

standard medical plans

- For groups with 51 or more eligible employees. For groups with less than 1,500 eligible, a minimum contribution of \$9 per week per employee is required to offer all 3 levels of coverage. No employer contribution is required if only offering Level 1 and/or Level 2.

	Level 1 (Plan 370)	Level 2 (Plan 371)	Level 3 (Plan 372)
ILLNESS			
Doctor Office Visits¹			
Copay per visit	\$15	\$15	\$15
Starbridge pays	100%	100%	100%
Outpatient Care			
Deductible	\$100 Per coverage year	\$100 Per coverage year	\$100 Per coverage year
Starbridge pays	80%	80%	80%
Maximum amount paid by plan	\$1,000 Per coverage year	\$1,250 Per coverage year	\$1,500 Per coverage year
Inpatient Care			
Starbridge pays	100%	100%	100%
Maximum amount paid by plan	\$2,000 Per coverage year	\$3,000 Per coverage year	\$5,000 Per coverage year
Additional In-Hospital Surgery			
Starbridge pays	Included in inpatient care	100%	100%
Maximum amount paid by plan		\$1,500 Per occurrence	\$2,500 Per occurrence
Additional Maternity Benefit			
Starbridge pays	Included in inpatient care	100%	100%
Maximum amount paid by plan		\$1,500 Per occurrence	\$2,500 Per occurrence
WELLNESS			
Wellness Benefit²			
Copay		\$20	\$20
Starbridge pays	Discount only	100%	100%
Number of occurrences		1 Per coverage year	1 Per coverage year
Maximum amount paid by plan		\$100 Per visit	\$100 Per visit
PHARMACY			
Prescription Benefit³			
Copay			
Starbridge pays	Discount only	Discount program included	Discount program included
Maximum amount paid by plan		\$15/Generic, \$30/pref. Brand	\$15/Generic, \$30/pref. Brand
		100%	100%
		\$300 Per coverage year	\$600 Per coverage year
INJURY			
Accident Coverage⁴			
Deductible per occurrence	\$50	\$50	\$100
Starbridge pays	80%	80%	80%
Number of occurrences	2 Per coverage year	2 Per coverage year	2 Per coverage year
Maximum per occurrence	\$1,000	\$2,500	\$5,000
Maximum amount paid by plan	\$2,000 Per coverage year	\$5,000 Per coverage year	\$10,000 Per coverage year
Accidental Death Benefit			
Starbridge pays	\$10,000	\$15,000	\$25,000

¹The total amount Starbridge pays will count toward your Outpatient Care Maximum. ²Provision varies by state. ³The prescription discount program is not insurance. ⁴Work related injuries are not covered. The benefits above are provided by policy form SBCII-GMP-02. PLEASE NOTE: If visiting the ER for a true emergency, your benefits may come out of Outpatient, Inpatient, and/or Accident Coverage. If you receive *non-emergency treatment in the Emergency Room*¹ (care you could receive in a doctor's office), your coverage is reduced to: \$100 deductible per occurrence, the plan pays 50% of total bill with a \$500 maximum per year. You will be responsible for the remaining balance.

Online Tools

CIGNA provides a variety of online tools available only to our customers. They'll be able to locate network doctors or pharmacies that provide discounts. Individuals can also track the status of claims that have been submitted.

CIGNA 24-Hour EAPSM

The CIGNA 24-Hour Employee Assistance ProgramSM is available day or night for helpful information on a variety of health topics. The EAP Program includes access to: a 24-hour nurse line, mental health assistance (includes 3 in-person consultations per year per condition), and a health information library.

Healthy Rewards[®]

Healthy Rewards offers discounts on health products and services such as: weight loss programs, vitamins, vision and dental products. Individuals will also receive discounts of up to 60% on brand names like Weight Watchers,[®] Jenny Craig[®] and much more. *Healthy Rewards is not available in all states, and is not insurance.*

Limitations & Exclusions

LIMITATION FOR PRE-EXISTING CONDITION¹

Pre-Existing Condition means a condition for which a Covered Person has been medically diagnosed, treated by, or sought advice from, or consulted with, a Doctor during the 6 months before his effective date of coverage (or waiting period start date) under this Policy.

Benefits for this coverage shall not be payable for a Pre-Existing Condition as defined herein. This provision will cease to apply to any expenses incurred in connection with a Pre-Existing Condition after 12 months of continuous coverage (or 12 months from your waiting period start date).

The Pre-Existing Condition Limitation above does not apply to newborn or adopted children, or to any pregnancy. Pregnancy and genetic information with no related treatment will not be considered Pre-existing conditions. Any Pre-Existing Condition limitation can be reduced by that period of time the Covered Person was previously covered for the condition causing claim; provided, such Covered Person:

1. Was validly covered under his prior plan with Creditable Coverage, within 63 days prior to becoming insured under this policy; and
2. Became insured under this policy within 63 days after termination of his prior coverage exclusive of any waiting period.

BENEFIT LIMITATIONS¹

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

1. Injury or sickness arising out of or in the course of employment;
2. Act of war;
3. Expenses which are not ordered by a Physician;
4. Cosmetic surgery. This does not apply to reconstructive surgery due to:
 - a. trauma, infection, or other disease; or
 - b. congenital disease or anomaly of a covered dependent newborn or adopted infant; or
 - c. surgery on a non-diseased breast to restore and achieve symmetry between two breasts following a mastectomy.
5. Hearing examinations or hearing aids;
6. Vision services and supplies other than for a disease process, radial keratotomy, keratomileusis— or excimer laser photo refractive keratectomy or similar type procedures or services;

7. Charges made by a health care provider who is a member of your family or who is living with you;
8. Custodial Care confinement in a Hospital or Skilled Nursing Facility;
9. Home Health Care Services, unless provided in place of a Hospital confinement.
10. Commission of a felony;
11. Manipulations of the musculoskeletal system;
12. Treatment of mental or nervous disorders, alcoholism, or any form of substance abuse;
13. Intentionally self-inflicted injury or suicide attempt;
14. Dental care and treatment, except that required by injury and rendered within 6 months of the injury;
15. Treatment which is experimental or investigational.
16. Any expense incurred after the date the policy terminates.

TERMINATION (When your coverage ends)

You or your dependent's coverage will end:

1. when you no longer pay your premium
2. when you or your dependent enters the armed forces,
3. the day you or your dependent is no longer eligible for insurance, or
4. when the policy is terminated by your employer or us.

DEFINITION OF DEPENDENT¹

Your Dependent is:

1. Your spouse,
2. Your unmarried children under 19 years old, and
3. Your unmarried children who are 19 years old through 25 years old if the child is attending an accredited school full time and is dependent on you for support.

ACCIDENTAL DEATH

No coverage is provided by death caused by:

1. War,
2. Suicide within 2 years of your effective date,
3. Medical or surgical treatment of sickness of disease, or
4. Flight except as a passenger in a commercial airline

FOOTNOTES

¹This provision or limitation varies by state.