

Exchanges under Health Care Reform and “Private” Exchanges: What Does My Nonprofit Need to Know?

Tuesday, December 11, 2012
12:30 p.m. – 2:00 p.m. EST

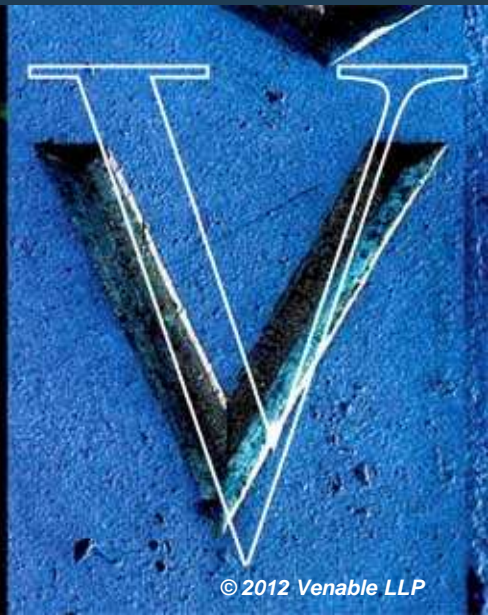
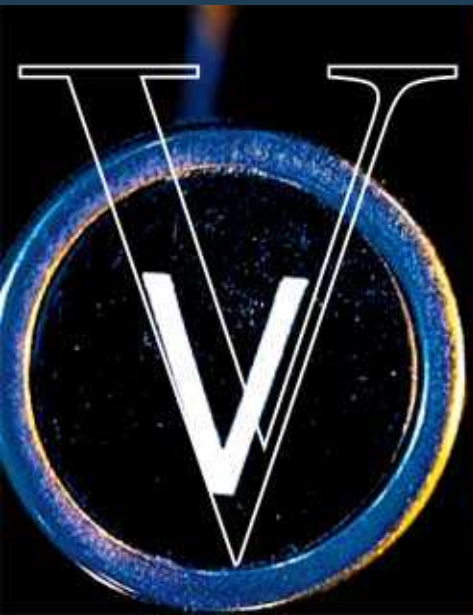
Venable LLP
Nonprofit Organizations Practice
Washington, DC

Moderator:

Jeffrey S. Tenenbaum, Esq., Venable LLP

Panelists:

Alan Cohen, Chief Strategy Officer and Co-Founder, Liazon Corporation
Christopher E. Condeluci, Esq., Venable LLP

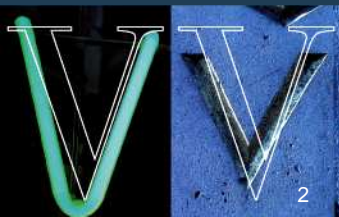


Upcoming Venable Nonprofit Legal Events

January 8, 2013 - [Exempt or Non-Exempt? The Ten Most Common Employee Classification Pitfalls Faced by Nonprofits](#)

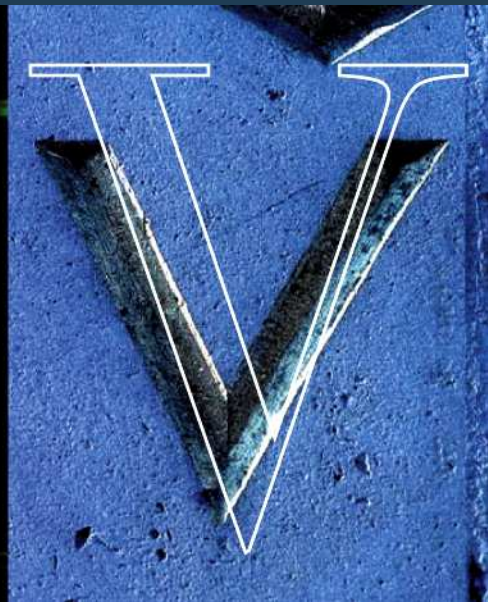
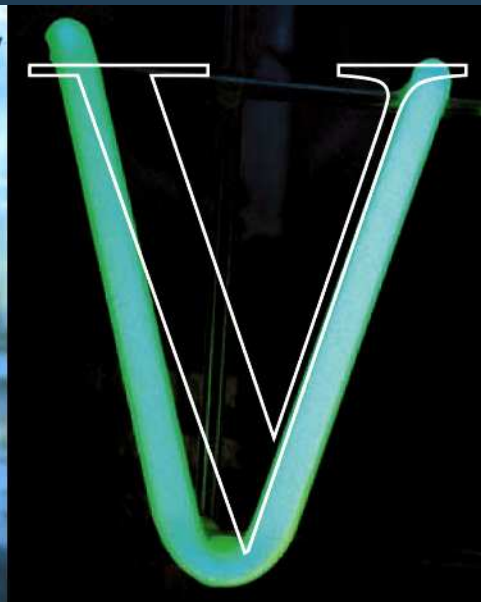
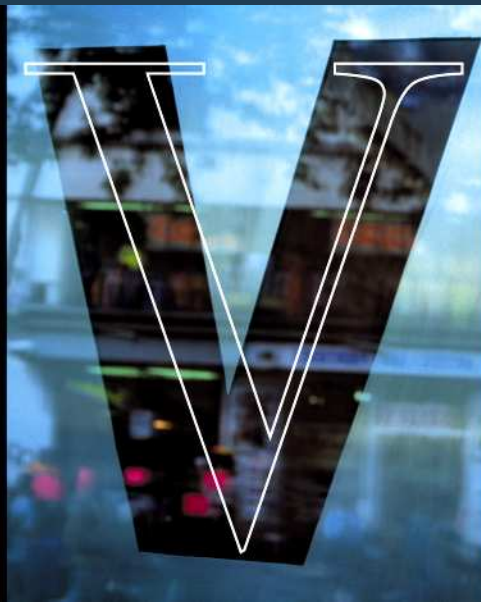
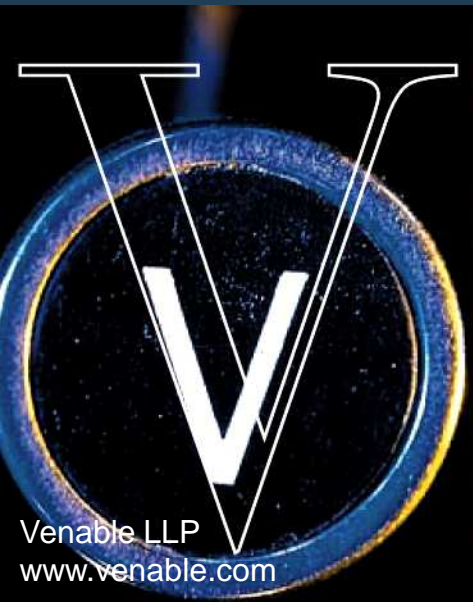
February 12, 2013 - Top Ten Federal Grant and Contract Pitfalls for Nonprofits (details coming soon)

March 12, 2013 - [Preparing an Online Social Media Policy: The Top Ten Legal Considerations for Your Nonprofit](#)



Exchanges under Health Care Reform & “Private” Exchanges

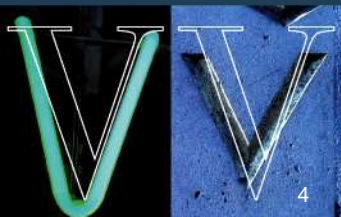
Christopher E. Condeluci, Esq., Of Counsel, Venable LLP



The Drivers of Health Care Reform?

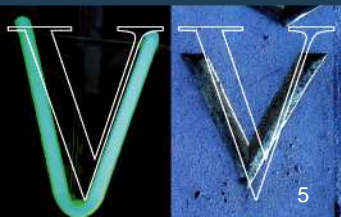
- Reform Insurance Laws
 - Mandate certain insurance standards
 - For example, “Essential Health Benefits,” Cost-Sharing Limitations, and “Actuarial Value”

- Coverage - Priority #1
 - Expand Medicaid
 - Provide premium subsidies to help low-to-middle income people purchase health insurance
 - The new health insurance Exchanges created under PPACA became the mechanism through which these subsidies could be accessed.



The Exchange under PPACA

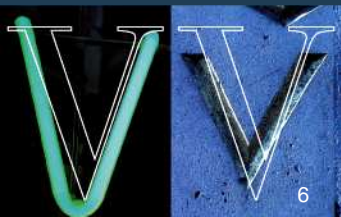
- The original intent of the Exchange created under PPACA was not to deliver the subsidies, but rather to serve as a *marketplace*.
 - It was believed that the Exchange would reduce administrative costs.
 - In addition, it was believed that the Exchange would attract multiple insurance carriers, which would promote competition.
 - Achieving these two goals could translate into lower premiums.
- Early on in the drafting process, it was “private” exchanges that served as the model, not the Massachusetts Connector.



State-Based Exchanges

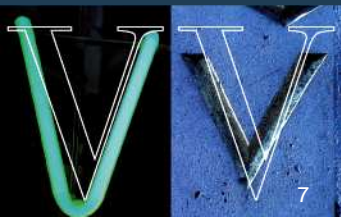
- Initially, the Exchanges will service (1) individuals and families in the individual market and (2) employees of small employer.
 - In 2017, a State may elect to permit the sale of large group plans through the Exchange, but a State is not required to do so.

- An Exchange may be structured as (1) a governmental agency or (2) an independent non-profit entity.



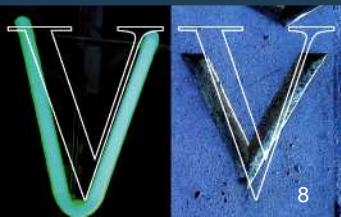
State-Based Exchanges

- The Exchange is directed to perform specific functions:
 - Determine eligibility for an advance-refundable tax credit for health insurance and cost-sharing subsidy (i.e., premium subsidies)
 - Establish and maintain a web site
 - Set up a call-center to field questions from consumers
 - Screen for Medicaid eligibility and enroll people in Medicaid if eligible
 - In some States, the Exchange may prohibit a carrier from offering a plan through the Exchange if premium increases are “unreasonable”



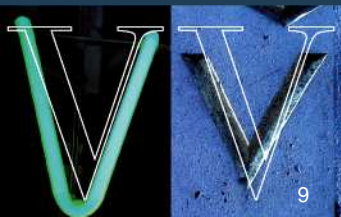
Federal Exchange

- If, by January 1, 2013, HHS determines that a State is not in a position to get its Exchange up and running by January 1, 2014, HHS will step in and run the State's Exchange.
- In effect, the “Federally-Facilitated Exchange” or “Federal Exchange” will step in the shoes of the State-Based Exchange and do exactly the same thing.
 - Congress intended that the Federal Exchange would perform all of the functions that the statute directs the State-Based Exchange to perform.
 - Unsurprisingly, the statute is not “clean,” and therefore, questions have arisen
 - Can a Federal Exchange deliver the premium subsidies?



