



Bright Choices Benefits Marketplace at a Glance - 2017

REINVENTING YOUR BENEFITS

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

- Significant choices for Medical, Dental, Vision, Life 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

Bright Choices Login: *exchange.liazon.com*

Username: *UCC + 1st Initial of First Name + 1st Initial of Last Name + last 4 digits of SSN*

Password: *Full Social Security Number (no spaces or dashes)*

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.



**SMALL GROUP
OPTIONS**

	Platinum 100 Standard	Gold 221	Gold 222	Silver 320	Silver 322	Bronze 400 Standard	Bronze 420 (Replacing 422)	Bronze 421	
	EPO Copay Embedded	EPO Copay Embrace Health Embedded	EPO Hybrid Embedded	HDEPO Qualified Aggregate	EPO Hybrid Embedded	HDEPO Non-Qualified Embedded	HDEPO Qualified Aggregate (2016 Plan Mapping: Bronze 422 will map into this plan)	HDEPO Qualified Aggregate	
Preventative Care	Qualified services are covered in full.								
Physician / Specialist	\$15 / \$35	Deductible then \$30/\$50	\$20 / \$40	Deductible then \$30/\$40	\$40 / \$60	Deductible then 50%	Deductible then 30%	Deductible then 0%	
Hospital Stay	\$500	Deductible then \$1000	Deductible then 20%	Deductible then \$750	Deductible then 20%	Deductible then 50%	Deductible then 30%	Deductible then 0%	
Emergency Room	\$100	Deductible then \$100	Deductible then 20%	Deductible then \$150	Deductible then 20%	Deductible then 50%	Deductible then 30%	Deductible then 0%	
Prescriptions	\$10 / \$30 / \$60	\$10/\$50/\$80 NOT subject to deductible	\$10/\$50/\$80 NOT subject to deductible	Deductible then \$10/50%/50%	\$10/50%/50% NOT subject to deductible	Deductible then \$10/\$35/\$70	Deductible then 50%/50%/50%	Deductible then 0%/0%/0%	
Dependent Rider	Up to age 26 on all plans regardless of student status; Domestic partner covered.								
Deductible	In Network: \$0 Single \$0 Family	In Network: \$250 Single \$500 Family	In Network: \$600 Single \$1200 Family	In Network: \$1750 Single \$3500 Family	In Network: \$2000 Single \$4000 Family	In Network: \$4000 Single \$8000 Family	In Network: \$4800 Single \$9600 Family	In Network: \$6550 Single \$13100 Family	
	Out of Network: N/A	Out of Network: N/A	Out of Network: N/A	Out of Network: N/A	Out of Network: N/A	Out of Network: N/A	Out of Network: N/A	Out of Network: N/A	
Out of Pocket Maximum	In Network: \$2000 Single \$4000 Family	In Network: \$7150 Single \$14300 Family	In Network: \$5000 Single \$10000 Family	In Network: \$6550 Single \$13100 Family	In Network: \$7150 Single \$14300 Family	In Network: \$7150 Single \$14300 Family	In Network: \$6550 Single \$13100 Family	In Network: \$6550 Single \$13100 Family	
	Out of Network: N/A	Out of Network: N/A	Out of Network: N/A	Out of Network: N/A	Out of Network: N/A	Out of Network: N/A	Out of Network: N/A	Out of Network: N/A	
SMALL GROUP RATES	Single	\$977.37	\$853.48	\$817.12	\$705.87	\$702.25	\$556.55	\$549.66	\$541.69
	EE+Spouse	\$1,954.73	\$1,706.96	\$1,634.23	\$1,411.75	\$1,404.50	\$1,113.11	\$1,099.32	\$1,083.39
	EE+Children	\$1,661.52	\$1,450.92	\$1,389.10	\$1,199.98	\$1,193.83	\$946.14	\$934.42	\$920.88
	Family	\$2,785.50	\$2,432.42	\$2,328.78	\$2,011.74	\$2,001.42	\$1,586.18	\$1,566.53	\$1,543.83

Please note--- Employee+Children and Family Rates DO NOT include the Mandatory Pediatric Dental Charge - your actual rate may be more depending on the number of qualifying dependents. CDPHP Pediatric dental rate for dependents under age 19 is \$18.00 per dependent (not to exceed \$54.00).

