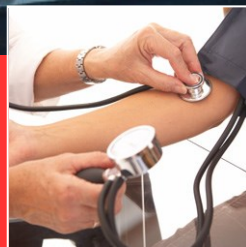


# ★ StarCorp

llc - franchisee



2017 Benefits Guide

# Welcome to 2017!

StarCorp is successful today due to the dedication of our hard working employees. We are proud to offer a comprehensive benefits package that is designed to insure and protect you and your family against financial hardship and loss.

This guide provides information about the benefit options available to you as a benefits eligible employee of StarCorp. Please take time to learn about these benefits so you can make an informed decision. When you make smart, well informed decisions, you can best manage your out-of-pocket costs and also help control the rising cost of healthcare.

## Who is Eligible?

### Employees

If you are hired as a full-time employee you are eligible for benefits effective the 1st of the month following 60 days of employment. If you are hired as an hourly employee, you will be eligible for benefits if you worked an average of 30 hours a week or 130 hours per month to equal 1560 hours in the prior annual measurement period.

### Dependents

Your eligible dependents include:

- Legally married spouse
- Domestic partners
- Legally adopted children and stepchildren
- Dependent children up to age 26
- Children of any age that are totally disabled due to a physical or mental handicap

## Help!

Should you have questions regarding benefits, eligibility or enrollment, please contact:

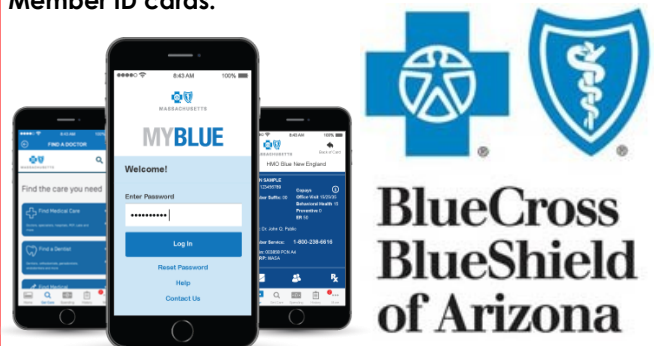
Human Resources:  
Tairy Valle  
877-312-4287 ext. 337  
Healthcare.mih@gmail.com

## BCBS Member Portal

**Instructions:** Go to [www.azblue.com/member](http://www.azblue.com/member)

1. Find the section titled, “**Register for BlueNet**”
2. Click “**Member**”
3. Complete the form and click “**Continue**”

**Note:** Download the “AZBlue” mobile app in the Apple and Google Play stores to access Benefits and digital Member ID cards.



# Important Benefit Information

## Loss of Coverage

If you lose medical, dental or vision coverage due to a separation of employment or reduction in hours, you may continue these coverages under COBRA regulations. You will be sent information to your home address on file regarding your election of COBRA eligible benefits.

## Section 125 Plan

A Section 125 plan allows employees to purchase insurance with pre-tax dollars. Under a Section 125 Plan, elections must be made before the 1st day of the plan year or eligibility date. Participants that utilize pre-tax deductions in the Section 125 Plan are not able to make a change to elections or cancel benefits until the beginning of the next plan year, unless they experience a qualifying event.

## Qualifying Event

Your benefit elections stay in place until the next annual open enrollment period unless you have a qualifying event as defined by the IRS.

Qualifying Events include:

- Marriage
- Birth / adoption / legal custody of a child
- Dependents loss of coverage
- Divorce / legal separation
- Death of spouse or dependent child
- Change in full-time or part-time status



# Steps to Locating an In-Network Provider

## Medical

### **BCBSAZ**

1. Log in at [azblue.com](http://azblue.com)
2. Click the **"Find a Doctor"** button
3. Select either **"Arizona Network"** or **"National Doctor/Hospital Finder"**
4. If **"Arizona Network"** is selected, proceed to respective plan network, **PPO** or **Alliance**
5. If **"National Doctor/Hospital Finder"** is selected, choose **"BlueCard PPO/EPO"**

## Vision

### **MetLife**


1. Go to [www.metlife.com/insurance/vision-insurance/](http://www.metlife.com/insurance/vision-insurance/)
2. Under **"Find an Eye Doctor"** click **"Search"**
3. Enter either your **"Zip Code"** or **"City & State"**
4. Select **"Search"**

## Dental


### **MetLife**

1. Log in at [metlife.com/mybenefits](http://metlife.com/mybenefits)
2. Enter your zip code under **"Find a Dentist near you"**
3. Click **"Find"**

# Medical Insurance

 <b>BlueCross BlueShield of Arizona</b> <small>An Independent Licensee of the Blue Cross and Blue Shield Association</small>	<b>Gold PPO \$2,500</b>		<b>Silver PPO \$6,000</b>	
	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Annual Deductible</b>				
<b>Individual / Family</b>	\$2,500 / \$5,000	\$2,500 / \$5,000	\$6,000 / \$12,000	\$6,000 / \$12,000
<b>Coinsurance</b>	30%	50%	30%	50%
<b>Out-of-Pocket Maximum</b>				
<b>Individual / Family</b>	\$6,350 / \$12,700	\$12,000 / \$24,000	\$7,150 / \$14,300	\$14,300 / \$28,600
	<b>Your Cost</b>			
<b>Office Visit Copay</b>	Office copays: The first 3 in-network office visits are covered with either a \$25 or \$40 copay. The number of PCP and Specialist visits is combined up to 3. After 3 visits, deductible and coinsurance applies. Preventive not counted as part of the 3 visits.			
<b>Primary Care Physician</b>	\$25 copay	50% after deductible + balance bill	\$25 copay	50% after deductible + balance bill
<b>Specialist</b>	\$40 copay	50% after deductible + balance bill	\$40 copay	50% after deductible + balance bill
<b>Preventive Care</b> (Annual Physical, Immunizations)	No charge	50% after deductible + balance bill	No charge	50% after deductible + balance bill
<b>Diagnostic Testing</b> (X-ray, Blood work)	Office copay or 30% after deductible	50% after deductible + balance bill	Office copay or 30% after deductible	50% after deductible + balance bill
<b>Advanced Imaging</b> (MRI, CT, MRA, Pet Scan)	Office copay or 30% after deductible	50% after deductible + balance bill	Office copay or 30% after deductible	50% after deductible + balance bill
<b>Urgent Care</b>	\$60 copay	50% after deductible + balance bill	\$60 copay	50% after deductible + balance bill
<b>Emergency Room</b>	\$250 copay	\$250 copay	\$250 copay	\$250 copay
<b>Hospital Services</b>				
<b>In-Patient</b>	30% after deductible	50% after deductible + balance bill	30% after deductible	50% after deductible + balance bill
<b>Out-Patient</b>	30% after deductible	50% after deductible + balance bill	30% after deductible	50% after deductible + balance bill
<b>Prescription Benefits</b>	Retail: \$15/\$35/\$65/\$120 Mail: \$30/\$70/\$130/\$240 Specialty: \$50/\$100/\$150/\$200	Retail: \$15/\$35/\$65/\$120 Mail: \$30/\$70/\$130/\$240 Specialty: Not covered	Retail: \$15/\$35/\$65/\$120 Mail: \$30/\$70/\$130/\$240 Specialty: \$50/\$100/\$150/\$200	Retail: \$15/\$35/\$65/\$120 Mail: \$30/\$70/\$130/\$240 Specialty: Not covered

# Medical Insurance

 <b>BlueCross BlueShield of Arizona</b> <small>An Independent Licensee of the Blue Cross and Blue Shield Association</small>	<b>Bronze PPO + HSA \$4,000</b>		<b>**Alliance \$6,000 (For Arizona Only)</b>	
	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Annual Deductible</b>				
<b>Individual / Family</b>	\$4,000 / \$8,000	\$4,000 / \$8,000	\$6,000 / \$12,000	\$6,000 / \$12,000
<b>Coinsurance</b>	0%	50%	30%	50%
<b>Out-of-Pocket Maximum</b>				
<b>Individual / Family</b>	\$4,000 / \$8,000	\$10,000 / \$20,000	\$7,150 / \$14,300	\$14,300 / \$28,600
	<b>Your Cost</b>			
<b>Office Visit Copay</b>	Office copays: The first 3 in-network office visits are covered with either a \$25 or \$40 copay. The number of PCP and Specialist visits is combined up to 3. After 3 visits, deductible and coinsurance applies. Preventive not counted as part of the 3 visits.			
<b>Primary Care Physician</b>	0% after deductible	50% after deductible + balance bill	\$25 copay	50% after deductible + balance bill
<b>Specialist</b>	0% after deductible	50% after deductible + balance bill	\$40 copay	50% after deductible + balance bill
<b>Preventive Care</b> (Annual Physical, Immunizations)	No charge	50% after deductible + balance bill	No charge	50% after deductible + balance bill
<b>Diagnostic Testing</b> (X-ray, Blood work)	0% after deductible	50% after deductible + balance bill	Office copay or 30% after deductible	50% after deductible + balance bill
<b>Advanced Imaging</b> (MRI, CT, MRA, Pet Scan)	0% after deductible	50% after deductible + balance bill	Office copay or 30% after deductible	50% after deductible + balance bill
<b>Urgent Care</b>	0% after deductible	50% after deductible + balance bill	\$60 copay	50% after deductible + balance bill
<b>Emergency Room</b>	0% after deductible	0% after deductible	\$250 copay	\$250 copay
<b>Hospital Services</b>				
<b>In-Patient</b>	0% after deductible	50% after deductible + balance bill	30% after deductible	50% after deductible + balance bill
<b>Out-Patient</b>	0% after deductible	50% after deductible + balance bill	0% after deductible	50% after deductible + balance bill
<b>Prescription Benefits</b>	0% after deductible	Retail: 50% after deductible + balance bill Mail: 50% after deductible + balance bill Specialty: Not covered	Retail: \$15/\$35/\$65/\$120 Mail: \$30/\$70/\$130/\$240 Specialty: \$50/\$100/\$150/\$200	Retail: \$15/\$35/\$65/\$120 Mail: \$30/\$70/\$130/\$240 Specialty: Not covered

**\*\*Alliance includes Banner Health and Honor Health providers only**



# Health Savings Account (HSA)



## Understanding your Health Savings Account (HSA)

Otherwise known as an HSA, a health savings account can be funded with your tax-exempt dollars, by your employer, or both, to help pay for eligible medical expenses not covered by an insurance plan, including the deductible and coinsurance.

### Who is eligible for an HSA?

Anyone who is:

- Covered by a qualified High Deductible Health Plan (HSA \$2,600 Plan).
- Not covered under another medical plan that reimburses healthcare expenses incurred (for example, if you are also covered under your spouse's non-HSA employer plan).
- Not enrolled in Medicare, Medicaid, TRICARE or have received VA benefits in the last three months.

### Advantages of Health Savings

Accounts are:

- Money you put into your account can reduce your taxable income and earn tax-deferred interest.

## Setting up your Health Savings Account (HSA)

- Sign up for the Health Savings Account (HSA).
- Your contributions may not exceed \$3,400 for individual coverage and \$6,750 for family coverage in 2017 plus an additional \$1,000 if over age 55.
- Once funds are deposited, they are available for you to use. Track your HSA online.

## Using your Health Savings Account (HSA)

Use your HSA for qualified medical expenses that are defined by the Internal Revenue Service (IRS):

- Calendar year deductible.
- Your share of doctor and hospital charges.
- Prescriptions and some over-the-counter drugs.
- Dental care and braces.
- Eye care expenses including frames, lenses, and contacts.

# Company Provided Term Life Insurance

All employees enrolled in medical insurance are automatically enrolled in Life and Accidental Death and Dismemberment Insurance in the amount of \$10,000 through Companion Life.

# Voluntary Term Life Insurance

Employees also have the opportunity to purchase additional voluntary coverage for yourself, spouse and dependent children through MetLife.

Employee must elect coverage in order to elect spouse/dependent coverage.

- Amounts over the guarantee issue for employee/spouse will require an Evidence of Insurability (EOI) form.
- Employees who do not enroll when initially eligible or who request coverage amounts that exceed the Guaranteed Issue amount will be required to complete the Evidence of Insurability (EOI) form and receive underwriting approval.

