



Alden Chamber of Commerce

Benefits Marketplace at a Glance Plans and Rates 2009

REINVENTING YOUR BENEFITS

The Alden Chamber of Commerce's new benefits program gives you unparalleled choices at lower costs. We have partnered with Liazon to develop the Bright Choices™ program, which gives you:

- ◆ *Four Health Insurance plans, ranging from traditional copay plans to Health Savings Account-qualified options*
- ◆ *Three Dental Insurance plans with no minimum participation requirements*
- ◆ *Additional benefits including Vision, Life, Disability, and Supplemental Health Insurance*
- ◆ *A new way to learn about and enroll in 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*

Program Fees and Deadlines

Application Fees: None

Administrative Fees: All rates reflected in this summary include applicable administrative fees.

Application Deadline: Applications are due 15 days prior to the month beginning coverage.

For companies with 1-5 net eligibles, participation must be 100% on Univera products. For companies with 6+ net eligibles, participation must be 75% on Univera products. To calculate your company's net eligibles: Net eligibles = (Total number of owners/employees who are considered eligible for insurance) – (Total number of owners/employees who sign a waiver form indicating that they have coverage through their spouse).

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.

Provision	Active — Co-Pay	Active — Hybrid (Co-pay + deductible)	Active HSA 1 (Lower deductible)	Active HSA 2 (Higher deductible)
Preventive Care (Physical, Well-child Visit, Mammogram, Pap smear, Colonoscopy)	Free (\$0 co-pay)	Free (\$0 co-pay)	Free	Free
Physician Visit	\$25 (\$0 for Kids)	\$25 (\$0 for Kids)	Deductible then 20%	Deductible then 0%
Specialist Visit	\$40	\$40	Deductible then 20%	Deductible then 0%
Hospital Stay	\$250	Deductible then 20%	Deductible then 20%	Deductible then 0%
Outpatient Surgery	\$150	Deductible then 20%	Deductible then 20%	Deductible then 0%
Maternity	\$250 per admission only	Prenatal, Delivery, Postpartum Deductible then 20%	All Services Deductible then 20%	All Services Deductible then 0%
Emergency Room	\$150	\$150	Deductible then 20%	Deductible then 0%
Ambulance	\$150	\$150	Deductible then 20%	Deductible then 0%
Prescriptions	\$5/\$25/\$50 \$1,000 Brand Maximum	\$5/\$35/\$70 \$1,000 Brand Maximum	Deductible then \$5/\$35/\$70	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: \$500 Single \$1,500 Family Out-of-Network: \$500 Single \$1,500 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: \$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: 20% Out-of-Network: 40%	In-Network: 20% Out-of-Network: 40%	In-Network: None Out-of-Network: None
Out-of-Pocket Maximum (Includes deductible)	In-Network: None Out-of-Network: \$1,500 Single \$4,500 Family	In-Network: \$1,500 Single \$4,500 Family Out-of-Network: \$1,500 Single \$4,500 Family (Applies only to expenses subject to deductible)	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
WNY Premium, (Quarterly; Excluding Cash Back)	2-Tier Small Group \$1,155.81 Single \$3,027.39 Family 2-Tier Sole Proprietor \$1,327.41 Single \$3,479.79 Family	2-Tier Small Group \$1,054.74 Single \$2,760.45 Family 2-Tier Sole Proprietor \$1,211.10 Single \$3,172.62 Family	2-Tier Small Group \$684.15 Single \$1,792.05 Family 2-Tier Sole Proprietor \$784.98 Single \$2,059.08 Family	2-Tier Small Group \$428.52 Single \$1,122.24 Family 2-Tier Sole Proprietor \$490.98 Single \$1,279.32 Family
Cash Back	Cash Back program applies for all plans (up to \$525/year for Single and \$1,050/year for Family)			

KeyBank HEALTH SAVINGS ACCOUNT (HSA)

Account Setup & Fees	Accounts can be set up at your local Key Bank branch office. Please provide the branch representative with this Relationship Code: 270077 No account opening or monthly account maintenance fees for Liazon/Alden Chamber participants in the Bright Choices Program.
Maximum Pretax Contributions	Single: \$3,000 Family: \$5,950 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

Note: All rates include admin fees.
Billing is done quarterly.

Questions?

Contact the Liazon Consumer Advocacy Team at 1-866-LIAZON-1

MetLife DENTAL INSURANCE

Note: MetLife rates will renew on 3/1/2010

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 (Quarterly)	Employee: \$52.20 Employee + Spouse: \$107.10 Employee + Child(ren): \$119.58 Family: \$176.49	Employee: \$91.71 Employee + Spouse: \$164.01 Employee + Child(ren): \$193.29 Family: \$277.11	Employee: \$133.53 Employee + Spouse: \$260.70 Employee + Child(ren): \$291.75 Family: \$423.36

VSP VISION INSURANCE

	Plan A	Plan B	Plan C
Eye Examination	1 per year	1 per year	1 per year
Lenses	1 every 2 years	1 per year	1 per year
Frames	1 every 2 years	1 every 2 years	1 per year
Rates (Quarterly)	\$25.29 Single \$54.96 Family	\$28.83 Single \$60.99 Family	\$37.71 Single \$80.94 Family

Allstate 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
Rates (Quarterly) (Based on age, smoker status and family size)	\$35.10 and up	\$43.80 and up	\$76.05 and up

