



Benefits at a Glance Plans and Rates 2009

REINVENTING YOUR BENEFITS

The Harlem Valley Chamber of Commerce's new benefits program give you more choice with lower costs. We have partnered with Liazon to develop the Bright Choices program to give you:

- ◆ *Significant choices for Medical, Dental, Life, Disability, Supplemental Health 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*

Program Fees and Deadlines

Program Fees: \$50 per year

Application Fees: NONE

Application Deadline: Applications are due 30 days prior to the month beginning coverage.

Insurance rates reflected on this summary do not include the program fees. 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.

Provision	Preferred Provider Plan (PPO)	Exclusive Provider Plan (EPO)	Consumer Driven Plan w/ HSA 1 (PPO)	Consumer Driven Plan w/ HSA 2 (EPO)	Consumer Driven Plan w/HSA 3 (EPO)
Preventive Care (Physical, Well-child Visit, Mammogram, Pap smear, Colonoscopy)	Free for children up to 19 \$40 copay, for adults	Free for children up to 19 \$30 copay, for adults	Covered in Full	Covered in Full	Covered in Full
Physician Visit	\$40 copay	\$40 copay	Deductible then 0%	Deductible then 0%	Deductible then 0%
Specialist Visit	\$40 copay	\$40 copay	Deductible then 0%	Deductible then 0%	Deductible then 0%
Hospital Stay	\$500 copay	\$500 copay	Deductible then 0%	Deductible then 0%	Deductible then 0%
Outpatient Surgery	No Charge	\$250 copay	Deductible then 0%	Deductible then 0%	Deductible then 0%
Maternity	Office copays apply	Office copays apply	Deductible then 0%	Deductible then 0%	Deductible then 0%
Emergency Room	\$100 copay	\$100 copay	Deductible then 0%	Deductible then 0%	Deductible then 0%
Ambulance	No Charge	No Charge	Deductible then 0%	Deductible then 0%	Deductible then 0%
Prescriptions	\$0/\$25/\$40 \$1,000 Brand Maximum	\$0/\$30/\$50 \$3,000 Brand Maximum	Deductible then 0%	Deductible then 0%	Deductible then 0%
Domestic Partner	Covered under all plans				
Out of Network	COVERED	NO COVERAGE	COVERED	NO COVERAGE	NO COVERAGE
Deductible	In-Network: None Out-of-Network: \$2,000 Single \$6,000 Family	In-Network: None Out-of-Network: N/A	In-Network: \$2,500 Single \$5,000 Family Out-of-Network: \$2,500 Single \$5,000 Family (Combined In/Out)	In-Network: \$3,000 Single \$5,950 Family Out-of-Network: N/A	In-Network: \$5,800 Single \$11,600 Family Out-of-Network: N/A
Coinsurance	In-Network: 0% Out-of-Network: 30%	In-Network: 0% Out-of-Network: N/A	In-Network: 0% Out-of-Network: 30%	In-Network: 0% Out-of-Network: N/A	In-Network: 0% Out-of-Network: N/A
Out-of-Pocket Maximum (including deductible)	In-Network: N/A Out-of-Network: \$5,000 Single \$15,000 Family	In-Network: N/A Out-of-Network: N/A	In-Network: \$2,500 Single \$5,000 Family Out-of-Network: \$5,500 Single \$8,000 Family	In-Network: \$3,000 Single \$5,950 Family Out-of-Network: N/A	In-Network: \$5,800 Single \$11,600 Family Out-of-Network: N/A
Premium, excluding (Monthly)	2-Tier Small Group \$474.90 Single \$1,210.27 Family	2-Tier Small Group \$368.16 Single \$938.01 Family	2-Tier Small Group \$273.40 Single \$733.48 Family	2-Tier Small Group \$207.18 Single \$524.07 Family	2-Tier Small Group \$152.69 Single \$385.07 Family


SALISBURY BANK HEALTH SAVINGS ACCOUNT (HSA)

Fees	\$10 to open account
Maximum Pretax Contributions	Single: \$3,000 Family: \$5,950 Catch-up: \$900 per year (if you're over age 55)
Balances	Account earns interest tax-free and balances roll over for future years
Other Features	A Health Savings Account Debit Mastercard and free online banking

Questions? Call

You may also contact the Liaison Consumer Advocacy Team at 1-866-LIAZON-1

MetLife DENTAL INSURANCE

Provision	Value Plan	Basic Plan	Enhanced Plan
Preventive	In-Network: 100% Out-of-Network:80%	In-Network: 100% Out-of-Network:90%	In-Network: 100% Out-of-Network:100%
Basic	In-Network: 80% Out-of-Network:50%	In-Network: 80% Out-of-Network:70%	In-Network: 90% Out-of-Network:80%
Major	In-Network: 0% Out-of-Network:0%	In-Network: 50% Out-of-Network:25%	In-Network: 60% Out-of-Network:50%
Orthodontia	In-Network: 0% Out-of-Network:0%	In-Network: 0% Out-of-Network:0%	In-Network: 50% Out-of-Network:50% (Lifetime Maximum: \$1,000)
Deductible	In-Network: \$0 Out-of-Network: \$50/person* (\$150 family maximum) Applies to Basic and Major treatments only		
Calendar Year Maximum	In-Network: \$750 Out-of-Network:\$500	In-Network: \$1,000 Out-of-Network:\$750	In-Network: \$1,500 Out-of-Network:\$1,000
Rates (Monthly)	Employee: \$16.40 Family: \$46.72	Employee: \$29.57 Family: \$78.24	Employee: \$43.51 Family: \$113.74

VSP VISION INSURANCE

	Plan A	Plan B	Plan C
Eye Examination	1 per year	1 per year	1 per year
Lenses	1 every 2 years	1 per year	1 per year
Frames	1 every 2 years	1 every 2 years	1 per year
Rates (Quarterly)	\$25.29 Single \$54.96 Family	\$28.83 Single \$60.99 Family	\$37.71 Single \$80.94 Family



CRITICAL ILLNESS WITH CANCER BENEFIT

	Basic	Enhanced	Premier
Benefit Amount	\$10,000	\$30,000	\$50,000
Heart Attack, Stroke, Major Organ Transplant, End-stage Renal Failure, Alzheimer's Disease, Invasive Cancer	Pays 100% of coverage	Pays 100% of coverage	Pays 100% of coverage
Coronary Artery By-pass Surgery, Carcinoma in Situ	Pays 25% of coverage (payable once)	Pays 25% of coverage (payable once)	Pays 25% of coverage (payable once)
Rates (Monthly)	\$11.70 and up (Based on age, smoker status and family size)	\$14.60 and up (Based on age, smoker status and family size)	\$25.35 and up (Based on age, smoker status and family size)



ACCIDENT INSURANCE

	Basic	Enhanced	Premier
Benefit Amount	Payout amounts vary based on type of injury. Benefits are paid directly to you or your assignee. Benefits are paid regardless of other coverage.		
Rates (Monthly)	Accident Policy Only Single: \$22.72 Family: \$34.40	Accident Policy Only Single: \$43.27 Family: \$66.64	Accident Policy Only Single: \$63.83 Family: \$98.87

Note: All rates exclude program fees.
Billing is done quarterly.



EMPLOYEE LIFE INSURANCE

Amount		\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$225,000	\$250,000
Age	18-29	\$2.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00	\$14.00	\$16.00	\$18.00	\$20.00
	30-34	\$2.75	\$5.50	\$8.25	\$11.00	\$13.75	\$16.50	\$19.25	\$22.00	\$24.75	\$27.50
	35-39	\$3.50	\$7.00	\$10.50	\$14.00	\$17.50	\$21.00	\$24.50	\$28.00	\$31.50	\$35.00
	40-44	\$4.25	\$8.50	\$12.75	\$17.00	\$21.25	\$25.50	\$29.75	\$34.00	\$38.25	\$42.50
	45-49	\$6.50	\$13.00	\$19.50	\$26.00	\$32.50	\$39.00	\$45.50	\$52.00	\$58.50	\$65.00
	50-54	\$10.50	\$21.00	\$31.50	\$42.00	\$52.50	\$63.00	\$73.50	\$84.00	\$94.50	\$105.00
	55-59	\$18.75	\$37.50	\$56.25	\$75.00	\$93.75	\$112.50	\$131.25	\$150.00	\$168.75	\$187.50
	60-64	\$26.25	\$52.50	\$78.75	\$105.00	\$131.25	\$157.50	\$183.75	\$210.00	\$236.25	\$262.50
	65-69	\$46.25	\$92.50	\$138.75	\$185.00	\$231.25	\$277.50	\$323.75	\$370.00	\$416.25	\$462.50
		Guaranteed Accepted									

Rates shown above are monthly. Employee needs to complete a Statement of Health Form for amounts exceeding \$50,000.

SPOUSE LIFE

Amount		\$10,000	\$20,000	\$30,000
Age	18-29	\$0.80	\$1.60	\$2.40
	30-34	\$1.10	\$2.20	\$3.30
	35-39	\$1.40	\$2.80	\$4.20
	40-44	\$1.70	\$3.40	\$5.10
	45-49	\$2.60	\$5.20	\$7.80
	50-54	\$4.20	\$8.40	\$12.60
	55-59	\$7.50	\$15.00	\$22.50
	60-64	\$10.50	\$21.00	\$31.50
	65-69	\$18.50	\$37.00	\$55.50

Coverage amount must be less than 50% of employee coverage

CHILD(REN) LIFE

	\$1,000	\$2,000	\$4,000	\$5,000	\$10,000
All Ages	\$0.16	\$0.32	\$0.64	\$0.80	\$1.60

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

LONG-TERM DISABILITY

Pre-Disability Monthly Income	\$1,000 x 60%	\$2,000 x 60%	\$3,000 x 60%	\$4,000 x 60%	\$5,000 x 60%	\$6,000 x 60%	\$7,000 x 60%	
Monthly Disability Benefit * (60% of pre-disability income)	\$600	\$1,200	\$1,800	\$2,400	\$3,000	\$3,600	\$4,200	
Age	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	\$16.10-\$25.90
	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	\$32.20-\$56.70
	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	\$72.10-\$159.60
	60-69	\$23.50-\$30.10	\$47.00-\$60.20	\$70.50-\$90.30	\$94.00-\$120.40	\$117.50-\$150.50	\$141.00-\$180.60	\$164.50-\$210.70
	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	\$165.20-\$184.80

* 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.

Questions? Call

You may also contact the Liaison Consumer Advocacy Team at 1-866-LIAZON-1