

Star Special Premium Benefits Coverage

1/1/2023-12/31/2023

(See Benefit Plan Summary at WWW.STARCARHR.COM for details.)

Employee Name: _____

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

Thanks to an agreement management made with our benefits facilitator we can offer a reduction to the standard premium again for 2023 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: _____

Discount Plan	<u>Employee</u>	<u>Employee & Spouse</u>	<u>Employee & Child/Children</u>	<u>Employee & Family</u>
<u>Circle Your Selection</u>				
LV Flex Blue HDHP 4000	\$98.95	\$394.95	\$406.95	\$640.95
LV Flex Blue PPO 2000	\$132.95	\$466.95	\$478.95	\$688.95
LV Flex Blue PPO 1000	\$157.92	\$502.95	\$550.95	\$736.95
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<u>Dental Plan until 06/30/23:</u>	\$10.64	\$35.30	\$35.30	\$35.30
<u>Vision Plan until 06/30/23:</u>	\$1.67	\$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

Employee Signature: _____ **Date:** _____

Employee Print Name: _____

NOTE: