

Star Buick GMC Healthcare Plan
Easton-Hellertown-Quakertown

Eligibility Date: / /

Star Special Premium Benefits Coverage

01/01/2024-12/31/2024

(See Benefit Plan Summary at www.StarcarHR.com for details.)

Employee Name: _____

Listed below are the 26 bi-weekly premium healthcare options.

Non-Smoker Agreement: I will not SMOKE or VAPE while at work. Initial: _____ Date: _____

Special Plan Circle Your Selection	Employee	Employee & Spouse	Employee & Child/Children	Employee & Family
	Lehigh Valley Flex Blue HDHP4000	\$98.95	\$394.95	\$406.95
Lehigh Valley Flex Blue PPO2000	\$142.95	\$476.95	\$488.95	\$698.95
Lehigh Valley Flex Blue PPO1000	\$168.95	\$512.95	\$560.95	\$743.95
United Concordia Dental	\$10.64	\$35.30	\$35.30	\$35.30
Davis Vision	\$1.67	\$4.98	\$4.98	\$4.98

(Renewal Date for Dental & Vision is 07/01/2024)

I chose to be enrolled in the above circled plan. Sign Here: _____

I decline coverage: _____

Spousal Employment: If you are married and your spouse is employed full time and has Medical/Rx coverage available to him/her they are not considered eligible under our plan.

Retirement Plan - 401k

You are eligible to participate in the plan after one year of employment.

Our plan is part of the NADA Empower Retirement Program.

Please see HR for details and application.

PLEASE NOTE: Information about the ACA Government Healthcare Marketplace can be found at www.healthcare.gov

HR Setup date: _____/_____/_____ (File in employee folder.)