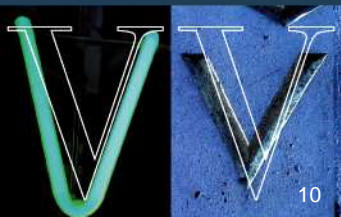
Federal-State Partnership

- HHS has proposed a Federal-State Partnership where those States that cannot get their Exchange up and running by January 1, 2014 will share the Exchange functions with the Feds.
- Under this model, States will perform the following functions:
 - Plan management functions (e.g., certifying QHPs)
 - Consumer assistance functions (e.g., in-person assistance in filing an enrollment form and comparing coverage options)



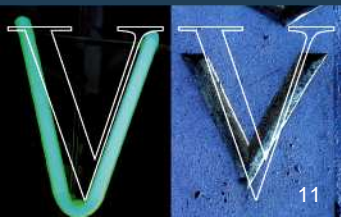
Federal-State Partnership

- The Federal government will perform all of the other functions:
 - Medicaid screening and enrollment
 - Eligibility determinations for (1) enrollment in a QHP and (2) receipt of a premium subsidy
 - Management of a web-site and call center



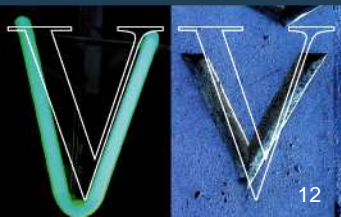
Important Deadlines

- December 14, 2012
 - States must submit letter of intent and a “blueprint” for its own State-Based Exchange to HHS.
- February 15, 2013
 - States can submit letter of intent and a “blueprint” to enter into a Federal-State Partnership.
- October 1, 2013
 - Open enrollment in Exchanges begins
- January 1, 2014
 - Exchanges launch date (start of subsidies)



What Have the States Decided?

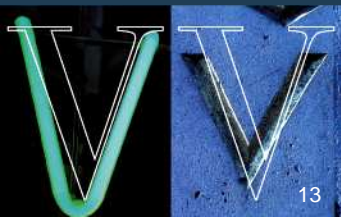
- Generally, you can put the States into 4 categories:
 - Category #1 – Federal Exchange
 - AK, AL, AZ, GA, IN, IA, KS, LA, ME, MI, MO, MT, NE, NH, ND, OH, OK, SC, SD, TX, VA, WI, WY (23)
 - Category #2 – Federal-State Partnership
 - AR, DE, IL, MI, NC (5)
 - Category #3 – Undecided
 - FL, ID, NJ, PA, TN, UT, WV (7)
 - Category #4 – State-Based Exchange
 - CA, CO, CT, DC, HI, MD, MA, MN, MS, NV, MN, NY, OR, RI, VT, WA (16)



What Are the Challenges?

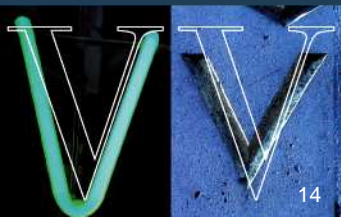
- Information Technology
 - Shortage of skilled vendors
 - Creating, implementing, and testing IT systems have a protracted time horizon.

- Lack of Guidance
 - This isn't political, this is practical.
 - Even the Insurance Commissioners for States moving ahead are concerned.
 - NV Insurance Commish, "We're going to make it, I think."
"It'll be tight."



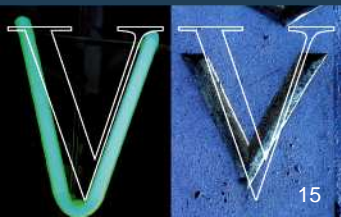
The Subsidies Offered Through the Exchange under PPACA

- GENERAL RULE – An individual is NOT eligible for subsidies offered through the Exchange if he or she is “eligible” for employer-sponsored coverage.
 - So, even if your employees are subsidy-eligible, they CANNOT opt out of employer coverage, go to the Exchange, and access the subsidies.
- EXCEPTION – The employer-sponsored coverage is (1) “unaffordable” (i.e., the employee’s portion of the premium for self-only coverage exceeds 9.5% of the employee’s income) or (2) pays for less than 60% of the costs under the plan (i.e., the plan is not 60% “actuarial value”).
 - In this case, depending upon an employee’s income, an employee may opt out of employer coverage, go to the Exchange, and access the subsidies.



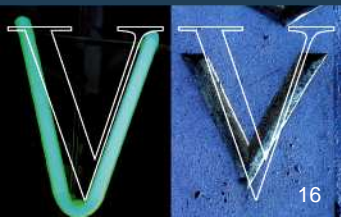
Small Employer Interaction with the Exchange under PPACA

- Small employers (generally firms with 100 employees or less) may access the SHOP Exchange and offer *fully-insured* health coverage made available through the SHOP Exchange to their employees.
- Small employers must be able to select a “level of coverage” (i.e., bronze, silver, gold, or platinum) from which their employees may choose a plan.



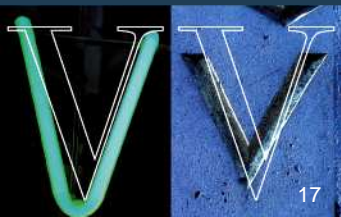
Small Employer Interaction with the Exchange under PPACA

- A SHOP Exchange may also allow a small employer to choose one or all of the following options:
 - Allow employees to choose any plan offered in the SHOP at any level of coverage;
 - Allow employers to select specific levels of coverage from which an employee may choose a plan;
 - Allow employers to select specific plans from different levels of coverage from which an employee may choose a plan; or
 - Allow employers to select a single plan to offer employees.



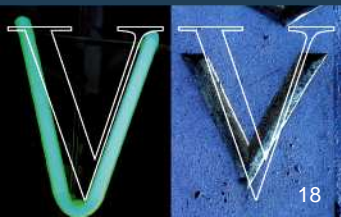
Large Employer Interaction with the Exchange under PPACA

- Notification of Employer Penalties:
 - Beginning in 2014, a large employer is subject to a penalty tax if an employee(s) of the employer accesses the subsidies through the Exchange on account of the employer's plan (1) being "unaffordable" or (2) failing to meet the 60% actuarial value standard.
 - In general, the Exchange shall make this determination based on information provided to the Exchange by the employee(s).
 - If the employee(s) is indeed determined to be eligible for the subsidies, the Exchange will notify the employer that (1) one or more of the employer's employees have accessed the subsidies and (2) the employer may be subject to the employer penalties.



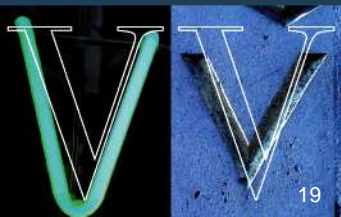
Large Employer Interaction with the Exchange under PPACA

- Notification of Employer Penalties:
 - HHS will establish an appeals process for employers who are notified by the Exchange.
 - For purposes of planning around these employer penalties, recent guidance allows an employer to make sure its lowest cost self-only plan does not exceed 9.5% of the employee's "W-2 income," instead of "household income."



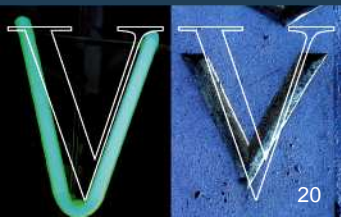
2017 – Large Employers and the Exchange under PPACA

- In 2017, a State may elect to permit the sale of *fully-insured* large group coverage through the Exchange, but a State is not required to do so.
- If a State makes such an election, fully-insured large group plans could be subject to the same insurance standards that apply to individual and fully-insured small group plans beginning in 2014.
- As a result, it is advisable that large employers with fully-insured plans understand the new insurance standards that apply to plans sold inside *and* outside of the Exchange well before any such election is made.



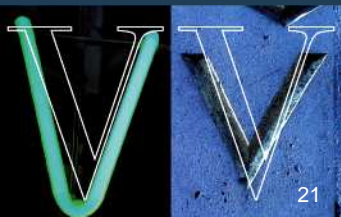
Insurance Standards Inside *and* Outside of the Exchange

- IMPORTANT – The new “insurance standards” apply to plans sold inside AND outside of the Exchange.
- What are the insurance standards?
 - “Essential health benefits package.”
 - “Essential health benefits.”
 - Limits on cost-sharing under the plan
 - Specified “levels of coverage.”
 - Premium rating rules.
 - Prohibited from rating premiums based on health status.
 - Rates may only vary by: (1) age (but by no more than a 3 to 1 ratio); (2) tobacco use (but by no more than a 1.5 to 1 ratio); (3) single or family coverage; and (4) rating area.



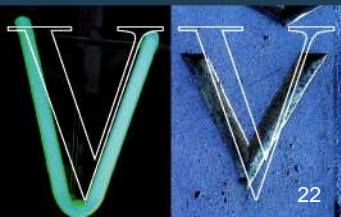
What Is a Private Exchange?

- At its core, a private exchange is a private business – typically operated by insurance brokers, benefit consultants, or insurers – that sells insurance products to health care consumers through an on-line product.
- What makes private exchanges unique is their ability to enable the health care consumer to shop from among a wide-variety of major medical health plans and supplemental insurance products through the use of creative, interactive technology.
- Private exchanges offer:
 - The use of defined contribution health plans
 - Expanded “employee choice”
 - Decision support (e.g., “recommendation technology”)
 - End-to-end transactional services



Private Exchange Strategies

- Single Employer, Single Carrier – Under this strategy, a single-employer could work with a private exchange and offer a wide-variety of fully-insured or self-insured group health plans to their employees through a single insurance carrier or third party administrator funded through an HRA or some other funding mechanism.
- Multiple Employers, Multiple Carriers – Under this approach, multiple employers band together, effectively increasing the employers' risk pool, and fund – through an HRA or some other funding mechanism – the purchase of fully-insured group health plans made available by multiple insurance carriers through a private exchange.



Private Exchange Strategies

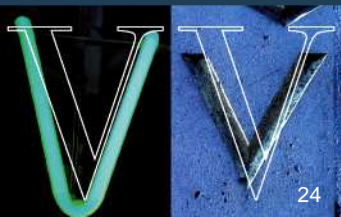
- Individual Market Plans and HRAs – Finally, employers are examining a model where – through a private exchange – the employer allows its employees to purchase a health plan in the fully-insured individual health insurance market, funded through an HRA. This model generally will not be viable until 2014 (because of the HIPAA nondiscrimination rules).



Defined Contribution

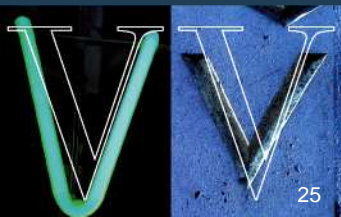
- What is a defined contribution health plan?
 - Under a defined contribution health plan, the employer makes fixed contributions that employees may use to purchase a “defined benefit.”
 - This defined benefit is the underlying health plan, which in 2014, will likely meet all of the ACA requirements.

- Advantages?
 - Employers can better manage their costs by deciding how much they want to spend on health insurance each year.
 - Then, the employer may determine the rate at which the fixed contribution would increase each year (e.g., based on increases in the Consumer Price Index (“CPI”) as opposed to increases in premium costs).



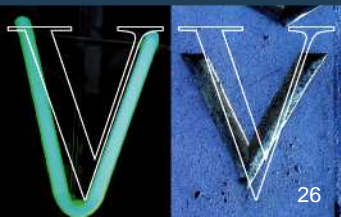
“Employee Choice”

- Many private exchange enable the health care consumer to shop from among a wide-variety of major medical health insurance products with varying plan designs.
 - This includes offering up to 10 to 20 different major medical health plans, ranging from high-cost sharing plans down to low- or no-cost-sharing plans with a cost differential of up to 60%.
 - Offering this “inventory” promotes choice and consumerism, which has been proven to reduce health care spending and improve customer satisfaction.



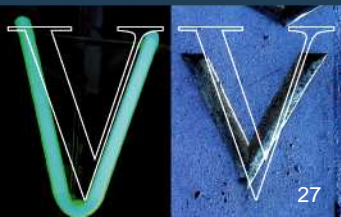
“Employee Choice”

- Offering a wide-variety of major medical plans is a departure from the current model.
 - This approach also differs from the offerings under, for example, the new State-Based or Federally-facilitated Exchanges.



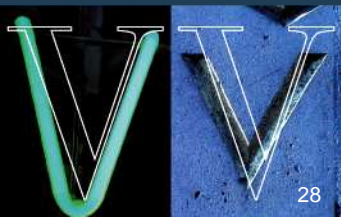
“Employee Choice”

- Private exchanges also allow the consumer to purchase supplemental products alongside their major medical plan.
 - This affords a consumer the opportunity (1) to purchase a low-cost health plan and (2) to add specified coverage to insure against, for example, catastrophic health events.
 - These supplemental insurance products often range from stand-alone dental and vision plans and hospitalization insurance to specified disease coverage, disability insurance, and wellness programs.
 - This aggregation of insurance products typically costs less than a major medical plan that provides “rich” benefits or benefits/services a consumer may not need or want or need.



Decision Support

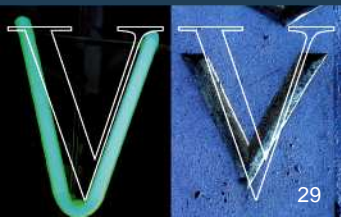
- A sophisticated decision support system helps the consumer determine what major medical health plan or health insurance package is best for them to purchase.
 - “Recommendation technology”
 - The health care consumer is asked a series of questions and the technology essentially develops a “profile” of the consumer.
 - The technology synthesizes the answers to these questions and recommends a plan or an insurance package that may best fit the consumer’s needs.



Comprehensive Customer Support

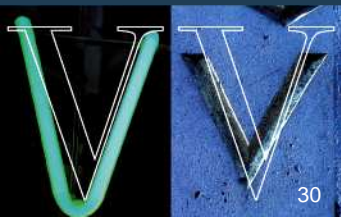
- Private exchange will provide:
 - Customer services that seamlessly facilitate the purchase of health insurance, and
 - Customer support from the time the consumer enters the private exchange, all the way through to the actual purchase of a health plan and/or supplemental insurance product(s).

- A private exchange company will often:
 - Serve as a benefits administrator, or
 - Serve as a resource to health care consumers with questions about the inventory of health plans offered, or questions about the health coverage they have elected through the private exchange.



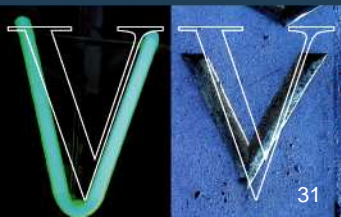
The Future?

- Are private exchanges the future?
 - As health care costs continue to rise, more and more individuals are likely to look to private exchanges.
 - Why? Because private exchanges provide a consumer-friendly way to choose a health plan.
 - In the case of employers, it is likely that private exchanges will help those employers who want to hold on to employer-sponsored coverage to continue to provide such coverage.
 - Why? Because of the advantages we discussed: (1) employers can better manage costs, (2) employees are able to choose their health insurance as opposed to employers deciding on plan options every year, and (3) the customer service found only in a private exchange.



The Future?

- Regardless of whether PPACA stays or goes, private exchanges will play a critical role in the future of health care.





DISCOVER THE VALUE OF A PRIVATE EXCHANGE

ALAN COHEN, CHIEF STRATEGY OFFICER AND CO-FOUNDER

December 2012



DISCOVER THE VALUE OF A PRIVATE EXCHANGE

December 2012

This is what you should expect to learn from me:

- Who is Liazon
- What are Exchanges and how to differentiate them
- What problem do Exchanges solve and why do they work
- What you should expect from an Exchange
- A view of the Bright Choices Exchange



Liazon is the market leader in private benefits exchanges

- Founded 5 years ago by benefits/insurance experts
- 4 years of experience with live Private Exchanges
- 2,000+ customers
- Working with selected brokers, nationwide
- Award-winning technology

“ You have to put aside your old concepts of how health insurance is supposed to work. ”
- Fred Bristol

THE BUSINESS REVIEW

HERE'S A WAY TO SORT IT OUT



Who runs it?

Exchange Type

Public
(Ind & SHOP)

Private

Hybrid



What are the products in the store?

Insurance Type

Individual

Group

Medicare

Store Offering

Medical Only

Health

All Benefits

Providers

Open/Multi

Closed/Single

Selective



What's the shopping experience?

Location

Clicks

Bricks

Tools

Decision Support

Education

Year-round Portal

Support

Administrative

Billing

Personal



Where's the money coming from?

Funding

Personal

Defined Contribution

Subsidies

Paycheck

WHY ARE THESE THE ONLY CHOICES YEAR AFTER YEAR?



BENEFITS PROCESS IS BROKEN



Selecting insurance isn't about finding the "best" plan out there, it's about finding the right coverage for specific risks and needs.

Companies don't buy what people would buy themselves

WHY

?

- Most companies force-fit people into exactly the benefit plans they offer...or don't offer.
- Research shows this creates substantial inefficiencies (higher costs!)
- Medical insurance alone is inefficient and insufficient

▶▶ **Does everyone in your company have the same retirement portfolio?**

IMAGINE A BETTER WAY



Employer makes only one strategic decision

- You decide how much to spend this year per employee and set a predictable budget for 3-5 years

Employees buy the benefits they need

- Shop in an online benefits store
- Technology combines products to yield better, more personalized coverage
- Personal recommendations based on individual needs and live support



Your role for all benefits starts to look more like how you manage your 401k

BENEFITS TO EMPLOYERS AND EMPLOYEES



Employer

Employers

- Save money
- Get a predictable benefits budget
- Streamline administrative tasks



Employees

Employees

- Save money
- Get the right benefits for their needs
- Understand & appreciate the value of their benefits
- Get more involved in their health care

SUCCESSFUL DC/EXCHANGE STRATEGY



➤ What are the components of a defined contribution/exchange solution?

- Funding/Money
- Store
- Decision support / purchasing system
- End-to-end transaction processing
- Ongoing service



➤ The key is personalization through technology and service

- Recommendations based on individual needs and complex scenario analysis
- Automated eligibility and enrollment
- Robust employer and employee service

EMPLOYEES GET TO CHOOSE FROM A WEALTH OF OPTIONS



Health



Health (10-40 choices)

Supplemental Health

(10+ choices)

- Hospital
- Accident
- Critical Illness
- Etc.

Dental (3-5 choices)

Vision (2-4 choices)

Health programs

(many choices)

- Wellness
- Telemedicine
- Alternative healthcare
- Personal medicine

Wealth



HSA

FSA

- Medical
- Dependent Care
- Transit/Parking

Other Financial Programs

- 401k
- College Savings 529
- Supplemental retirement

Protection



Life

- Personal, Partner, Child
- Term, Variable

Disability

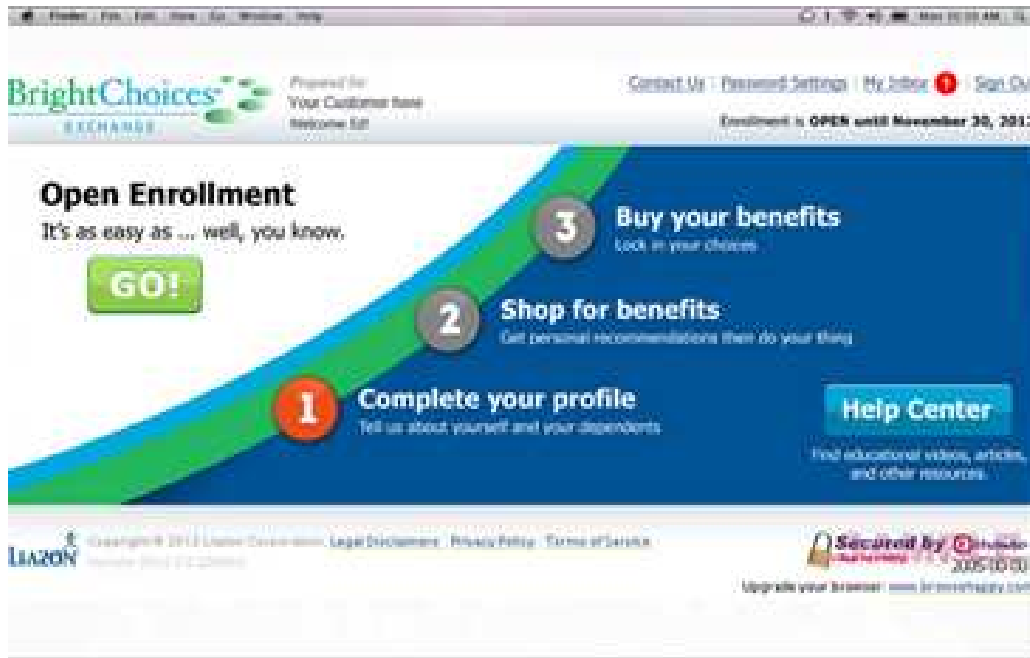
- STD (choose your level)
- LTD (3+ choices)

Long Term Care (many)