<b>MetLife</b>	<b>Voluntary Life &amp; AD&amp;D</b>
<b>Employee</b>	Increments of \$10,000 and up to the lesser of 5 times your Basic Annual Earnings, or \$500,000
<b>Dependent Spouse</b>	Increments of \$5,000 up to a maximum of \$100,000 not to exceed 50% of Employee's coverage
<b>Dependent Children</b>	Coverage in the amount of: \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000
<b>Guarantee Issue:</b>	Employee: \$100,000 Spouse: \$25,000

Illustrative Rates	Monthly Rate per \$10,000 by Age								
Covered Person	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
Employee	\$0.92	\$1.01	\$1.13	\$1.58	\$2.35	\$3.58	\$5.46	\$8.00	\$14.50
Child	\$1,000 = \$0.29 / \$2,000 = \$0.58 / \$4,000 = \$1.16 / \$5,000 = \$1.46 / \$10,000 = \$2.91								

## Dental








<b>MetLife®</b>	<b>Voluntary Dental Insurance</b>	
	<b>In-Network</b>	<b>Out-of-Network*</b>
<b>Deductible (Individual / Family)</b>	\$50/\$150	\$50/\$150
<b>Benefits</b>	<b>Your Cost</b>	
<b>Preventive Services</b> Cleanings, x-rays, fluoride, etc.	No charge	No charge
<b>Basic Services</b> Fillings, oral surgery, root canals, etc.	20%	20%
<b>Major Services</b> Crowns, Bridges, Dentures, etc.	50%	50%
<b>Annual Plan Maximum (Per Individual)</b>	\$1,500	\$1,500
<b>Orthodontics (Up to age 19)</b>	50%	50%
<b>Lifetime Orthodontia Maximum</b>	\$1,000	\$1,000
<b>* Out-of-Network charges are based on Maximum Allowable Charges</b>		

Although the out-of-network benefit gives you the flexibility to see any dentist you choose, those dentists do not discount their fees. You may be balance billed for all costs that the insurance does not cover. Therefore your out-of-pocket costs can be significantly higher than if you use an in-network provider.

## Vision

<b>MetLife®</b>	<b>Vision Insurance</b>	
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Frequencies (Months)</b>	Eye Exam 12/Frames 24/Lenses 12/Contact Lens 12	
<b>Benefits</b>	<b>Your Cost</b>	
Eye Exam	\$10 copay	Reimburse up to \$45
Single Vision Lenses	\$25 copay	Reimburse up to \$30
Bifocal Lenses	\$25 copay	Reimburse up to \$50
Trifocal Lenses	\$25 copay	Reimburse up to \$65
Contact Lenses (instead of eye glasses)	Elective: Up to \$60 copay, \$130 allowance Necessary: \$25 copay	Elective: Reimburse up to \$105 Necessary: Reimburse up to \$210
Frames	\$25 copay, \$130 allowance	Reimburse up to \$70

# Important Contact Information

BENEFIT	CARRIER	CONTACT INFORMATION
Medical	 <b>BlueCross BlueShield of Arizona</b> <small>An Independent Licensee of the Blue Cross and Blue Shield Association</small>	<a href="http://www.azblue.com">www.azblue.com</a> (800) 232-2345
Health Savings Account	 <b>HealthEquity™</b>	<a href="http://www.healthequity.com">www.healthequity.com</a> (866) 346-5800
Vision		<a href="http://www.metlife.com/insurance/vision-insurance/">www.metlife.com/insurance/vision-insurance/</a> (855) 638-3931
Dental		<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a> (800) 942-0854
Life & AD&D	 <b>Companion Life</b>	<a href="http://www.companionlife.com">www.companionlife.com</a> (800) 753-0404
Voluntary Term Life Insurance		<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a> (800) 438-6388
Human Resources		Tairy Valle (877)312-4287, ext. 337 <a href="mailto:Healthcare.mih@gmail.com">Healthcare.mih@gmail.com</a>

## Notes and Disclaimers

This Benefit Guide highlights the main features of your benefit program. It is intended to help you choose the benefits that are best for you. This brochure does not include all plan rules and details, including limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this brochure and the legal plan document, the plan documents are the final authority.