



Bright Choices

Benefits Marketplace at a Glance - 2020

REINVENTING YOUR BENEFITS

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

- Significant choices for Medical, Dental, Vision, 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* <https://brightchoices.liazon.com>
Login:Username: Email (the email you choose during registration will be your username)
Password: Password will be what you choose when registering

** New Secure log in process:*

Please click the Register button on the sign in page to start the registration process. If you have recently registered for MFA, you do not need to re-register - just enter the email username and password you created to login and Get Started.

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 TJ Baker at
Phone: 1-716-923-1405 Fax: 888-810-1059 Email: tj.baker@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	HDEPO Qualified Embedded 2020 plan mapping: Bronze 430 will be mapped to Bronze 424	HDEPO Qualified Aggregate 2020 Plan Mapping: (Bronze 430 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 \$40/\$60	Deductible then 0%	
Hospital Stay	\$500	Deductible then \$1000	Deductible then 20%	Deductible then \$750	Deductible then 20%		Deductible then \$1,000	Deductible then 0%	
Emergency Room	\$100	Deductible then \$100	Deductible then 20%	Deductible then \$150	Deductible then 20%		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/\$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: \$1800 Single \$3600 Family	In Network: \$2800 Single \$5600 Family		In Network: \$5250 Single \$10500 Family	In Network: \$6750 Single \$13500 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 Pocket Maximum	In Network: \$4000 Single \$8000 Family	In Network: \$7150 Single \$14300 Family	In Network: \$7600 Single \$15200 Family	In Network: \$6750 Single \$13500 Family	In Network: \$7700 Single \$15400 Family		In Network: \$6750 Single \$13500 Family	In Network: \$6750 Single \$13500 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	
SMALL GROUP RATES	Single	\$1,150.76	\$1,029.37	\$1,020.21	\$851.26	\$827.09	Bronze 430 Mapped to Bronze 424	\$657.03	\$639.40
	EE+Spouse	\$2,301.51	\$2,058.73	\$2,040.41	\$1,702.51	\$1,654.18		\$1,314.05	\$1,278.81
	EE+Children	\$1,956.29	\$1,749.92	\$1,734.35	\$1,447.14	\$1,406.05		\$1,116.94	\$1,086.99
	Family	\$3,279.66	\$2,933.69	\$2,907.59	\$2,426.08	\$2,357.21		\$1,872.52	\$1,822.30