Please note --- Please check your doctors as these are all EPO plans. EPO - National Network w/First Health & Magnacare. Doctors can be found on www.cdphp.org



	Platinum EPO	Platinum EPO	Gold EPO HSA Qualified	Gold PPO	Silver EPO	Silver EPO HSA Qualified	Silver PPO HSA Qualified	Bronze EPO	Bronze EPO HSA Qualified	Bronze EPO HSA Qualified	
	Platinum 1 Embedded	Platinum 4 Embedded	Gold 2 HDHP Aggregate Ded Embedded OOP	Gold PPO In Network and Out of Network Benefits	Silver 7 Embedded	Silver 8 HDHP Aggregate Ded Embedded OOP	Silver PPO HDHP Aggregate Ded Embedded OOP	Bronze 1 Embedded	Bronze 3 HDHP Embedded	Bronze 6 HDHP Embedded	
Preventative Care	Qualified services are covered in full.										
Physician / Specialist	3 visits at \$0 then \$5 / \$45	\$40 / \$60	Deductible then \$10 / \$20	In Network: \$40/\$60 Out of Network: Deductible then 20%	\$30 / Deductible then \$40	Deductible then \$0	In Network: Deductible then 20% Out of Network: Deductible then 40%	Deductible then \$35 / \$80	Deductible then \$30 / \$50	Deductible then \$0	
Hospital Stay	\$300	\$500	Deductible then \$200	In Network: Deductible then \$500 Out of Network: Deductible then 20%	Deductible then \$500	Deductible then \$0	In Network: Deductible then 20% Out of Network: Deductible then 40%	Deductible then 50%	Deductible then 30%	Deductible then \$0	
Emergency Room	\$100	\$350	Deductible then \$75	In Network: Deductible then \$300 Out of Network: Deductible then \$300	Deductible then \$500	Deductible then \$0	In Network: Deductible then 20% Out of Network: Deductible then 20%	Deductible then 50%	Deductible then \$300	Deductible then \$0	
Prescriptions	\$5/\$30/\$50	\$5/\$45/\$90	Deductible then \$5/\$15/\$25 (Preventative Drugs not subject to deductible)	In Network: \$10/\$40/\$60 Out of Network: N/A	\$10/\$40/\$60	Deductible then \$10/\$40/\$60 (Preventative Drugs not subject to deductible)	In Network: Deductible then \$10/\$40/\$60 (Preventative drugs not subject to deductible) Out of Network: N/A	*RX Deductible then \$10/\$40/50% (RX Deductible - Separate from Medical - \$200s/\$400f)	Deductible then \$10/\$40/\$60 (Preventative Drugs not subject to deductible)	Deductible then \$0/\$0/\$0 (Preventative Drugs not subject to deductible)	
Dependent Rider	Up to age 26 on all plans regardless of student status; Domestic partner covered.										
Deductible	In Network: \$0 \$0	In Network: \$0 \$0	In Network: \$1600 Single \$3200 Family *AGGREGATE	In Network: \$700 Single \$1400 Family	In Network: \$3000 \$6000	In Network: \$3700 Single \$7400 Family *AGGREGATE	In Network: \$1850 Single \$3700 Family *AGGREGATE	In Network: \$3900 Single \$7800 Family	In Network: \$5900 \$11800	In Network: \$6550 Single \$13100 Family	
	Out of Network: N/A	Out of Network: N/A	Out of Network: N/A	Out of Network: \$4000 Single \$8000 Family	Out of Network: N/A	Out of Network: N/A	Out of Network: \$4000 Single \$8000 Family *AGGREGATE	Out of Network: N/A	Out of Network: N/A	Out of Network: N/A	
Out of Pocket Maximum	In Network: \$3300 Single \$6600 Family	In Network: \$1500 Single \$3000 Family	In Network: \$6550 Single \$13100 Family *EMBEDDED	In Network: \$7150 Single \$14300 Family	In Network: \$7150 Single \$14300 Family	In Network: \$5500 Single \$11000 Family *EMBEDDED	In Network: \$6550 Single \$13100 Family *EMBEDDED	In Network: \$7150 Single \$14300 Family	In Network: \$6550 Single \$13100 Family	In Network: \$6550 Single \$13100 Family	
	Out of Network: N/A	Out of Network: N/A	Out of Network: N/A	Out of Network: \$8000 Single \$16000 Family	Out of Network: N/A	Out of Network: N/A	Out of Network: \$8000 Single \$16000 Family *AGGREGATE	Out of Network: N/A	Out of Network: N/A	Out of Network: N/A	
WellLife Rewards	All MVP liberty Plans include up to \$200, per subscriber, per calendar year, for completing health-related activities. AND each plan includes a \$125 reimbursement, per subscriber, per calendar year, for kids sports, weight management and gym membership. That's \$325!										
SMALL GROUP RATES	Single	\$852.88	\$846.59	\$684.43	\$752.66	\$613.39	\$577.99	\$628.25	\$509.59	\$496.32	\$497.88
	EE+Spouse	\$1,705.76	\$1,693.18	\$1,368.86	\$1,505.32	\$1,226.78	\$1,155.98	\$1,256.50	\$1,019.18	\$992.64	\$995.76
	EE+Children	\$1,449.90	\$1,439.20	\$1,163.53	\$1,279.52	\$1,042.76	\$982.58	\$1,068.03	\$866.30	\$843.74	\$846.40
	Family	\$2,430.71	\$2,412.78	\$1,950.63	\$2,145.08	\$1,748.16	\$1,647.27	\$1,790.51	\$1,452.33	\$1,414.51	\$1,418.96

