



Bright Choices

Benefits Marketplace at a Glance - 2019

REINVENTING YOUR BENEFITS

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

- Significant choices for Medical, Dental, Vision, 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: HRBCSupport@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 130	Gold 221	Gold 222	Silver 320	Silver 328	Bronze 430	Bronze 424	Bronze 421	
	EPO Copay Embedded	EPO Copay Embrace Health Embedded	EPO Hybrid Embedded	HDEPO Qualified Aggregate	HDEPO EPC* Embedded Non-Qualified 2019 Plan Mapping: (Silver 322 will map into this plan)	HDEPO Qualified Embedded	HDEPO Qualified Aggregate 2019 Plan Mapping: (Bronze 420 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	\$0 EPC/\$40 Non-EPC Deductible then \$60	Deductible then 50%	Deductible then \$40/\$60	Deductible then 0%	
Hospital Stay	\$500	Deductible then \$1000	Deductible then 20%	Deductible then \$750	Deductible then 20%	Deductible then 50%	Deductible then \$1,000	Deductible then 0%	
Emergency Room	\$100	Deductible then \$100	Deductible then 20%	Deductible then \$150	Deductible then 20%	Deductible then 50%	Deductible then \$350	Deductible then 0%	
Prescriptions	\$4 / \$30 / \$60	\$10/\$50/\$80 NOT subject to deductible	\$10/\$50/\$80 NOT subject to deductible	Deductible then \$10/\$50/\$80	Deductible then \$10/\$50/50%	Deductible then \$10/\$35/\$70	Deductible then \$10/\$50/\$80	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: \$2500 Single \$5000 Family	In Network: \$5500 Single \$11000 Family	In Network: \$5250 Single \$10500 Family	In Network: \$6650 Single \$13300 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: \$4000 Single \$8000 Family	In Network: \$7150 Single \$14300 Family	In Network: \$6250 Single \$12500 Family	In Network: \$6550 Single \$13100 Family	In Network: \$7200 Single \$14400 Family	In Network: \$6550 Single \$13100 Family	In Network: \$6650 Single \$13300 Family	In Network: \$6650 Single \$13300 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	\$1,112.55	\$982.79	\$948.89	\$852.31	\$766.97	\$638.44	\$613.37	\$591.42
	EE+Spouse	\$2,225.10	\$1,965.59	\$1,897.77	\$1,704.62	\$1,533.95	\$1,276.89	\$1,226.75	\$1,182.84
	EE+Children	\$1,891.33	\$1,670.75	\$1,613.11	\$1,448.93	\$1,303.85	\$1,085.35	\$1,042.73	\$1,005.41
	Family	\$3,170.76	\$2,800.96	\$2,704.32	\$2,429.08	\$2,185.87	\$1,819.56	\$1,748.11	\$1,685.55

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 \$18.42 per dependent (not to exceed \$55.26).

***EPC is a specific provider designation, you can search on the CDPHP Find-A-Doc tool for doctors that participate in this specific program.**