Pet Insurance

Other risk protection

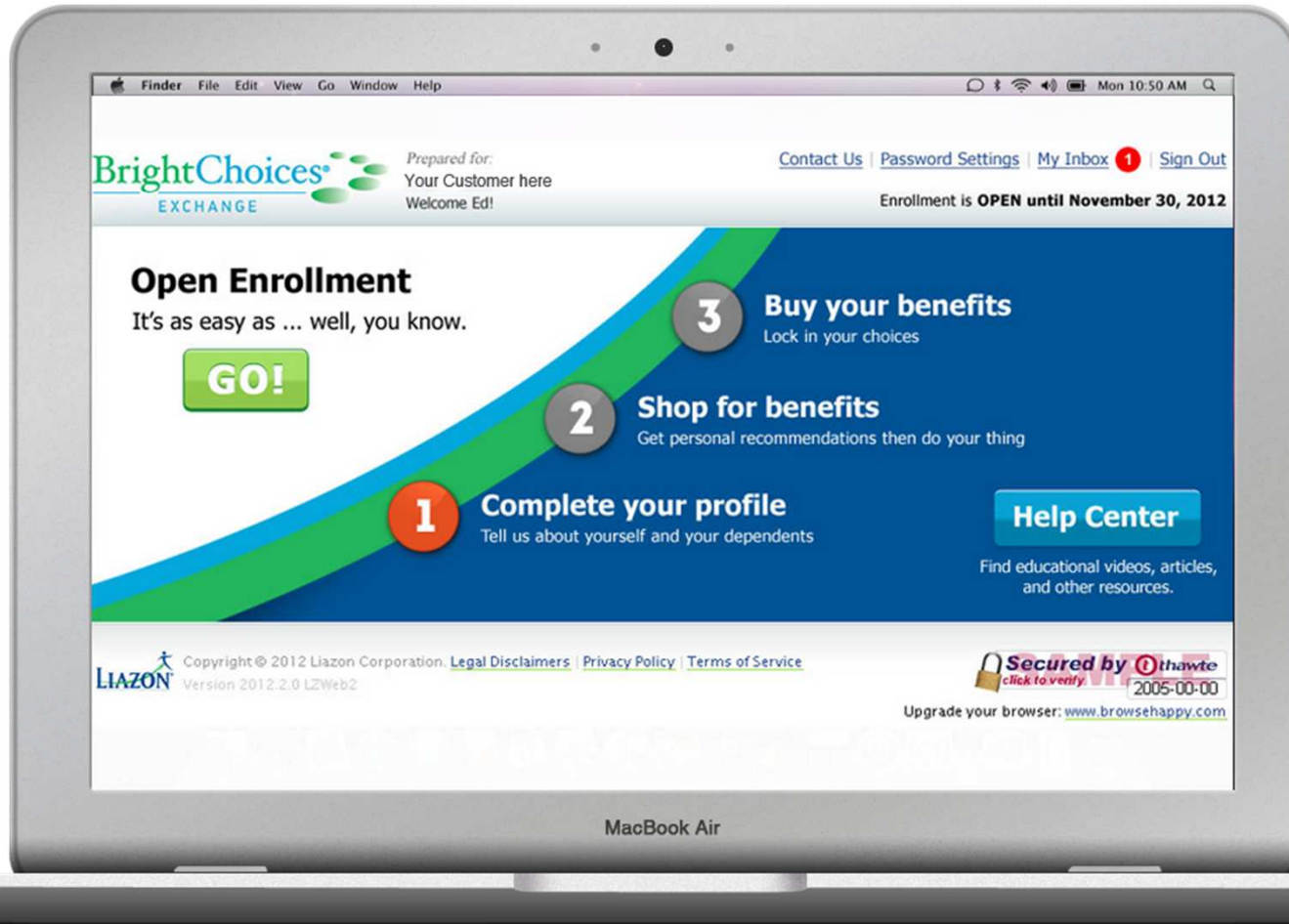
BRIGHT CHOICES DEMO



Key Product Features

- 1 billion+ insurance product combinations can be purchased online through Bright Choices™.
- Decision support to help people choose the right benefits for them.
- Personalized education with videos, articles, and alerts.
- Completely automated enrollment & benefits management.

THE BRIGHT CHOICES EXCHANGE



Topics

Videos

Articles

FAQs

Glossary



Consumer-Driven Healthcare and HSAs

Smart consumers are always looking for ways to save money. Whether it's shopping the sales at the mall, using coupons at the grocery store, or researching cost and quality before purchasing.

[learn more](#)



Critical Illness and Hospital Indemnity

What does a long term illness cost? Just how expensive is it to be hospitalized? Find out more about what hospitals actually charge for everything from x-rays to heart disease – and discover how to protect your wallet from these expenses.

[learn more](#)



Tax Savings (HSA, FSA, 401k, and 529)

Featured Videos & Articles



[Why You Should Consider a CDH Plan](#)



[Protecting Your Income and Your Lifestyle](#)



[Saving for College](#)



[Life Insurance](#)



[How an HSA Works](#)



[Disability Insurance](#)

INTRODUCTION



Prepared for:
Acme Demo
Alan Cohen

[Contact Us](#) [Password Settings](#) [Sign Out](#)

Enrollment is **OPEN** until **Saturday, December 15, 2012**

Home

Intro

Profile

Recommended

Shop

Checkout

Buy



Introduction

This is Bright Choices — where you're going to buy your benefits. It's a true shopping experience with many options and plenty of help along the way.

[Help Center](#)

Welcome, Alan!

Life's uncertain ... but, we can protect ourselves.

Bright Choices helps guard you, and your loved ones, against life's risks. It's an online store stocked with a wide variety of products and programs from which you will choose what you need.

In this section you'll find:

1. [Introduction Video](#)
2. [How Does It Work?](#)
3. [What's In My Store?](#)
4. [How Do I Get Started?](#)



How Does It Work?



Many people come into Bright Choices with the idea that they're simply going to take the plans they're used to ... or those that are similar. That approach can defeat the purpose of Bright Choices, which is to help you find the plans that are right for you.

Let the system work for you. Bright Choices uses your benefits "personality" — everything it knows about you

PERSONAL PROFILE



Prepared for:
Acme Demo
John Smith

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Enrollment is **OPEN** until **Saturday, September 15, 2012**

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[Intro](#)

[Profile](#)

[Recommended](#)

[Shop](#)

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My Profile

This section is where we'll get to know you so we can help you make smart benefits decisions. You'll be able to access and edit this information later if you need to.

[Help Center](#)

[Contact Info](#) | [My Dependents](#) | [My Health](#) | [My Networks](#) | [About Me](#) | [Lifestyle](#)

Contact Information

1 of 6

[Why do we ask for this information?](#)

* Required

Address Line 1 *

Address Line 2

City *

State *

Zip/Postal Code *

Country *

Email Address

Home Phone Number

Mobile Phone Number

Work Phone Number Extension

[« Back](#)

[Save & Continue »](#)

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About Me

5 of 6

[Why do we ask for this information?](#)

	* Required	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
When it is all said and done I am the person responsible for taking care of my health.	*	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to prevent problems with my health.	*	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that I can tell when to see a medical provider or whether I can take care of the problem myself.	*	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry about the cost of serious illnesses.	*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
I would value being able to call a doctor anytime and use this "on call" doctor to get prescriptions.	*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
I worry about the cost of dental services.	*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
There are people, such as family members, who depend on my income.	*	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My spouse earns an income which we rely on.	*	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe it is important to preserve my income if I can't	*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RECOMMENDATION



BrightChoices
EXCHANGE

Prepared for:
Acme Demo
John Smith

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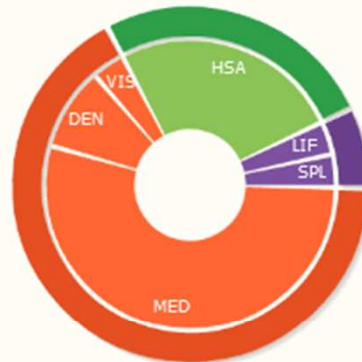


Recommended Portfolio

[Help Center](#)

We've put together the combination of plans that best matches your preferences and the lifestyle you told us about in your profile. As you're shopping on the next page, you'll find more details about why we chose each plan.