**Please note--- Employee+Children and Family Rates DO NOT include Mandatory Pediatric Dental Charge - your actual rate may be more depending on the number of qualifying dependents.
MVP Pediatric dental rate for dependents under age 19 is \$34.94 applied to EE+Child(ren) or Family rates.**

Please note --- Please check your doctors as all plans have EPO Network (unless otherwise noted as a PPO). Doctors can be searched on www.mvphealthcare.com


THE DIFFERENCE BETWEEN AN AGGREGATE PLAN AND AN EMBEDDED PLAN.

AGGREGATE: For any policy with two or more members, the deductible and/or out-of-pocket maximum (OOPM) must be met by any one or any combination of members before the plan will make payments.


EMBEDDED: Each member must meet their individual deductible and/or OOPM before the plan will make any payments. The individual deductible and/or OOPM also applies to the family deductible and/or OOPM level. Once the family deductible and/or OOPM has been met, the plan will begin payment of services for all members on the contract

Account Setup and Fees	No account setup fees through this program, only for Chamber Members. \$3.95 monthly maintenance fee per account.
Maximum Pretax Contributions	Single: \$3,400 Family: \$6,750 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			\$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	\$20.27	\$36.55	\$53.77	Please visit exchange.liazon.com for more plan details. Included for each plan is a list of limitations and exclusions that pertain to your Dental Insurance coverage. Rates subject to change		
	+ Spouse	\$42.89	\$66.33	\$106.17			
	+ Child(ren)	\$48.04	\$78.40	\$118.94			
	Family	\$71.48	\$112.93	\$183.38			

VISION INSURANCE

		Please see detailed summaries for out of network benefits	Option 1 M100D-20/20	Option 2 M130D-10/25	Option 3 M130A-10/25	Option 4 M150D-5/10
Eye Examination		Comprehensive exam of visual functions and prescription of corrective eyewear	1 per year ~ \$20 Copay in network	1 per year ~ \$10 Copay in network	1 per year ~ \$10 Copay in network	1 per year ~ \$5 Copay in network
Lenses		Standard corrective lenses: single, bifocal, trifocal, lenticular	1 per year ~ \$20 Copay in network	1 per year ~ \$25 Copay in network	1 per year ~ \$25 Copay in network	1 per year ~ \$10 Copay in network
Frames		20% off the additional amount when patients choose a frame that exceeds the allowance. Available from all in-network providers, except Costco locations.	1 per 2 years \$20 Copay in network: up to \$100 allowance	1 per 2 years \$25 Copay in network: up to \$130 allowance	1 per year \$25 Copay in network: up to \$130 allowance	1 per year \$10 Copay in network: up to \$150 allowance
Contacts		Copays listed for necessary lenses. Other copays apply for elective lenses and fittings	1 per year ~ \$20 Copay in network	1 per year ~ \$25 Copay in network	1 per year ~ \$25 Copay in network	1 per year ~ \$10 Copay in network
Rates Monthly	Employee		\$6.90	\$7.83	\$8.71	\$10.23
	Employee+Spouse		\$13.82	\$15.69	\$17.46	\$20.51
	Employee+Child(ren)		\$11.68	\$13.26	\$14.76	\$17.33
	Family		\$19.28	\$21.89	\$24.36	\$28.61



LIFE & ACCIDENTAL DEATH AND DISMEMBERMENT

	Employee	Partner	Child(ren)
Benefit Amount	Up to \$300,000 of coverage \$100,000 guarantee issue for new groups only.	Up to \$100,000 of coverage \$20,000 guarantee issue for new groups only.	Up to \$10,000
Increment	\$25,000	\$5,000	N/A
Rates Monthly	Varies by age and amount of coverage, from \$0.10 to \$1.85 per \$1,000	Varies by age and amount of coverage, from \$0.10 to \$1.85 per \$1,000	Rate is \$0.19 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).



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

HEALTH AND WELLNESS PROGRAM

Wellness by Choice	Healthy Start	Healthy Coach	Healthy Directions
Benefits	<p>PHD Network: 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: 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: 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.		