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 1 EPO	Platinum 3 EPO (formerly Platinum 4)	Gold 2 EPO HSA Qualified	Gold PPO	Gold 1 EPO (formerly Silver PPO)	Silver 7 EPO	Silver 8 EPO HSA Qualified	Bronze 2 EPO (formerly Bronze 1)	Bronze 3 EPO HSA Qualified	Bronze 6 EPO HSA Qualified	
	Platinum 1 Embedded	Platinum 3 Embedded 2019 Plan Mapping (Platinum 4 will be mapped into this plan)	Gold 2 HDHP Aggregate Ded Embedded OOP	Gold PPO In Network and Out of Network Benefits	Gold 1 2019 Plan Mapping: Silver PPO will be mapped into this plan	Silver 7 Embedded	Silver 8 HDHP Embedded	Bronze 2 Embedded 2019 Plan Mapping (Bronze 1 will be mapped into this plan)	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	\$30/\$40	Deductible then \$10 / \$20	In Network: \$40/\$60 Out of Network: Deductible then 20%	3 visits at \$0 then \$15 / Deductible then \$50	\$30 / Deductible then \$40	Deductible then \$0	3 visits at \$0 then Deductible \$35/\$60	Deductible then \$30 / \$50	Deductible then \$0	
Hospital Stay	\$300	\$150	Deductible then \$200	In Network: Deductible then \$500 Out of Network: Deductible then 20%	Deductible then \$500	Deductible then \$500	Deductible then \$0	Deductible then 30%	Deductible then 30%	Deductible then \$0	
Emergency Room	\$100	\$200	Deductible then \$75	In Network: Deductible then \$300 Out of Network: Deductible then \$300	\$300	Deductible then \$200	Deductible then \$0	Deductible then \$350	Deductible then \$300	Deductible then \$0	
Prescriptions	\$5/\$30/\$50	\$5/\$15/\$25	Deductible then \$5/\$15/\$25 (Preventative Drugs not subject to deductible)	In Network: \$10/\$40/\$60 Out of Network: N/A	\$5 Tier 1 Deductible then \$35/\$70 for Tiers 2 & 3 (Preventative Drugs not subject to deductible)	\$10/\$40/\$60	Deductible then \$10/\$40/\$60 (Preventative Drugs not subject to deductible)	* Deductible then \$10/\$40/\$60	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: \$850 Single \$1700 Family	In Network: \$3100 Single \$6200 Family	In Network: \$3700 Single \$7400 Family	In Network: \$5000 Single \$10000 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: N/A	Out of Network: N/A	Out of Network: N/A	Out of Network: N/A	
Out of Pocket Maximum	In Network: \$2450 Single \$4900 Family	In Network: \$2800 Single \$5600 Family	In Network: \$4500 Single \$9000 Family *EMBEDDED	In Network: \$7150 Single \$14300 Family	In Network: \$6550 Single \$13100 Family	In Network: \$7700 Single \$15400 Family	In Network: \$5500 Single \$11000 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: \$8000 Single \$16000 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	
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	\$1,074.91	\$1,068.98	\$862.54	\$951.44	\$911.54	\$774.86	\$728.13	\$605.91	\$616.22	\$638.90
	EE+Spouse	\$2,149.82	\$2,137.96	\$1,725.08	\$1,902.88	\$1,823.08	\$1,549.72	\$1,456.26	\$1,211.82	\$1,232.44	\$1,277.80
	EE+Children	\$1,827.35	\$1,817.37	\$1,466.32	\$1,617.45	\$1,549.62	\$1,317.26	\$1,237.82	\$1,030.05	\$1,047.57	\$1,086.13
	Family	\$3,063.49	\$3,046.59	\$2,458.24	\$2,711.60	\$2,597.89	\$2,208.35	\$2,075.17	\$1,726.84	\$1,756.23	\$1,820.87

Please note--- Employee+Children and Family Rates Now include Mandatory Pediatric Dental Charge.