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	Gold 2 EPO HSA Qualified	Gold PPO	Gold 1 EPO	Silver 7 EPO	Silver 8 EPO HSA Qualified	Bronze 2 EPO	Bronze 3 EPO HSA Qualified	Bronze 6 EPO HSA Qualified	
	Platinum 1 Embedded	Platinum 3 Embedded	Gold 2 HDHP Aggregate Ded Embedded OOP	Gold PPO <small>In Network and Out of Network Benefits</small>	Gold 1	Silver 7 Embedded	Silver 8 HDHP Embedded	Bronze 2 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/\$50	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	\$300	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	\$10/\$30/\$50	Deductible then \$10/\$30/\$50 <small>(Preventative Drugs not subject to deductible)</small>	In Network: \$10/\$40/\$60 Out of Network: N/A	\$10 Tier 1 Deductible \$200/\$400 then \$35/\$70 for Tiers 2 & 3	\$15/\$45/\$90	Deductible then \$15/\$40/\$60 <small>(Preventative Drugs not subject to deductible)</small>	Deductible then \$10/\$40/\$60	Deductible then \$10/\$40/\$60 <small>(Preventative Drugs not subject to deductible)</small>	Deductible then \$0/\$0/\$0 <small>(Preventative Drugs not subject to deductible)</small>	
Dependent Rider	Up to age 26 on all plans regardless of student status; Domestic partner covered.										
Deductible	In Network: \$0 Out of Network: N/A	In Network: \$0 Out of Network: N/A	In Network: \$1600 Single \$3200 Family * AGGREGATE Out of Network: N/A	In Network: \$700 Single \$1400 Family Out of Network: \$4000 Single \$8000 Family	In Network: \$850 Single \$1700 Family Out of Network: N/A	In Network: \$3100 Single \$6200 Family Out of Network: N/A	In Network: \$3900 Single \$7800 Family Out of Network: N/A	In Network: \$5000 Single \$10000 Family Out of Network: N/A	In Network: \$5900 \$11800 Out of Network: N/A	In Network: \$6750 Single \$13500 Family Out of Network: N/A	
	In Network: \$2450 Single \$4900 Family Out of Network: N/A	In Network: \$2800 Single \$5600 Family Out of Network: N/A	In Network: \$5000 Single \$10000 Family * EMBEDDED Out of Network: N/A	In Network: \$7150 Single \$14300 Family Out of Network: \$8000 Single \$16000 Family	In Network: \$7000 Single \$14000 Family Out of Network: N/A	In Network: \$8000 Single \$16000 Family Out of Network: N/A	In Network: \$6000 Single \$12000 Family Out of Network: N/A	In Network: \$8000 Single \$16000 Family Out of Network: N/A	In Network: \$6750 Single \$13500 Family Out of Network: N/A	In Network: \$6750 Single \$13500 Family Out of Network: N/A	
Out of Pocket Maximum	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!										
WellLife Rewards											
SMALL GROUP RATES	Single	\$1,150.48	\$1,127.25	\$920.96	\$1,019.52	\$970.20	\$822.75	\$773.40	\$640.82	\$659.48	\$681.67
	EE+Spouse	\$2,300.96	\$2,254.50	\$1,841.92	\$2,039.04	\$1,940.40	\$1,645.50	\$1,546.80	\$1,281.64	\$1,318.96	\$1,363.34
	EE+Children	\$1,955.82	\$1,916.33	\$1,565.63	\$1,733.18	\$1,649.34	\$1,398.68	\$1,314.78	\$1,089.39	\$1,121.12	\$1,158.84
	Family	\$3,278.87	\$3,212.66	\$2,624.74	\$2,905.63	\$2,765.07	\$2,344.84	\$2,204.19	\$1,826.34	\$1,879.52	\$1,942.76

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		Bronze 1 HSA Qualified	Bronze 2	
	MVP Premier Platinum 1 Embedded	MVP Premier Gold 1 Embedded	MVP Premier Gold Embedded 2020 Plan Mapping: Gold 2 will be mapped to Gold 1	MVP Premier Silver 1 Embedded		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		Deductible then \$30 / \$50		Deductible then 50% / 50%	3 visits at \$0 then Deductible then 50% / 50%	
Hospital Stay	\$500	Deductible then \$1000		Deductible then \$1500		Deductible then 50%	Deductible then 50%	
Emergency Room	\$100	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/\$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: \$1300 Single \$2600 Family		In Network: \$5500 Single \$11000 Family	In Network: \$4425 Single \$8850 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: \$2000 Single \$4000 Family	In Network: \$4000 Single \$8000 Family		In Network: \$7900 Single \$15800 Family		In Network: \$6550 Single \$13100 Family	In Network: \$8150 Single \$16300 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	\$1,153.11	\$935.59		\$778.57		\$529.67	\$520.58
	EE+Spouse	\$2,306.22	\$1,871.18	Premier Gold 2 was mapped to the Premier Gold 1	\$1,557.14		\$1,059.34	\$1,041.16
	EE+Children	\$1,960.29	\$1,590.50		\$1,323.57		\$900.44	\$884.99
	Family	\$3,286.36	\$2,666.43		\$2,218.92		\$1,509.56	\$1,483.65

**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

"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.

