



# Bright Choices

## Benefits Marketplace at a Glance - 2021

### 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](mailto: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](mailto: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 220 *replaces Gold 222	Silver 320	Silver 328		Bronze 424	Bronze 421
	EPO Copay Embedded	EPO Copay Embrace Health Embedded	EPO Embedded 2021 Plan Mapping Gold 222 will be mapped to Gold 220	HDEPO Qualified Aggregate	HDEPO EPC* Embedded Non-Qualified		HDEPO Qualified Aggregate	HDEPO Qualified Aggregate
Preventative Care	Qualified services are covered in full.							
Physician / Specialist	\$15 / \$35	Deductible then \$30/\$50	Deductible then \$25/\$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 \$800	Deductible then \$1000	Deductible then 20%		Deductible then \$1,000	Deductible then 0%
Emergency Room	\$100	Deductible then \$100	Deductible then \$100	Deductible then \$200	Deductible then 20%		Deductible then \$350	Deductible then 0%
Prescriptions	\$4 / \$30 / \$60	\$10/\$50/\$80 NOT subject to deductible	\$4/\$30/\$60 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: \$3000 Single \$6000 Family		In Network: \$6100 Single \$12200 Family	In Network: \$6900 Single \$13800 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: \$7900 Single \$15800 Family	In Network: \$6900 Single \$13800 Family	In Network: \$8000 Single \$16000 Family		In Network: \$6900 Single \$13800 Family	In Network: \$6900 Single \$13800 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	\$1,049.26	\$906.46	\$916.76	\$759.60	\$740.98	\$594.94	\$593.31
	EE+Spouse	\$2,098.51	\$1,812.92	\$1,833.53	\$1,519.21	\$1,481.96	\$1,189.88	\$1,186.62
	EE+Children	\$1,783.73	\$1,540.98	\$1,558.50	\$1,291.33	\$1,259.67	\$1,011.40	\$1,008.63
	Family	\$2,990.38	\$2,583.41	\$2,612.77	\$2,164.87	\$2,111.79	\$1,695.58	\$1,690.94


**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](http://www.cdphp.org)**


<b>Account Setup and Fees</b>	No account setup fees through this program, only for Chamber Members. \$3.95 monthly maintenance fee per account.
<b>Maximum Pretax Contributions</b>	Single: \$3,600 Family: \$7,200 Catch-up: An additional \$1,000 per year (if you're age 55 or older)
<b>Balances</b>	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
<b>Preventive</b>		100%	100%	100%	80%	90%	100%
<b>Basic</b>		80%	80%	90%	50%	70%	80%
<b>Major</b>		0%	50%	60%	0%	25%	50%
<b>Orthodontia</b>		0%	0%	50% (Lifetime Max: \$1,000/person)	0%	0%	50% (Lifetime Max: 1,000/person)
<b>Deductible</b>		\$0			\$50/person (\$150 family maximum; Applies to Basic and Major Treatment only.)		
<b>Calendar Year Max</b>		\$750	\$1,000	\$1,500	\$500	\$750	\$1,000
<b>Rates Monthly</b>	Employee	\$22.36	\$40.33	\$59.33	Please visit <a href="http://exchange.liazon.com">exchange.liazon.com</a> for more plan details. Included for each plan is a list of limitations and exclusions that pertain to your Dental Insurance coverage. <b>Rates subject to change</b>		
	+ 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 M150A-5/10
<b>Eye Examination</b>	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
<b>Lenses</b>	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
<b>Frames</b>	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
<b>Contacts</b>	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
<b>Rates Monthly</b>	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**

<b>Benefits</b>	<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"> <li>• Unlimited Tele-Consults and E-Consults and complete access to the Personal Health Manager</li> <li>• Low cost (\$34.95–\$39.95) comprehensive Medical Tele-Consults, where prescriptions can be prescribed</li> </ul>
<b>Rates (Monthly)</b>	\$6.00 Per Month




**PET INSURANCE**

	Standard Plan	Superior Plan	Avian & Exotic Pet Plan
<b>Annual Maximum</b>	\$9,000	\$14,000	\$7,000
<b>Per Incident Deductible</b>	\$50	\$50	\$50
<b>Additional Features</b>	<ul style="list-style-type: none"> <li>· 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"> <li>· No pre-authorization; Visit any licensed veterinarian worldwide.</li> </ul> </li> <li>· 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.</li> </ul>		
<b>Rates (Monthly)</b>	Based on age and species. Rates are discounted for Liazon consumers.		