

Medical Plan Options

Illness

Physician Office Visit Co-Pay

Each insured person may visit the doctor of his or her choice for a covered illness, and is responsible for the Physician Office Visit Co-Pay listed in the Benefits Table. STARBRIDGE will pay 100% of the remaining balance of the office visit fee up to the usual and customary amount. The paid benefit amount will count toward the Basic Medical Benefit Expense Coverage Year Maximum.

Outpatient Basic Medical Expense Benefit

Each insured person will receive coverage for outpatient medical expenses incurred due to a covered illness. After each covered person meets the per coverage year deductible, STARBRIDGE will pay 80% of the remaining expenses up to the usual and customary amount until it has paid the Maximum Per Coverage Year Amount listed in the Benefits Table. Included is a non-emergency/emergency room benefit. After a per occurrence deductible is met, 50% of all eligible expenses will be reimbursed up to the maximum coverage amount.

In-Hospital Medical Expense Benefit

Each insured person will receive coverage for medical expenses incurred due to a covered illness or for maternity. STARBRIDGE will pay 100% of the covered inpatient medical expenses up to the Per Day Amount listed in the Benefits Table for the Maximum Number of Days Per Coverage Year. Each insured person also receives coverage for additional inpatient medical expenses incurred for surgery due to a covered illness or for maternity. Each covered person must be confined in a hospital and incur a room and board charge to receive either benefit. STARBRIDGE will pay 100% of the maternity up to the Maximum Per Occurrence Amount listed in the Benefits Table.

Accidental Injury

Accident Medical Benefit

Each insured person will receive coverage for outpatient and inpatient medical expenses incurred for injuries due to a covered accident. After each covered person meets the Per Occurrence Deductible, STARBRIDGE will pay 80% of the usual and customary amount for covered medical expenses, until it has paid the Maximum Amount Per Occurrence listed in the Benefits Table.

Accidental Death Benefit

If bodily injuries result in the death of a covered person within 365 days from the date of a covered accident (unless otherwise stipulated by law), the beneficiary will be paid the Accidental Death Benefit Amount listed in the Benefits Table.

Additional Programs

Prescription Discount

As a STARBRIDGE insured, you and your covered family members will be automatically enrolled in ScriptSave, a national network of over 50,000 pharmacies that offer discounted brand name and generic prescriptions.

Prescription Benefit

In addition to the Prescription Discount Benefit, STARBRIDGE will reimburse 100% of the outpatient prescription charge, after the Per Prescription Deductible has been met, until it has paid the Maximum Per Coverage Year Amount listed in the Benefits Table for Levels 2 and 3.

Care24

As a STARBRIDGE insured you and your family also have access to Care24, a trusted source of information and support for health, emotional and personal challenges. By calling the Care24 toll-free number, you'll have unlimited access to speak with a registered nurse, legal and financial professionals, counselors, community resources, an audio health information library, access to dependent care and other specialists that can help you with guidance and counseling over the phone. Care24 is available 24/7 and provides you up to three confidential, face-to-face counseling appointments to help you maintain a balance between work, family and other personal responsibilities.

Weekly Rates Employee + I . \$7.95 Employee + I . \$19.55 Family . \$29.55

Level 1	Physician Office Visit Co-Pay	Employee + I . \$15
Illness	Outpatient Basic Medical Expense Benefit	\$1,000/year; Paid at 80% – \$50 Ded./year
	Non-Emergency Care in Emergency Room	\$500 max/year; Paid at 50% – \$100 Ded./Occ. Benefit Amount is applied toward the Outpatient Basic Medical Expense Benefit
	In-Hospital Medical Expense Benefit	Paid at 100% to a maximum of \$100/day for 100 days
Injury	Daily In-Hospital Benefit	\$10,000/year
	Additional In-Hospital Surgery and Maternity Benefit	N/A
	Accident Medical Benefit	\$5,000/year; Paid at 80% to a max of \$2,500/Occurrence \$50 Ded./Occ. Max of 2 Occ./year
Prescriptions	Accidental Death Benefit	\$10,000
	Prescription Discount	Discount for brand name or generic
	Prescription Benefit	N/A
EAP	Care24-Employee Assistance Program / NurseLine	24 hour availability, face-to-face visits with a counselor
Weekly Rates Employee + I . \$36.05 Family . \$54.65		

Level 2

Level 2	Physician Office Visit Co-Pay	Employee + I . \$10
Illness	Outpatient Basic Medical Expense Benefit	\$1,500/year; Paid at 80% – \$100 Ded./year
	Non-Emergency Care in Emergency Room	\$500 max/year; Paid at 50% – \$100 Ded./Occ. Benefit Amount is applied toward the Outpatient Basic Medical Expense Benefit
	In-Hospital Medical Expense Benefit	Paid at 100% to a maximum of \$250/day for 100 days
Injury	Daily In-Hospital Benefit	\$25,000/year
	Additional In-Hospital Surgery and Maternity Benefit	Paid at 100% to a maximum of \$1,500 Surgery, \$1,500 Maternity/Occ.
	Accident Medical Benefit	\$10,000/year; Paid at 80% to a maximum of \$5,000/Occ. \$100 Ded./Occ. Max of 2 Occ./year
Prescriptions	Accidental Death Benefit	\$15,000
	Prescription Discount	Discount for brand name or generic
	Prescription Benefit	Paid at 100% after a Per Prescription Deductible of \$15/Generics, \$25/Brand, subject to a max. of \$300/year and applied toward the Basic Medical Expense Benefit
EAP	Care24-Employee Assistance Program / NurseLine	24 hour availability, face-to-face visits with a counselor
Weekly Rates Employee + I . \$55.30 Family . \$83.90		

Level 3

Level 3	Physician Office Visit Co-Pay	Employee + I . \$10
Illness	Outpatient Basic Medical Expense Benefit	\$2,000/year; Paid at 80% – \$150 Ded./year
	Non-Emergency Care in Emergency Room	\$500 max/year; Paid at 50% – \$100 Ded./Occ. Benefit Amount is applied toward the Outpatient Basic Medical Expense Benefit
	In-Hospital Medical Expense Benefit	Paid at 100% to a maximum of \$500/day for 100 days
Injury	Daily In-Hospital Benefit	\$50,000/year
	Additional In-Hospital Surgery and Maternity Benefit	Paid at 100% to a maximum of \$2,500 Surgery, \$2,500 Maternity/Occ.
	Accident Medical Benefit	\$15,000/year; Paid at 80% to a maximum of \$5,000/Occ. \$150 Ded./Occ. Maximum of 3 Occ./year
Prescriptions	Accidental Death Benefit	\$25,000
	Prescription Discount	Discount for brand name or generic
	Prescription Benefit	Paid at 100% after a Per Prescription Deductible of \$15/Generics, \$25/Brand, subject to a max. of \$600/year and applied toward the Basic Medical Expense Benefit
EAP	Care24-Employee Assistance Program / NurseLine	24 hour availability, face-to-face visits with a counselor

Helpful Hints on Using STARBRIDGE

- I injured my arm and want to go to a doctor, what should I do?**
With STARBRIDGE you can go to any licensed provider...there is no restrictive list of doctors. Call your doctor to schedule your appointment and mention that your health insurance is through The MEGA Life and Health Insurance Company, the company behind STARBRIDGE. Be sure to give the provider the I - (800) number on your insurance card so that your coverage can be verified.
- How much will I have to pay up front when I go to the doctor?**
STARBRIDGE is easy to use because most providers will bill us directly. Occasionally some providers may ask you to pay for your treatment up front. It is up to your individual provider. Prescriptions must be paid for up front and submitted by you, to STARBRIDGE, for reimbursement.
- How do I make sure that my claim is processed as quickly as possible?**
Simply confirm with your provider that they have submitted an itemized bill to Star HRG for your treatment or you can submit the itemized bill and receipts yourself along with a completed claim form. Your quick response to any additional information that may be requested by Star HRG will help ensure your claim's speedy processing. Remember that incomplete or missing information may cause your claim processing to be delayed. Also, we recommend that you make copies of all documents related to your claim for your own personal records.
- Can I fax in my bills and/or receipts?**
Unfortunately, STARBRIDGE cannot accept faxes or photocopies of bills and receipts. Please make copies of all information related to your claim and mail the originals to the address printed on your STARBRIDGE ID Card.
- Is STARBRIDGE a "Major Medical plan"?**
It is not a major medical plan. STARBRIDGE offers limited benefit coverage for the most common every day illnesses and accidents...at an affordable price. STARBRIDGE has been offering limited benefit programs since 1989, and employees from over 700 nationwide companies are enrolled.
- My husband wants to have a routine physical performed. Will STARBRIDGE pay for it?**
No. STARBRIDGE is a sickness and accident plan and does not cover routine physicals or exams. However, STARBRIDGE does cover the laboratory fees for the following screening procedures: PAP smear (Cervical Cancer Screening) and PSA blood test (Prostate Cancer Screening). STARBRIDGE also covers the facility and reading charges for a routine annual mammogram that has been ordered by your provider. Charges for any other routine exams are excluded under the policy unless required by state mandate.

Helpful Hints on using STARBRIDGE continued on back...

ENROLL NOW!

Personnel Placements, LLC 2256

1. First Name _____ MI _____ Last _____ / _____ / _____ DOB _____
 Social Security # _____ - _____ - _____ Gender: M / F
 Hire Date _____ Unit # _____
 Address _____ Street _____ Apt# _____
 _____ City _____ State _____ Zip Code _____

2. Choose Your Plans

Check your desired plan level. Prices reflect weekly rate(s). Once enrolled, changing to another plan level may only be done annually.

A) Medical Plan	Employee	Employee + I	Family
<input type="checkbox"/> Level 1	\$7.95	\$19.55	\$29.55
<input type="checkbox"/> Level 2	\$14.60	\$36.05	\$54.65
<input type="checkbox"/> Level 3	\$22.30	\$55.30	\$83.90

No, I do not want medical coverage.

3. Confirm Who You Want To Cover

For all plans selected, I want coverage for:

- Myself Only
 Myself and 1 Dependent
 Myself and 2 or More Dependents
*Your eligible dependents are your spouse and your unmarried dependent children under 19 years of age (if in TX, 25 years of age). The age limit is under 25 if the child is enrolled full-time in an accredited school or college. **

Dependent Information: If additional space is needed please attach a separate sheet. S=Son D=Daughter

Spouse's Full Name	SS#	Birthdate
Child's Full Name	S or D	SS#
Child's Full Name	S or D	SS#

Beneficiary: Name the person who will receive the benefit in the event of your death.

Print Full Name _____ Relationship to You _____

4. X

Sign Here To Enroll	Date
Authorization: BY SIGNING ABOVE I INDICATE MY DESIRE TO ENROLL IN STARBRIDGE; CONFIRM THAT I HAVE NAMED MY BENEFICIARY; AND AUTHORIZE MY EMPLOYER TO DEDUCT OR REDUCE MY PAY FOR ANY CONTRIBUTIONS REQUIRED BY THE PLAN. 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.	

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 _____

Helpful Hints on Using STARBRIDGE continued

7. I was diagnosed with asthma 2 years ago. Will STARBRIDGE pay for my treatment and medications?
 Have you recently been enrolled in another group insurance plan? If so, ask your prior insurance carrier for a Certificate of Creditable Coverage and submit it to STARBRIDGE with your first claim. This Certificate may reduce or eliminate the Pre Existing Condition Limitation located on the back cover of this Enrollment Brochure. Submitting the Certificate of Creditable Coverage with your first claim will also speed up claim processing.

If you have not had prior group insurance recently, you may be subject to the Pre-Existing Condition Limitation Clause. Please read that section in this document (back cover) carefully and feel free to call us if we can help explain it further or answer any other questions regarding your STARBRIDGE coverage.

PRE-EXISTING CONDITION LIMITATION (Medical) ¹:
 Pre-existing conditions are not covered under the STARBRIDGE medical plans. A pre-existing condition is any condition for which you have been medically diagnosed, treated by, sought advice from, or consulted with a physician during the 6 months before becoming insured under this plan. This provision will not apply to any expenses incurred after the end of a continuous period of 6 months of coverage under the policy during which no expense is incurred, no diagnosis, treatment, or advice is received, and a physician has not been consulted; or 12 months of continuous coverage under the policy. The definition may vary from state to state.

The pre-existing condition limitation above does not apply to newborn or adopted children, or to any pregnancy.
 Any pre-existing condition limitation can be reduced by the period of time you were previously insured for the condition, provided you were validly insured under a prior plan with creditable coverage immediately prior to being insured under this plan, and became insured under this plan within 63 days of termination of your prior plan.

WHEN STARBRIDGE COVERAGE ENDS

- Your insurance will terminate on the earliest of:
- The date ending the last period for which you made any required premium contribution;
 - The date you enter the armed forces* of any country;
 - The date you are no longer a member of a class eligible for insurance; or
 - With respect to a coverage, the date on which that coverage is canceled;
 - The date the policy is terminated or
 - The date your Employer ceases to provide this plan.
- The insurance of a covered Dependent will terminate on the earliest of:
- The date your insurance terminates;
 - The date he/she enters the armed forces* of any country; or
 - The date he/she ceases to be a Dependent.
- Membership in the reserves is not deemed entry into the armed forces.*

BENEFIT LIMITATIONS ¹

Coverage is not provided for services, supplies or equipment for which a charge is not customarily made in the absence of insurance. No coverage is provided for loss caused by or resulting from:

8. My wife is pregnant, how does STARBRIDGE pay for maternity services?

The pre-natal, labor, delivery and post-delivery care charges for her pregnancy are billed by the doctor under a packaged procedure code. These charges will be paid after the actual birth of your baby. Your initial office visit, pregnancy test, lab work, and ultrasound services can be submitted to Star HRG's Claims Department as you receive them through the duration of your pregnancy for payment processing.

Personnel Placements, LLC

Now you can afford Health Insurance to protect you and your family!

Plans starting at only **\$795** Per Week



- Doctor visits
- Injury coverage
- Illness coverage
- Accidental death benefit
- Prescriptions
- Care24

Who is eligible?

→ All employees are eligible.

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 may I enroll?

→ Your coverage will begin the first payroll period at the beginning of the month following 30 days of employment.

When will my coverage begin?

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Underwritten by:
 The MEGA Life and Health Insurance Company
 Oklahoma City, OK

This brochure is intended as a brief summary of the STARBRIDGE Plan; the Insurance Certificate, the insurance policy and state specific variations, are the official documents governing this Plan. Administered by:
 Star HRG, P.O. Box 55270, Phoenix, AZ 85078-5270

SBEC_ER_QA

Date

Signature if Declining Coverage

Date

022305

QUESTIONS? Just Call

1-800-308-5948

