

**Star Premium Benefits Coverage**  
1/1/2022-12/31/2022  
(See Benefit Plan Summary for details.)

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

Listed below are the 26 **bi-weekly** premium healthcare options starting January / 1 / 2022

*Thanks to an agreement management has made with our benefits facilitator we can offer a reduction to the premium again for 2022 for employee's who agree to not smoke while at work*

**NON-SMOKER AGREEMENT: I will not SMOKE or VAPE while at work.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Discount 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>\$82.95</b>	<b>\$329.95</b>	<b>\$339.95</b>	<b>\$534.95</b>
<b>LV Flex Blue PPO 2000</b>	<b>\$110.95</b>	<b>\$389.95</b>	<b>\$399.95</b>	<b>\$574.95</b>
<b>LV Flex Blue PPO 1000</b>	<b>\$131.95</b>	<b>\$419.95</b>	<b>\$459.95</b>	<b>\$614.95</b>
<b><u>Dental Plan until 06/30/22:</u></b>	<b>\$11.32</b>	\$37.55	\$37.55	\$37.55
<b><u>Vision Plan until 06/30/22:</u></b>	<b>\$1.67</b>	\$4.98	\$4.98	\$4.98

**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:**