



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
(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.



	Platinum 1 EPO	Platinum 3 EPO	Gold 2 EPO HSA Qualified	Gold 6 EPO *Replaces 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 6 2021 Plan Mapping Gold PPO will be mapped to Gold 6	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	\$30/\$50	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	Deductible then \$1000	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	\$100	\$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 (Preventative Drugs not subject to deductible)	Deductible then \$10/\$40/\$60	\$10 Tier 1 Deductible \$200/\$400 then \$35/\$70 for Tiers 2 & 3	Deductible then \$15/\$45/\$90	Deductible then \$15/\$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: \$350 Single \$700 Family	In Network: \$850 Single \$1700 Family	In Network: \$3100 Single \$6200 Family	In Network: \$3900 Single \$7800 Family	In Network: \$6000 Single \$12000 Family	In Network: \$6200 Single \$12400 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 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: \$2550 Single \$5100 Family	In Network: \$5000 Single \$10000 Family *EMBEDDED	In Network: \$6550 Single \$13100 Family	In Network: \$7000 Single \$14000 Family	In Network: \$8000 Single \$16000 Family	In Network: \$6000 Single \$12000 Family	In Network: \$8400 Single \$16800 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	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	\$1,174.14	\$1,156.16	\$969.53	\$1,057.69	\$1,011.79	\$855.74	\$818.05	\$663.40	\$698.02	\$725.69
	EE+Spouse	\$2,348.28	\$2,312.32	\$1,939.06	\$2,115.38	\$2,023.58	\$1,711.48	\$1,636.10	\$1,326.80	\$1,396.04	\$1,451.38
	EE+Children	\$1,996.04	\$1,965.47	\$1,648.20	\$1,798.07	\$1,720.04	\$1,454.76	\$1,390.69	\$1,127.78	\$1,186.63	\$1,233.67
	Family	\$3,346.30	\$3,295.06	\$2,763.16	\$3,014.42	\$2,883.60	\$2,438.86	\$2,331.44	\$1,890.69	\$1,989.36	\$2,068.22

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


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: \$3,600 Family: \$7,200 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 M150A-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)	\$6.00 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. · 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 Liason consumers.		