Allstate ACCIDENT INSURANCE

	Basic	Enhanced	Premier
Benefit Amount	Payout amounts vary based on type of injury. Benefits are paid directly to you or your assignee.		
Rates (Quarterly)	Accident Policy Only Single: \$68.16 Family: \$103.20	Accident Policy Only Single: \$129.81 Family: \$199.92	Accident Policy Only Single: \$191.49 Family: \$296.61



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	\$10.95	\$18.90	\$26.85	\$34.80	\$42.75	\$50.70	\$58.65	\$66.60	\$82.50	\$98.40
	30-34	\$13.20	\$23.40	\$33.60	\$43.80	\$54.00	\$64.20	\$74.40	\$84.60	\$105.00	\$125.40
	35-39	\$15.45	\$27.90	\$40.35	\$52.80	\$65.25	\$77.70	\$90.15	\$102.60	\$127.50	\$152.40
	40-44	\$17.70	\$32.40	\$47.10	\$61.80	\$76.50	\$91.20	\$105.90	\$120.60	\$150.00	\$179.40
	45-49	\$24.45	\$45.90	\$67.35	\$88.80	\$110.25	\$131.70	\$153.15	\$174.60	\$217.50	\$260.40
	50-54	\$36.45	\$69.90	\$103.35	\$136.80	\$170.25	\$203.70	\$237.15	\$270.60	\$337.50	\$404.40
	55-59	\$61.20	\$119.40	\$177.60	\$235.80	\$294.00	\$352.20	\$410.40	\$468.60	\$585.00	\$701.40
	60-64	\$83.70	\$164.40	\$245.10	\$325.80	\$406.50	\$487.20	\$567.90	\$648.60	\$810.00	\$971.40
	65-69	\$143.70	\$284.40	\$425.10	\$565.80	\$706.50	\$847.20	\$987.90	\$1,128.60	\$1,410.00	\$1,691.40
		Guaranteed Accepted									

Rates shown above are quarterly. For life insurance, employee needs to complete a Statement of Health Form for amounts exceeding \$100,000.



SPOUSE LIFE*

Amount		\$10,000	\$20,000	\$30,000
Age	18-29	\$3.18	\$6.36	\$9.54
	30-34	\$4.08	\$8.16	\$12.24
	35-39	\$4.98	\$9.96	\$14.94
	40-44	\$5.88	\$11.76	\$17.64
	45-49	\$8.58	\$17.16	\$25.74
	50-54	\$13.38	\$26.76	\$40.14
	55-59	\$23.28	\$46.56	\$69.84
	60-64	\$32.28	\$64.56	\$96.84
	65-69	\$56.28	\$112.56	\$168.84

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



CHILD(REN) LIFE*

	\$1,000	\$2,000	\$4,000	\$5,000	\$10,000
All Ages	\$0.57	\$1.15	\$2.29	\$2.87	\$5.73

*Employee must elect self-coverage in order to sign up for child(ren) coverage.

Quarterly rate covers all dependent children of the employee, regardless of number of children.



LONG-TERM DISABILITY

Pre-Disability Monthly Income		\$1,000 <i>x 60%</i>	\$2,000 <i>x 60%</i>	\$3,000 <i>x 60%</i>	\$4,000 <i>x 60%</i>	\$5,000 <i>x 60%</i>	\$6,000 <i>x 60%</i>	\$7,000 <i>x 60%</i>
Monthly Disability Benefit * (60% of pre-disability income)		\$600	\$1,200	\$1,800	\$2,400	\$3,000	\$3,600	\$4,200
Age	18-39	\$9.90-\$14.10	\$16.80-\$25.20	\$23.70-\$36.30	\$30.60-\$47.40	\$37.50-\$58.50	\$44.40-\$69.60	\$51.30-\$80.70
	40-49	\$16.80-\$27.30	\$30.60-\$51.60	\$44.40-\$75.90	\$58.20-\$100.20	\$72.00-\$124.50	\$85.80-\$148.80	\$99.60-\$173.10
	50-59	\$33.90-\$71.40	\$64.80-\$139.80	\$95.70-\$208.20	\$126.60-\$276.60	\$157.50-\$345.00	\$188.40-\$413.40	\$219.30-\$481.80
	60-69	\$73.50-\$93.30	\$144.00-\$183.60	\$214.50-\$273.90	\$285.00-\$364.20	\$355.50-\$454.50	\$426.00-\$544.80	\$496.50-\$635.10
	65-69	\$73.80-\$82.20	\$144.60-\$161.40	\$215.40-\$240.60	\$286.20-\$319.80	\$357.00-\$399.00	\$427.80-\$478.20	\$498.60-\$557.40

* Rates shown above are quarterly. Your exact monthly benefit and 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.



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>
Rates (Quarterly)	\$46.50/quarter



HEALTH & WELLNESS PROGRAM

	Plan 1	Plan 2	Plan 3
Online Services	Included	Included	Included
Health Coach	Not Included	Included	Included
Screening Kit	Not Included	Not Included	Included
Rates (Quarterly)	\$24.99	\$74.97	\$124.98



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
Rates	\$60 per year (\$15 per quarter)

Note: All rates include admin fees.
Billing is done quarterly.

Questions?

Contact the Liazon Consumer Advocacy Team at 1-866-LIAZON-1