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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



	Gold 1	Gold 2 HSA Qualified	Gold 4	Gold 5	Gold National
	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 2020 plan mapping: Gold 5 will be mapped to Premier Plus Gold 1	MVP Premier PLUS Gold National Embedded 2020 plan mapping: Gold National will be mapped to Bronze HDHP National
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		
Hospital Stay	Deductible then \$500	Deductible then \$400	\$1,000		
Emergency Room	\$350	Deductible then \$75	\$500		
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)		
Dependent Rider	Up to age 26 on all plans regardless of student status; Domestic partner covered.				
Deductible	In Network: \$1200 Single \$2400 Family	In Network: \$1400 Single \$2800 Family *AGGREGATE	In Network: \$0 \$0		
	Out of Network: N/A	Out of Network: N/A	Out of Network: N/A		
Out of Pocket Maximum	In Network: \$5900 Single \$11800 Family	In Network: \$6750 Single \$13500 Family *EMBEDDED	In Network: \$6750 Single \$13500 Family		
	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 \$906.89	\$884.70	\$954.99	Premier Plus Gold 5 Mapped to the Premier Plus Gold 1	Premier Gold National Mapped to the Bronze HDHP National
	EE+Spouse \$1,813.78	\$ 1,769.40	\$1,909.98		
	EE+Children \$1,541.71	\$1,503.99	\$1,623.48		
	Family \$2,584.64	\$2,521.40	\$2,721.72		

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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**INDIVIDUAL
OPTIONS**

	Silver 2	Silver 3 HSA Qualified	Silver 11	Silver National HSA Qualified	Bronze 1	Bronze 2	Bronze 3 HSA Qualified	Bronze 6 HSA Qualified	Bronze 8	Bronze National
	MVP Premier PLUS Silver 2 Embedded	MVP Premier PLUS HDHP Silver 3 Aggregate Deductible Embedded OutOfPkt	MVP Premier PLUS Silver 11 Embedded	National MVP Premier PLUS Embedded 2020 plan mapping: Silver National will be mapped to Bronze	MVP Premier PLUS Bronze 1 Embedded	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 2020 plan mapping: Bronze 8 will be mapped to HDHP Bronze 6	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 \$40 / \$80	3 visits at \$0 then 40% / Deductible then 40%	Deductible then \$30 / \$50	Deductible then 0% / 0%		Deductible then 30% / 30%
Hospital Stay	Deductible then 20%	Deductible then \$500	Deductible then 0%		Deductible then \$1500	Deductible then 40%	Deductible then 30%	Deductible then 0%		Deductible then 30%
Emergency Room	\$500	Deductible then \$300	Deductible then 0%		Deductible then \$500	Deductible then 40%	Deductible then \$500	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)		RX Deductible then \$10/\$45/\$90 (RX Deductible \$300s/\$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)		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: \$2650 Single \$5300 Family	In Network: \$2500 Single \$5000 Family *AGGREGATE	In Network: \$5850 Single \$11700 Family		In Network: \$6600 Single 13200 Family	In Network: \$5100 Single \$10200 Family	In Network: \$5900 Single \$11800 Family	In Network: \$6750 Single \$13500 Family		In Network: \$4200 Single \$8400 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: \$6750 Single \$13500 Family	In Network: \$5700 Single \$11400 Family *EMBEDDED	In Network: \$5850 Single \$11700 Family		In Network: \$8100 Single \$16200 Family	In Network: \$8000 Single \$16000 Family	In Network: \$6750 Single \$13500 Family	In Network: \$6750 Single \$13500 Family		In Network: \$6750 Single \$13500 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
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	\$752.28 \$1,504.56 \$1,278.88 \$2,144.00	\$726.52 \$1,453.04 \$1,235.08 \$2,070.58	\$778.89 \$1,557.78 \$1,324.11 \$2,219.84	Premier Plus Silver National Mapped to the Premier Plus Bronze HDHP National	\$522.21 \$1,044.42 \$887.76 \$1,488.30	\$527.21 \$1,054.42 \$896.26 \$1,502.55	\$548.58 \$1,097.16 \$932.59 \$1,563.45	\$567.76 \$1,135.52 \$965.19 \$1,618.12	Premier Plus Bronze 8 Mapped to Premier Plus Bronze 6 \$661.00 \$1,322.00 \$1,123.70 \$1,883.85

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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: \$3,550 Family: \$7,100 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	\$22.36	\$40.33	\$59.33	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	\$47.32	\$73.19	\$117.14			
	+ Child(ren)	\$53.00	\$86.50	\$131.24			
	Family	\$78.86	\$124.61	\$202.33			

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



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. <ul style="list-style-type: none"> · 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.		