Portfolio Diversity



Cost Summary (Weekly)

Viewing figures as Weekly

Health: \$300.77

Money: \$120.19

Protection: \$8.93

Total Plan Value: \$429.89

Employer Contribution: \$153.85

My Responsibility: \$276.05

This total includes \$276.05 towards the cost of all your plans. This portfolio includes \$120.19 you contribute towards your accounts (Health Savings Account). This money is available to you for various expenses.

HEALTH

Category	Plan / Program	Coverage	Weekly Cost
Medical Insurance	Aetna - New York Open Access EPO 5-12 HSA	Employee + Family	\$253.38
Accident Insurance	Waive		\$0.00
Critical Illness Insurance	Waive		\$0.00
Dental Insurance	MetLife - Dental High Plan	Employee + Family	\$43.34
Vision Insurance	United Healthcare - Vision Plan	Employee + Spouse	\$4.04
Doctor Tele-Consults	Consider		\$0.00

Total Weekly Cost \$15,640.08

MONEY

Category	Plan / Program	Recommended Contribution
Health Savings Account	HealthEquity - Health Savings Account	\$120.19

Total Weekly Cost \$120.19

SHOP FOR BENEFITS



Prepared for:
Acme Demo
John Smith

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Home

Intro

Profile

Recommended

Shop

Checkout

Buy



Shop for Benefits

[Help Center](#)

We've gotten to know each other, and you've reviewed the plans we think meet your needs. Now it's time for you to choose the plans you'll buy this year. Check out what's available and visit our help center if you want more in-depth information about your options. When you're happy with your cart, click Proceed to Checkout.

Cart Summary

Viewing figures as Weekly

My Health Cost

\$300.77

[SHOP PLANS](#)

My Money Accounts

\$120.19

[SHOP PLANS](#)

My Protection Cost

\$7.94

[SHOP PLANS](#)

Employer Contribution

\$153.85

[VIEW DETAILS](#)

My Responsibility

\$275.06

[PROCEED TO CHECKOUT](#)

HEALTH



Bright Choices® offers you a range of health-related coverage – medical, dental, vision, critical illness, accident, and more – to help you tackle your medical risks. The system actually recommends the best combination of these plans based on your personal situation. It's a good idea to be familiar with all the options available to you, and you can use this section when you need to look up details of the various health plans.

Medical Insurance

	Plan Name	Coverage	Weekly Cost
IN CART	Recommendation - find out why? Aetna - New York Open Access EPO 5-12 HSA	Employee + Family	\$253.38

[SHOP MORE PLANS](#)

Accident Insurance

YEAR-ROUND HELP AND SUPPORT



BrightChoices
EXCHANGE

Prepared for:
Acme Demo
John Smith

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My Portfolio

Upcoming Portfolio

Jan 1, 2013 - Dec 31, 2012

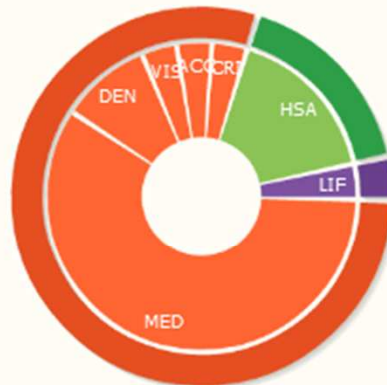
Welcome Back! You bought the plans, now use them! Reference plan details, monitor and manage your spending, and learn about being even more active in managing your health costs here throughout the year.

[Change My Enrollments](#)



Viewing figures as Weekly

Portfolio Diversity



Cost Summary (Weekly)

Health:	\$337.80
Money:	\$76.92
Protection:	\$7.94

Total Plan Value: **\$422.66**

Employer Contribution: **\$153.85**

My Responsibility: **\$268.82**

This total includes \$268.82 towards the cost of all your plans. This portfolio includes \$76.92 you contribute towards your accounts (Health Savings Account). This money is available to you for various expenses.



Manage your costs powered by Simplee

TOTAL HEALTH CARE COSTS

\$8,258

Since Oct 2011

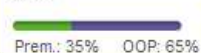


Plan: 78% You: 22%

YOUR RESPONSIBILITY

\$2,819

Out of pocket since Oct 2011



Prem.: 35% OOP: 65%

YOUR MEDICAL DEDUCTIBLE

\$600

Used for family services



100%

YOUR 2012 HSA BALANCE

\$631

Available for medical, Rx, and dental transactions

DOCTOR'S VISITS

29

Since Oct 2011

FINALLY, SOMETHING THAT MAKES SENSE



From Our Customers

“For the first time, we have a benefits program that meets the high standards by which Trans Dynamics operates .”

- Jeff Gaskin,
Controller



“The whole concept is phenomenal.”

- Bill Wagner,
CFO



We’ve accomplished what we set out to accomplish — in particular, controlling our benefits costs and giving employees more options.”

- Nicole Ebersole,
HR Manager



Questions

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