

LIBERTY UNION

LIFE ASSURANCE COMPANY

Agent Email _____ Effective Date _____

Group Name _____ SIC Code/Industry _____

Address _____

Agent Name: _____

Pick your In Network Deductible (2x family): 250 500 750 1000 1500 2000 2500 3000 4000 5000

Heathy Choice Base Deductible Options: \$1500 \$2500 \$5000

Pick your In Network Co-Insurance: 100% 90% 80% 70%

Pick your Stop Loss (2x Family): 5,000 10,000 NONE (See Below**)

Pick your Office Visit Co-Pay: 10 20 30 40 50

Pick your Prescription Coverage: A) 5/15/30/20% B) 10/20/40/20% C) 15/30/50/20%
D) 20/40/80/20% E) 25/50/100/20% F) 30/60/120/20%

Optional Buy Up- 100% No Deductible Diagnostic / X-ray / Lab: YES or NO

Health Savings Accounts

Deductible: 1500 2000 2500 = Non- Embedded

Deductible: 3000 4000 5000 = Embedded

Pick your In-Network & Prescription Drug Co-Insurance: 80% or 100%

Pick your Stop Loss: 5000 10,000 NONE (See Below**)

***When electing "NONE", the individual and family maximum out of pocket expenses (deductible plus co-insurance) and co-pays (Including Prescription Drug Card) will not exceed PPACA limitations.**

Add in Dental: 100/100/100 100/80/50 100/50/50 Ortho: YES or NO

Administration

• HRA administration is \$5 PEPM and limited to groups 20-49 employees and 45 days lead-time.

Additional Group Information Applicable to Quote Request

Employee Census: Include all employees working 30+ hours or more even if waiving coverage.

Employee Name:	Gender: M/F	Age or Date of Birth	E =Single ES= Employee/Spouse C1 or C2+=Employee/Children F1 or F2+ = Family	Waive Coverage	Special Instructions

Additional Notes:
