

**Star Standard Premium Benefits Coverage**

1/1/2023-12/31/2023

(See Benefit Plan Summary at [WWW.STARCARHR.COM](http://WWW.STARCARHR.COM) for details.)

Employee Name: \_\_\_\_\_

Listed below are the 26 **bi-weekly** premium healthcare options starting January / 1 / 2023

<b>Standard Plan</b>	<b><u>Employee</u></b>	<b><u>Employee &amp; Spouse</u></b>	<b><u>Employee &amp; Child/Children</u></b>	<b><u>Employee &amp; Family</u></b>
<b><u>Circle Your Selection</u></b>				
<b>LV Flex Blue HDHP 4000</b>	<b>\$112.95</b>	<b>\$406.95</b>	<b>\$418.95</b>	<b>\$652.95</b>
<b>LV Flex Blue PPO 2000</b>	<b>\$151.95</b>	<b>\$478.95</b>	<b>\$487.95</b>	<b>\$699.95</b>
<b>LV Flex Blue PPO 1000</b>	<b>\$172.95</b>	<b>\$514.95</b>	<b>\$562.95</b>	<b>\$748.95</b>
<b><u>Dental Plan until 06/30/23:</u></b>	<b>\$10.64</b>	<b>\$35.30</b>	<b>\$35.30</b>	<b>\$35.30</b>
<b><u>Vision Plan until 06/30/23:</u></b>	<b>\$1.67</b>	<b>\$4.98</b>	<b>\$4.98</b>	<b>\$4.98</b>

I choose to be enrolled in the above circled plan offered by the Star Dealerships: \_\_\_\_\_  
 I decline coverage \_\_\_\_\_ I am covered by \_\_\_\_\_  
 (Name of Medical Carrier)

**Spousal Employment Affirmation**

If you are married and your spouse is employed full time and has Medical/Rx coverage available to him/her, then he/she is not considered an eligible dependent under our Medical/RX coverage.

Signature \_\_\_\_\_

\_\_\_\_\_

INFORMATION ABOUT THE ACA GOVERNMENT HEALTHCARE MARKETPLACE CAN BE FOUND AT: [www.healthcare.gov](http://www.healthcare.gov)

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Employee Print Name: \_\_\_\_\_

NOTE: