

Health insurance options for you.

Help with minor medical expenses.



Benefit Highlights:

- Doctor visits as low as \$10
- Up to \$2,000 Outpatient Care
- Up to \$10,000 Accident Coverage
- Prescription Programs
- CIGNA 24-Hour EAPSM

Rates starting at only

\$21.⁶⁴ per paycheck

Also Available:

- Dental Plan

Hurry! Your opportunity to enroll is now.

Who is eligible?

All employees are eligible after 90 days.

When may I enroll?

Within 31 days of eligibility, or during the company's "Open Enrollment" period. It may not be necessary to wait until the next Open Enrollment period if you qualify as a "Special Enrollee."

When will my coverage begin?

Your coverage will begin the first day of the month following your date of eligibility. Once your employer has approved your enrollment, you will receive your ID Cards and Summary Plan Description booklet containing claim forms.

Starbridge Select is not a major medical plan.

STARBRIDGE *Select*[™]
A CIGNA Health Insurance Plan

a limited-benefit medical plan

1-877-552-5015

www.starbridgeselect.com

STEP 1: Choose a Limited-Benefit Medical Plan.

Which plan is right for you? Whether you are single or married, young or middle-aged, with or without children, Starbridge Select has the right coverage for you. In order to take advantage of the best coverage available, you should enroll in Level 3. If it's too expensive, there are other plans to choose from below.



Level 3

You understand that unexpected medical bills can be expensive and you want the best coverage available. This plan includes additional benefits and higher limits to meet you and your loved one's needs.

- \$10 Doctor Visits
- \$2,000 Outpatient Care
- \$5,000 Inpatient Care
- \$600 Prescription Benefit
- Prescription Discounts[§]
- \$2,500 Surgery Benefit/ \$2,500 Maternity Benefit
- \$10,000 Accident Coverage
- \$25,000 Accidental Death Benefit
- CIGNA 24-Hour Employee Assistance ProgramSM
- Online Tools
- CIGNA BridgeSM Network



Level 2

You are looking for more coverage than Level 1, but still within your budget. Additional benefits that help with bills for minor surgeries and maternity care are valuable to you.

- \$10 Doctor Visits
- \$1,500 Outpatient Care
- \$3,000 Inpatient Care
- \$300 Prescription Benefit
- Prescription Discounts[§]
- \$1,500 Surgery Benefit/ \$1,500 Maternity Benefit
- \$5,000 Accident Coverage
- \$15,000 Accidental Death Benefit
- CIGNA 24-Hour Employee Assistance ProgramSM
- Online Tools
- CIGNA BridgeSM Network



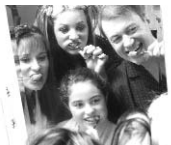
Level 1

You feel you are healthy and only see a doctor once in awhile. However, you want a plan that provides basic coverage and allows you to get medical attention if needed.

- \$15 Doctor Visits
- \$1,000 Outpatient Care
- \$2,000 Inpatient Care
- Prescription Discounts[§]
- \$2,000 Accident Coverage
- \$10,000 Accidental Death Benefit
- CIGNA 24-Hour Employee Assistance ProgramSM
- Online Tools
- CIGNA BridgeSM Network

The benefits above are provided by policy form SBCII-GMP-02. Starbridge Select is not a major medical plan.

STEP 2: Choose the Supplemental Plan.



Dental/Vision* Plan

The key to a healthy smile is to take care of your teeth before problems begin.

- Reimburses for 45 dental procedures/\$25 annual deductible
- Save on eye exams, frames, lenses & contacts

Cost Per	Myself only	\$8.50
Paycheck* –	Myself and 1 dependent . . .	\$16.40
	Family	\$24.30

*The discount vision program is not insurance. The rates above include the cost of the discount vision program. (\$.40 employee only, \$1.00 employee + 1, \$1.40 family)

§The prescription discount program is not insurance.

Questions, call a Benefits Specialist: 1-877-552-5015 • www.starbridgeselect.com

What you get with the Starbridge Select limited-benefit medical plan.

Starbridge Select is a basic health plan to help cover the bills for minor illnesses and off-the-job accidents such as the flu or a broken arm. After you enroll, we'll provide you with tools to help save you money and get the most out of your benefits.

	Level 3	Level 2	Level 1
Doctor Office Visits* copay plan pays	\$10 100%	\$10 100%	\$15 100%
Outpatient Care deductible plan pays/you pay maximum amount paid by plan	\$150/year 80%/20% \$2,000/year	\$100/year 80%/20% \$1,500/year	\$50/year 80%/20% \$1,000/year
Inpatient Care deductible plan pays maximum amount paid by plan	\$0 100% \$5,000/year	\$0 100% \$3,000/year	\$0 100% \$2,000/year
In-Hospital Surgery deductible plan pays Maximum amount paid by plan	\$0 100% \$2,500/occurrence	\$0 100% \$1,500/occurrence	not included
Maternity Benefit deductible plan pays maximum amount paid by plan	\$0 100% \$2,500/occurrence	\$0 100% \$1,500/occurrence	not included
Non ER Care in ER Room* deductible plan pays/you pay maximum amount paid by plan	\$100/occurrence 50%/50% \$500/year	\$100/occurrence 50%/50% \$500/year	\$100 / occurrence 50%/50% \$500/year
Wellness Benefit¹ copay plan pays number of occurrences maximum amount paid by plan	\$20 100% 1/year \$100	\$20 100% 1/year \$100	not included
Prescription Benefit copay plan pays maximum amount paid by plan	discount program included [§] \$15/generic, \$30/Pref. brand 100% \$600/year	discount program included [§] \$15/generic, \$30/Pref. brand 100% \$300/year	discount program included [§]
Accident Coverage deductible plan pays/you pay number of occurrences maximum per occurrence maximum amount paid by plan	\$100/occurrence 80%/20% 2/year \$5,000 \$10,000/year	\$50/occurrence 80%/20% 2/year \$2,500 \$5,000/year	\$50/occurrence 80%/20% 2/year \$1,000 \$2,000/year
Accidental Death Benefit plan pays	\$25,000	\$15,000	\$10,000
Additional Services			
CIGNA 24-Hour EAPSM health information line audio library of health topics EAP consultation	unlimited unlimited 3 per presenting problem	unlimited unlimited 3 per presenting problem	unlimited unlimited 3 per presenting problem
Online Tools locate doctors in our network compare doctors by price track status of claims	included	included	included

The benefits above are provided by policy form SBCII-GMP-02. All yearly benefits are paid per coverage year.

