$11,900 Family Out-of-Network: None



HEALTH SAVINGS ACCOUNT (HSA)

Account Setup and Fees	No account setup fees for Liazon customers; \$3.95 monthly maintenance fee per account.
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

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: \$18.04 Employee + Spouse: \$38.17 Employee + Child(ren): \$42.75 Family: \$63.61	Employee: \$32.53 Employee + Spouse: \$59.04 Employee + Child(ren): \$69.77 Family: \$100.51	Employee: \$47.86 Employee + Spouse: \$94.49 Employee + Child(ren): \$105.86 Family: \$154.13

Please visit myliazon.com for more plan details. Included for each plan is a list of limitations and exclusions that pertain to your Dental Insurance coverage.



VISION INSURANCE

	Frequency	Copay/Allowance
Eye Examination	1 per Year	\$10 Copay
Lenses	1 per Year	\$25 Copay; Up to \$130 Allowance
Frames	1 Every 2 Years	\$25 Copay; Up to \$130 Allowance
Contacts	1 per Year	\$25 Copay; Up to \$130 Allowance
Rates (Monthly)	\$6.85 Employee \$12.62 + Spouse \$13.22 + Child(ren) \$19.80 Family	



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 for your Plan Summary. Included is a list of limitations and exclusions that pertain to your Short Term Disability coverage.



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 visit 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	\$4.60-\$7.40	\$6.90-\$11.10	\$9.20-\$14.80	\$11.50-\$18.50	\$13.80-\$22.20	\$16.10-\$25.90	\$19.16-\$30.82
	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	\$38.32-\$67.47
	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	\$85.80-\$189.92
	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	\$195.76-\$250.73
	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	\$196.59-\$219.91
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 for your Plan Summary. Included is a list of limitations and exclusions that pertain to your Long Term Disability coverage.



ACCIDENT INSURANCE

Benefit	Amount
Death Benefit	\$25,000
X-ray Reimbursement	\$50 per accident
Hospital Admission	\$1,000
Hospital per Day	\$160/day
Intensive Care	\$600/day
Ambulance	\$150
Rates (Monthly)	\$30.42 Employee \$39.91 + Spouse \$47.71 + Child(ren) \$62.79 Family

Rates shown are base rates and subject to further underwriting.



HOSPITAL INDEMNITY

Benefit	Amount
Hospital per Day (first 5)	\$395/day
Hospital per Day	\$100/day
Invasive Diagnostic Exam	\$100/exam
Surgery	\$50-\$1,000/surgery
Rates (Monthly)	\$40.56 and up Employee \$57.20 and up + Spouse \$75.27 and up + Child(ren) \$86.97 and up Family

Rates shown are base rates and subject to further underwriting.



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



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



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

Application Deadline: Applications are due 20 days in advance of the effective date of coverage.

Participation Requirements (Health): 75% of all net eligibles must enroll. Employees may waive due to spousal 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.

Plan Year: Health insurance plan year renews according to the month your company joins; all other insurance products and rates renew on 1/1/2013.

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.