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



	Platinum 1	Gold 1	Gold 2	Silver 1	Silver 2	Bronze 1 HSA Qualified	Bronze 2	
	MVP Premier Platinum 1 Embedded	MVP Premier Gold 1 Embedded	MVP Premier Gold Embedded	MVP Premier Silver 1 Embedded	MVP Premier Silver 2 Embedded 2019 Plan Mapping : (Silver 2 will mapped into Silver 1)	MVP Premier Bronze 1 HDHP Embedded	MVP Premier Bronze 2 Embedded	
Preventative Care	Qualified services are covered in full.							
Physician / Specialist	\$15 / \$35	Deductible then \$25 / \$40	3 visits at \$25 then deductible then \$25 / deductible then \$40	Deductible then \$30 / \$50		Deductible then 50% / 50%	Deductible then 50% / 50%	
Hospital Stay	\$500	Deductible then \$1000	Deductible then \$1000	Deductible then \$1500		Deductible then 50%	Deductible then 50%	
Emergency Room	\$100	Deductible then \$150	Deductible then \$150	Deductible then \$250		Deductible then 50%	Deductible then 50%	
Prescriptions	\$10/\$30/\$60 (Mail order not covered)	\$10/\$35/\$70 (Mail order not covered)	\$10/\$40/\$80 (Mail order not covered)	\$10/\$35/\$70 (Mail order not covered)		Deductible then \$10/\$35/\$70 (Mail order not covered)	Deductible then \$10/\$35/\$70 (Mail order not covered)	
Dependent Rider	Up to age 26 on all plans regardless of student status; Domestic partner covered.							
Deductible	In Network: \$0 \$0	In Network: \$600 Single \$1200 Family	In Network: \$650 Single \$1300 Family	In Network: \$1700 Single \$3400 Family		In Network: \$5500 Single \$11000 Family	In Network: \$4000 Single \$8000 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 Pocket Maximum	In Network: \$2000 Single \$4000 Family	In Network: \$4000 Single \$8000 Family	In Network: \$5000 Single \$10000 Family	In Network: \$7500 Single \$15000 Family		In Network: \$6550 Single \$13100 Family	In Network: \$7600 Single \$15200 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	
Wellness Benefits	All plans for individuals include up to \$125, per subscriber, per calendar year, in reimbursement for gym and fitness club memberships, youth sports and fitness fees or healthy weight support programs. Plans also include access to MVP's suite of online wellness tools and activities							
INDIVIDUAL RATES	Single	\$1,074.51	\$871.98	\$878.31	\$736.85	This plan mapped into Silver 1	\$492.52	\$487.40
	EE+Spouse	\$2,149.02	\$1,743.96	\$1,756.62	\$1,473.70		\$985.04	\$974.80
	EE+Children	\$1,826.67	\$1,482.37	\$1,493.13	\$1,252.65		\$837.28	\$828.58
	Family	\$3,062.35	\$2,485.14	\$2,503.18	\$2,100.02		\$1,403.68	\$1,389.09

**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 \$34.09 applied to EE+Child(ren) or Family rates.**

Please note --- Please check your doctors as all plans have HMO Network. Doctors can be searched on www.mvphealthcare.com

New For 2018: "National" Plans include Cigna Network - Members enrolled in a new National plan have access to the Cigna HealthCare network - providing members full national coverage by allowing them access to providers outside the MVP regional network.

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



	Platinum 1	Platinum 2	Platinum National	Gold 1	Gold 2 HSA Qualified	Gold 4	Gold 5	Gold 8	Gold 9	Gold National
	MVP Premier PLUS Platinum 1 Embedded 2019 Plan Mapping : (Platinum Plus 1 will mapped into Platinum 1)	MVP Premier PLUS Platinum 2 Embedded (Platinum HQNet Mapped)	National MVP Premier PLUS Platinum Embedded	MVP Premier PLUS Gold 1 Embedded	MVP Premier PLUS HDHP Gold 2 Aggregate Deductible Embedded OutOfPkt	MVP Premier PLUS Gold 4 Embedded	MVP Premier PLUS Gold 5 Embedded	MVP Premier PLUS Gold 8 Embedded	MVP Premier PLUS Gold 9 Embedded	National MVP Premier PLUS Gold Embedded
Preventative Care	Qualified services are covered in full.									
Physician / Specialist				3 visits at \$0 then \$15 / Deductible then \$50	Deductible then \$5 / \$25	\$40 / \$50	\$30 / \$50			Deductible then 20% / 20%
Hospital Stay				Deductible then \$500	Deductible then \$400	\$1,000	Deductible then 20%			Deductible then 20%
Emergency Room				\$350	Deductible then \$75	\$500	\$300			Deductible then 20%
Prescriptions				\$10/\$40/\$60 (RX Brand Deductible \$100s/\$200f - Mail order not covered)	Deductible then \$5/\$15/\$25 (Preventative RX not subject to deductible - Mail order not covered)	\$10/\$40/\$60 (Mail order not covered)	\$5/\$30/\$50 (Mail order not covered)			Deductible then \$10/\$40/\$60 (Preventative RX not subject to deductible - Mail order not covered)
Dependent Rider	Up to age 26 on all plans regardless of student status; Domestic partner covered.									
Deductible				In Network: \$950 Single \$1900 Family	In Network: \$1350 Single \$2700 Family *AGGREGATE	In Network: \$0 \$0	In Network: \$1200 Single \$2400 Family			In Network: \$1350 Single \$2700 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 Pocket Maximum				In Network: \$5550 Single \$11000 Family	In Network: \$4100 Single \$8200 Family *EMBEDDED	In Network: \$6750 Single \$13500 Family	In Network: \$4700 Single \$9400 Family			In Network: \$5600 Single \$11200 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
Wellness Benefits	All plans for individuals include up to \$125, per subscriber, per calendar year, in reimbursement for gym and fitness club memberships, youth sports and fitness fees or healthy weight support programs. Plans also include access to MVP's suite of online wellness tools and activities									
INDIVIDUAL RATES	Single EE+Spouse EE+Children Family	Platinum 1 Plus plan mapped into Platinum 1 on previous page 3	Platinum 2 Plus Plan mapped into Platinum 1 on previous page 3	Premier Plus National Platinum plan mapped to the Premier Plus Gold National	\$855.12 \$1,710.24 \$1,453.70 \$2,437.09	\$ 832.98 \$1,665.96 \$1,416.07 \$2,373.99	\$887.80 \$1,775.60 \$1,509.26 \$2,530.23	\$866.71 \$1,733.42 \$1,473.41 \$2,470.12	Premier Plus Gold 8 mapped to the Premier Plus Silver 2 on next page 5 Premier Plus Gold 9 mapped to the Premier Plus Silver 3 HDHP on next page 5	\$833.75 \$1,667.50 \$1,417.38 \$2,376.19

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 \$34.09 applied to EE+Child(ren) or Family rates.

Please note --- Please check your doctors as all plans have HMO Network. Doctors can be searched on www.mvphealthcare.com

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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