Starbridge Select utilizes the CIGNA BridgeSM Network that provides discounts on outpatient and inpatient services.

* The total amount Starbridge Select pays will count toward your Outpatient Care maximum.

[§] The prescription discount program is not insurance. ¹ Provision varies by state.

Questions, call a Benefits Specialist: 1-877-552-5015 • www.starbridgeselect.com

Once you've enrolled, you'll also receive access to Healthy Rewards, a discount health and wellness program.

You can save up to 60% on fitness center memberships, weight management programs, health-related magazines, and much more!



Level 3 – Cost Per Paycheck

Myself only\$63.70
 Myself and 1 dependent\$156.04
 Family\$235.66

Level 2 – Cost Per Paycheck

Myself only\$41.56
 Myself and 1 dependent\$101.82
 Family\$153.76

Level 1 – Cost Per Paycheck

Myself only\$21.64
 Myself and 1 dependent\$53.04
 Family\$80.10

STEP 3: Enroll Now.

Choose Your Enrollment Method *(select one)*

Your Group Number: 3225

A) Enroll by Phone: Call 1-877-552-5015 to enroll. Benefit Specialists are available Monday–Friday, 5:00am to 6:00pm MST.

B) Enroll Online: Visit www.starbridgeselect.com to enroll quickly and securely from the convenience of your personal computer.

C) Enrollment Form: Simply complete this enrollment form and turn it in to your manager.

First Name _____ Initial _____

Last Name _____

Date of Birth _____ Gender M / F

Soc. Sec # _____ Hire Date _____ Unit # _____

Address _____

City _____ State _____ Zip _____

Which Plan or Plans?

Check your desired plans. Prices reflect cost per paycheck. Once enrolled, changing to another plan level may only be done annually.

- I want the **Level 3 Plan**
- I want the **Level 2 Plan**
- I want the **Level 1 Plan**
- I want the **Dental Plan**

Who Do You Want to Cover?

Check only one, even if multiple plans are chosen.

- I want to cover myself only
- I want to cover myself and 1 dependent
- I want to cover my family

Dependents

If additional spaces are needed, please attach separate sheet.

Full Name Gender Relationship Date of Birth

Full Name Gender Relationship Date of Birth

Beneficiary

Person who will receive benefits in the event of your death.

Print Full Name Relationship to You

X _____

Sign Here To Enroll	Date
<p>Authorization: I hereby elect to participate in the Starbridge Select Insurance Plan for benefits made available under Internal Revenue Code Section 79, 105, 106, 125 and these Sections as amended. I understand that the Plan will automatically convert to pre-tax status any eligible payroll deductions which are provided through the Plan. I understand that by participating in this Plan my Social Security benefits may be reduced since these premiums will be deducted before my salary is taxed. This election will remain in effect for the Plan Year. My election CANNOT be changed during the Plan Year in accordance with Internal Revenue Service Guidelines unless a qualifying event occurs which includes: marriage, divorce, legal separation, death of spouse, birth or legal adoption of child, death of child, spousal change of employment affecting insurance coverage, eligibility to Medicare or Medicaid or change in residence affecting insurance coverage. Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a crime and may be subject to fines and confinement in prison.</p>	

Declination Notice: No, I do not wish to enroll in the coverage offered above. WAIVER OF COVERAGE: Failure to elect coverage (for yourself and/or any of your dependents) during the Open Enrollment Period may result in no coverage until the next Open Enrollment Period. It may not be necessary to wait for the next Open Enrollment Period if you qualify as a Special Enrollee. Please fill out top, sign, and date.

X _____
 Signature if Declining Coverage Date

Some people need more than just a medical plan.



Dental/Vision Plan

The Dental Plan provides coverage for common preventive and basic procedures, and you can save even more money by visiting a CIGNA Network dentist with more than 69,000 participating nationwide.*

- \$25 annual deductible
- Reimbursement amounts examples:
 1. Exam - \$17
 2. Routine Cleaning - \$30
 3. Tooth Removal - \$39
 4. Filling (3 surfaces) - \$56

The key to a healthy smile is to take care of your teeth and gums before problems begin. Receiving regular dental care often catches minor problems before they become major and expensive to treat. For every \$1 spent on preventive dental care, \$8-\$50 could be saved in restorative and emergency treatment (Source: *American Dental Hygienist Association*). You'll find that coverage for most preventive services is provided at a reasonable cost.

Example of How the Dental Plan Works

For illustrative purposes only. Actual fee schedules vary by location.

Periodic Oral Exam (6 month cleaning)	Average Cost	\$36
	CIGNA Network Discount*	-\$12
	Dental Plan reimburses you	-\$17
	You Pay	\$7

You Save \$29

* For a complete list of covered procedures and participating network dentists visit www.starbridgeselect.com

Vision Discount Program

The vision discount program is not insurance.

You and your covered family members also receive a membership in the Vision One Network.

- Save up to 60% on frames and lenses
- Save up to \$10 on eye examinations