



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 |

IMPORTANT NOTE— AS OF 3/2009 VISION IS BEING FINALIZED, BELOW IS DEMOSTRATIVE



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