

Liberty Union Life Assurance Company
Michigan Med-Choices Quote Request Form

Fill out and attach census. Send your request to quotes@maaassociates.com
or fax to (248) 291-0527

Group Name: _____

Address: _____ City: _____

Zip Code: _____ Industry: _____

Agent: _____ Phone: _____

E-Mail or Fax: _____

Circle One in Each Category

Pick Your In Network Deductible (3x Family)

\$0* \$250 \$500 \$ 750 \$1,000 \$1,500 \$2,000

\$2,500 \$3,000 \$4,000 \$5,000 \$7,500 \$10,000

\$1,500/\$0 Healthy Choice \$2,500/\$500 Healthy Choice

\$5,000/\$1,000 Healthy Choice

Pick Your In Network Co-Insurance (Out of Network in Parenthesis)

100%(70%) 90%(70%) 80%(60%) 70%(60%) 50%(50%)

Pick Your Stop Loss (3x Family) (Out of Network in Parenthesis)

\$5,000 (\$10,000) \$10,000 (\$20,000) \$20,000 (\$40,000)

Pick Your Doctors Office Co-Pay

\$10 \$20 \$30 \$40 \$50

Pick Your Prescription Drug Card Co-Pay

\$10 \$15 \$20 \$25 \$30 \$35 \$40 \$45 \$50

Optional Buy-Up - 100% No Deductible Diagnostic / X-Ray / Lab

Yes No

* Out of Network Deductible for \$0 In Network Deductible Plans is \$250 (3x Family)
Out of Network Deductible is 2x the In Network Deductible (3x Family)

Liberty Union Life Assurance Company
Personal Care Plans Quote Request Form

Fill out and attach census. Send your request to quotes@maaassociates.com
or fax to (248) 291-0527

Group Name: _____

Address: _____ City: _____

Zip Code: _____ Industry: _____

Agent: _____ Phone: _____

E-Mail or Fax: _____

Circle One in Each Category

Pick Your First Dollar Personal Care Account

\$1000 \$2500

Pick Your In Network Deductible (3x Family)

\$1,000 \$1,500 \$2,000 \$2,500 \$3,000 \$4,000 \$5,000

\$7,500 \$10,000 \$1,500/\$0 Healthy Choice

\$2,500/\$500 Healthy Choice \$5,000/\$1,000 Healthy Choice

Pick Your In Network Co-Insurance (Out of Network in Parenthesis)

100%(70%) 90%(70%) 80%(60%) 70%(60%) 50%(50%)

Pick Your Stop Loss (3x Family) (Out of Network in Parenthesis)

\$5,000 (\$10,000) \$10,000 (\$20,000) \$20,000 (\$40,000)

Pick Your Prescription Drug Card Co-Pay

\$10 \$15 \$20 \$25 \$30 \$35 \$40 \$45 \$50

* Out of Network Deductible for \$0 In Network Deductible Plans is \$250 (3x Family)
Out of Network Deductible is 2x the In Network Deductible (3x Family)