



Bright Choices - MetLife Only Benefits Marketplace at a Glance - 2016

REINVENTING YOUR BENEFITS

The Guilderland Chamber of Commerce's 2016 benefits program gives you more choice with lower costs. We have partnered with Bouchey & Clarke Benefits Inc. and Liazon to develop the Bright Choices® program, which gives you:

Choice of plans – Liazon's Benefits Marketplace is a comprehensive suite of benefits plans and programs that address the diverse needs of each person, including:

- A range of choices for Dental coverage & Benefits including Life and Disability

Communications and Decision Support – To ensure that we are creating effective consumers, Liazon's Bright Choices™ portal provides rich decision support tools that reveal the actual costs of benefits, help consumers build their own personalized benefits portfolios and educate them to make more informed decisions when using healthcare services.

Service and Support – Bouchey & Clarke Benefits Inc. and Liazon take care of all service so you can focus on your business, not on benefits. We handle all benefits administration – eligibility, enrollment and carrier connections – and we support your employees with a dedicated Consumer Advocacy Center that helps them solve any benefit-related issues.

Questions?

Questions? Call Bouchey & Clarke Benefits, Inc. at (518) 720-8888 or
Liazon at 1-866-LIAZON-1 (1-866-542-9661)

These plans are only available to businesses who choose to participate in the Bright Choices program.
Application Deadline: Applications are due 15 days in advance of the effective date of coverage.
Administrative Fees: Rates shown do not include a \$2 paper invoice fee.

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

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	\$21.87	\$39.45	\$58.03	Please visit exchange.liazon.com for more plan details. Included for each plan is a list of imitations and exclusions that pertain to your Dental Insurance coverage. Please note, dependent coverage up to age 26		
	+ Spouse	\$46.29	\$71.59	\$114.59			
	+ Child(ren)	\$51.84	\$84.61	\$128.37			
	Family	\$77.14	\$121.88	\$186.91			



SHORT-TERM DISABILITY INSURANCE

Benefit Amount	Purchase up to 60% of weekly salary, in increments of \$50	Weekly Benefit Amount (Available in \$50 increments)		\$100	\$250	\$500	\$750	\$1,000
Duration	26 weeks							
Increment	Minimum of \$100, maximum of \$1,000 per week							
Rates (Monthly)	Rates shown are monthly. Pre-existing conditions apply for conditions diagnosed within the last 3 months. Please visit exchange.liazon.com for your Plan Summary. Included is a list of limitations and exclusions that pertain to your Short Term Disability coverage	Age	<44	\$6.70	\$16.75	\$33.50	\$50.25	\$67.00
			45-49	\$7.00	\$17.50	\$35.00	\$52.50	\$70.00
			50-54	\$8.60	\$21.50	\$43.00	\$64.50	\$86.00
			55-59	\$11.90	\$29.75	\$59.50	\$89.25	\$119.00
			60-64	\$14.00	\$35.00	\$70.00	\$105.00	\$140.00
		65+	\$14.70	\$36.75	\$73.50	\$110.25	\$147.00	
		Waiting Period		7 Days for Injury and Illness				
		Benefit Period		25 Weeks				



LONG-TERM DISABILITY INSURANCE

		Basic							
Benefit Amount	60% of Predisability Earnings								
Waiting Period/Duration	6 months / 5 Years								
Maximum	\$5,000 per month								
Rates (Monthly)	Pre-Disability Monthly Income	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$8,333	
		x 60%	x 60%	x 60%	x 60%	x 60%	x 60%	x 60%	
	Age	Monthly Disability Benefit	\$600	\$1,200	\$1,800	\$2,400	\$3,000	\$3,600	\$5,000 (Benefit Maximum)
		18- 39	\$2.30-\$3.70	\$4.60-\$7.40	\$6.90-\$11.10	\$9.20-\$14.80	\$11.50-\$18.50	\$13.80-\$22.20	\$19.16-\$30.82
		40- 49	\$4.60-\$8.10	\$9.20-\$16.20	\$13.80-\$24.30	\$18.40-\$32.40	\$23.00-\$40.50	\$27.60-\$48.60	\$38.32-\$67.47
		50- 59	\$10.30-\$22.80	\$20.60-\$45.60	\$30.90-\$68.40	\$41.20-\$91.20	\$51.50-\$114.00	\$61.80-\$136.80	\$85.80-\$189.92
60- 64	\$23.50-\$30.10	\$47.00-\$60.20	\$70.50-\$90.30	\$94.00-\$120.40	\$117.50-\$150.50	\$141.00-\$180.60	\$195.76-\$250.73		
65- 69	\$23.60-\$26.40	\$47.20-\$52.80	\$70.80-\$79.20	\$94.40-\$105.60	\$118.00-\$132.00	\$141.60-\$158.40	\$196.59-\$219.91		

Rates shown above are monthly. Your exact monthly benefit and monthly 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. Please visit exchange.liazon.com for your Plan Summary. Included is a list of limitations and exclusions that pertain to your Long Term Disability coverage. Like most group Disability insurance policies, MetLife group policies contain certain exclusions, exceptions, waiting periods, limitations, reductions of benefits and terms for keeping them in force. Ask your MetLife Sales Representative for complete costs and details.



LIFE & ACCIDENTAL DEATH AND DISMEMBERMENT

		Employee										
Rates	Amount	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000	
	Age	18-29	\$2.65	\$5.30	\$7.95	\$10.60	\$13.25	\$15.90	\$18.55	\$21.20	\$26.50	\$31.80
		30-34	\$3.40	\$6.80	\$10.20	\$13.60	\$17.00	\$20.40	\$23.80	\$27.20	\$34.00	\$40.80
		35-39	\$4.15	\$8.30	\$12.45	\$16.60	\$20.75	\$24.90	\$29.05	\$33.20	\$41.50	\$49.80
		40-44	\$4.90	\$9.80	\$14.70	\$19.60	\$24.50	\$29.40	\$34.30	\$39.20	\$49.00	\$58.80
		45-49	\$7.15	\$14.30	\$21.45	\$28.60	\$35.75	\$42.90	\$50.05	\$57.20	\$71.50	\$85.80
		50-54	\$11.15	\$22.30	\$33.45	\$44.60	\$55.75	\$66.90	\$78.05	\$89.20	\$111.50	\$133.80
		55-59	\$19.40	\$38.80	\$58.20	\$77.60	\$97.00	\$116.40	\$135.80	\$155.20	\$194.00	\$232.80
		60-64	\$26.90	\$53.80	\$80.70	\$107.60	\$134.50	\$161.40	\$188.30	\$215.20	\$269.00	\$322.80
		65-69	\$46.90	\$93.80	\$140.70	\$187.60	\$234.50	\$281.40	\$328.30	\$375.20	\$469.00	\$562.80
	Guaranteed Issue for New Groups/New Hires											



		Spouse/Domestic Partner			
Rates	Amount	\$10,000	\$20,000	\$30,000	
	Age	18-29	\$1.06	\$2.12	\$3.18
		30-34	\$1.36	\$2.72	\$4.08
		35-39	\$1.66	\$3.32	\$4.98
		40-44	\$1.96	\$3.92	\$5.88
		45-49	\$2.86	\$5.72	\$8.58
		50-54	\$4.46	\$8.92	\$13.38
		55-59	\$7.76	\$15.52	\$23.28
		60-64	\$10.76	\$21.52	\$32.28
		65-69	\$18.76	\$37.52	\$56.28
	Coverage amount must be less than or equal to 50% of employee coverage				



		Child(ren)					
Rates	Amount	\$1,000	\$2,000	\$4,000	\$5,000	\$10,000	
	All Ages		\$0.19	\$0.38	\$0.76	\$0.96	\$1.91
		Employee must elect self-coverage in order to sign up for child(Ren) coverage. Monthly rate covers all dependent children of the employee, regardless of number of children					

Rates shown above are monthly. Employee needs to complete a Statement of Health Form for amounts exceeding Guarantee Issue. Employee must elect self-coverage to sign up for dependent coverage, which may not exceed 50% of employee coverage. Children to age 19 or 25 (if a student).