**INDIVIDUAL
OPTIONS**

	Silver 1	Silver 2	Silver 3 HSA Qualified	Silver 11 (New 2018)	Silver National (New 2018) HSA Qualified	Bronze 1	Bronze 2	Bronze 3 HSA Qualified	Bronze 6 HSA Qualified	Bronze 8	Bronze National (New 2018) HSA Qualified	
	MVP Premier PLUS Silver 1 Embedded (Gold HQNet Mapped)	MVP Premier PLUS Silver 2 Embedded (Silver HQNet Mapped)	MVP Premier PLUS HDHP Silver 3 Aggregate Deductible Embedded OutOfPkt	MVP Premier PLUS Silver 11 Embedded **Plan replaces Silver 10 **	National MVP Premier PLUS Embedded	MVP Premier PLUS Bronze 1 Embedded (Bronze HQNet Mapped)	MVP Premier PLUS Bronze 2 Embedded	MVP Premier PLUS HDHP Bronze 3 Embedded	MVP Premier PLUS HDHP Bronze 6 Embedded	MVP Premier PLUS Bronze 8 Embedded	National MVP Premier PLUS Embedded	
Preventative Care	Qualified services are covered in full.											
Physician / Specialist		3 visits at \$0 then \$40 / Deductible then \$70	Deductible then \$30 / \$60	3 visits \$0 then \$35/\$55	Deductible then 20% /20%	Deductible then \$40 / \$80	3 visits at \$0 then 40% / Deductible then 40%	Deductible then \$30 / \$50	Deductible then 0% / 0%	\$30 / Deductible then 0%	Deductible then 30% / 30%	
Hospital Stay		Deductible then 20%	Deductible then \$500	Deductible then 0%	Deductible then 20%	Deductible then \$1500	Deductible then 40%	Deductible then 30%	Deductible then 0%	Deductible then 0%	Deductible then 30%	
Emergency Room		\$500	Deductible then \$300	Deductible then 0%	Deductible then 20%	Deductible then \$500	Deductible then 40%	Deductible then \$500	Deductible then 0%	Deductible then 0%	Deductible then 30%	
Prescriptions		Deductible then \$15/\$40/\$70 (Mail order not covered)	Deductible then \$10/\$45/\$90 (Preventative RX not subject to deductible - Mail order not covered)	\$10 (Tier 1) Deductible then \$0/\$0 (Mail order not covered)	Deductible then \$10/\$40/\$60 (Preventative RX not subject to deductible - Mail order not covered)	RX Deductible then \$10/\$45/\$90 (RX Deductible \$300/\$600f - Mail order not covered)	Deductible then \$5/\$60/\$80 (Mail order not covered)	Deductible then \$10/\$45/\$90 (Preventative RX not subject to deductible - Mail order not covered)	Deductible then 0%/0%/0% (Preventative Drugs not subject to deductible)	\$25 (Tier1) Deductible then 0%/0% (Mail order not covered)	Deductible then \$10/\$50/\$80 (Preventative RX not subject to deductible - Mail order not covered)	
Dependent Rider	Up to age 26 on all plans regardless of student status; Domestic partner covered.											
Deductible		In Network: \$2645 Single \$5290 Family	In Network: \$2500 Single \$5000 Family *AGGREGATE	In Network: \$5850 Single \$11700 Family	In Network: \$2200 Single \$4400 Family	In Network: \$4800 Single 9600 Family	In Network: \$5100 Single \$10200 Family	In Network: \$5900 Single \$11800 Family	In Network: \$6550 Single \$13100 Family	In Network: \$7350 Single \$14700 Family	In Network: \$3700 Single \$7400 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 Network: N/A	Out of Network: N/A	
Out of Pocket Maximum		In Network: \$6350 Single \$12700 Family	In Network: \$5000 Single \$10000 Family *EMBEDDED	In Network: \$5850 Single \$11700 Family	In Network: \$6550 Single \$13100 Family	In Network: \$7900 Single \$15800 Family	In Network: \$7150 Single \$14300 Family	In Network: \$6550 Single \$13100 Family	In Network: \$6550 Single \$13100 Family	In Network: \$7350 Single \$14700 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 Network: N/A	Out of Network: N/A	
Wellness Benefits	All plans for individuals include up to \$125, per subscriber, per calendar year, in reimbursement for gym and fitness club memberships, youth sports and fitness fees or healthy weight support programs. Plans also include access to MVP's suite of online wellness tools and activities											
INDIVIDUAL RATES	Single EE+Spouse EE+Children Family	Premier Plus Silver 1 mapped to Premier Silver on page 3	\$700.67 \$1,401.34 \$1,191.14 \$1,996.61	\$687.61 \$1,375.22 \$1,168.94 \$1,959.69	\$747.90 \$1,495.80 \$1,271.43 \$2,131.52	\$736.80 \$1,473.60 \$1,252.56 \$2,099.88	\$501.93 \$1,003.86 \$853.28 \$1,430.50	\$503.64 \$1,007.28 \$856.19 \$1,435.37	\$509.62 \$1,019.24 \$866.35 \$1,452.42	\$529.28 \$1,058.56 \$899.78 \$1,508.45	\$548.08 \$1,096.16 \$931.74 \$1,562.03	\$570.89 \$1,141.78 \$970.51 \$1,627.04

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 \$34.09 applied to EE+Child(ren) or Family rates.

Please note --- Please check your doctors as all plans have HMO Network. Doctors can be searched on www.mvphealthcare.com

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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: \$3,500 Family: \$7,000 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	\$21.61	\$38.96	\$57.33	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	\$45.72	\$70.72	\$113.18			
	+ Child(ren)	\$51.21	\$83.58	\$126.80			
	Family	\$76.20	\$120.39	\$195.49			

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



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.		