

## Medical Plan Comparison



### Flexible Plan Designs, Lower-Cost Alternatives

As an expert in small group healthcare benefits, Starmark provides businesses with two to 50 employees a broad portfolio of flexible medical and ancillary plans, including HSA- and HRA-friendly health plans.



 **Starmark**<sup>®</sup>  
Small business is our only business.

### **Starmark: For the Benefit of Small Business**

At Starmark, serving small businesses is what we do best, because it's all we do. Founded in 1985, Starmark's sole focus is administering health and life benefits for employer groups with two to 50 employees. Starmark-administered products are fully insured by Trustmark Life Insurance Company, a life and health insurer since 1925.

The Starmark portfolio is the perfect choice for the healthcare needs of small businesses:

- **Plan design flexibility** allows employers with two to 50 employees to select benefits to suit their budget and business needs.
- **Choice of competitively priced PPO medical plans** tailored to provide coverage to small businesses with strong network access. Indemnity plans provide options to small businesses without PPO network access.
- **A health savings account (HSA) or a health reimbursement arrangement (HRA)** encourages the cost-effective use of healthcare services and can be used in conjunction with an eligible Starmark-administered medical plan.
- **Dual deductibles and multiple plan options** give employees a personal choice to suit their needs.
- **Starmark's pharmacy benefit manager offers cost-effective pharmaceutical care** through its prescription drug management programs, using a nationwide network of retail pharmacies as well as home delivery and mail order pharmacy services.
- **Ancillary coverage**, such as dental, life, accidental death and dismemberment, short term disability and long term disability, enhances the small business portfolio of benefits.

## **Flexible Plans and Nationwide Networks Mean Greater Choice**

Choose from a variety of flexible medical plans offering freedom of choice in provider care. Employers may select two networks per business location up to a maximum of five networks.

### **HSA Select Plans**

#### ***(Physician/Hospital PPO or Indemnity)***

- Several in-/out-of-network deductible choices from \$1,100/\$2,200
- Optional first-dollar preventive care benefit
- Price Assurance Program provides prescription drug savings at participating pharmacies
- Prescription drugs are subject to the in-network deductible and insured percent if a physician/hospital PPO is chosen
- Pair with an HSA

### **Qualified High Deductible Plans**

#### ***(Physician/Hospital PPO or Indemnity)***

- Individual calendar-year deductibles from \$1,800
- Price Assurance Program provides prescription drug savings at participating pharmacies
- Pair with an HSA

### **PPO Advantage Plans**

- Several in-/out-of-network deductible choices from \$250/\$750
- Two prescription drug card choices offer flexibility
- Ideal for businesses with strong network access

### **PPO Plans**

- Several deductible choices from \$250
- Rich plan benefits with in-network encounter fees/out-of-network office visit deductibles from \$15/\$35
- Optional first-dollar preventive care benefit
- Two prescription drug card choices offer flexibility

### **Indemnity Plans**

- Several deductible choices from \$250
- First \$200 of covered charges per office visit is paid in full after the office visit deductible; deductibles from \$20
- Two prescription drug card choices offer flexibility

**Pair any plan with a health reimbursement arrangement (HRA) for tax advantages.**

Lifetime Maximum Benefit				
<b>HSA Select Plans</b>  Combined In- and Out-of-Network: \$5 million Out-of-Network or Indemnity Plan: \$2 million	<b>Qualified High Deductible Plans</b>  Combined In- and Out-of-Network: \$5 million Out-of-Network or Indemnity Plan: \$2 million	<b>PPO Advantage Plans</b>  Combined In- and Out-of-Network: \$5 million Out-of-Network: \$2 million	<b>PPO Plans</b>  Combined In- and Out-of-Network: \$5 million Out-of-Network: \$2 million	<b>Indemnity Plans</b>  \$2 million
Individual Calendar-Year Deductible				
<b>HSA Select Plans</b>  <b>Physician/Hospital PPO</b> <i>(in-network/out-of-network)</i> <ul style="list-style-type: none"> <li>\$1,100/\$2,200</li> <li>\$1,500/\$3,000</li> <li>\$2,000/\$4,000</li> <li>\$2,500/\$5,000</li> <li>\$3,000/\$6,000</li> <li>\$5,000/\$10,000</li> </ul> <b>Indemnity</b> <ul style="list-style-type: none"> <li>\$1,100</li> <li>\$1,500</li> <li>\$2,000</li> <li>\$2,500</li> <li>\$3,000</li> <li>\$5,000</li> </ul> In- and out-of-network deductibles accrue separately.	<b>Qualified High Deductible Plans</b>  <b>Physician/Hospital PPO</b> <i>(combined in- and out-of-network)</i> <ul style="list-style-type: none"> <li>\$1,800</li> <li>\$2,250</li> <li>\$2,700</li> </ul> <b>Indemnity</b> <ul style="list-style-type: none"> <li>\$1,800</li> <li>\$2,250</li> <li>\$2,700</li> </ul> Deductibles are satisfied by any combination of in- and out-of-network services.	<b>PPO Advantage Plans</b>  <b>In-Network/Out-of-Network:</b> <ul style="list-style-type: none"> <li>\$250/\$750</li> <li>\$500/\$1,500</li> <li>\$1,000/\$2,000</li> <li>\$1,500/\$3,000</li> <li>\$2,000/\$4,000</li> <li>\$2,500/\$5,000</li> <li>\$3,000/\$6,000</li> <li>\$5,000/\$10,000</li> </ul> In- and out-of-network deductibles accrue separately.	<b>PPO Plans</b>  <b>Combined In- and Out-of-Network:</b> <ul style="list-style-type: none"> <li>\$250</li> <li>\$500</li> <li>\$750</li> <li>\$1,000</li> <li>\$1,500</li> <li>\$2,500</li> <li>\$5,000</li> <li>\$10,000</li> </ul> Deductibles are satisfied by any combination of in- and out-of-network services.	<b>Indemnity Plans</b> <ul style="list-style-type: none"> <li>\$250</li> <li>\$500</li> <li>\$750</li> <li>\$1,000</li> <li>\$1,500</li> <li>\$2,500</li> <li>\$5,000</li> </ul>
Family Calendar-Year Deductible				
<b>HSA Select Plans</b>  <b>Physician/Hospital PPO</b> <i>(in-network/out-of-network)</i> <ul style="list-style-type: none"> <li>\$2,200/\$4,400</li> <li>\$3,000/\$6,000</li> <li>\$4,000/\$8,000</li> <li>\$5,000/\$10,000</li> <li>\$6,000/\$12,000</li> <li>\$10,000/\$20,000</li> </ul> <b>Indemnity</b> <ul style="list-style-type: none"> <li>\$2,200</li> <li>\$3,000</li> <li>\$4,000</li> <li>\$5,000</li> <li>\$6,000</li> <li>\$10,000</li> </ul> The entire family deductible must be met by one or more family members each calendar year before benefits will be paid.	<b>Qualified High Deductible Plans</b>  <b>Physician/Hospital PPO</b> <i>(combined in- and out-of-network)</i> <ul style="list-style-type: none"> <li>\$3,650</li> <li>\$4,500</li> <li>\$5,450</li> </ul> <b>Indemnity</b> <ul style="list-style-type: none"> <li>\$3,650</li> <li>\$4,500</li> <li>\$5,450</li> </ul> The entire family deductible must be met by one or more family members each calendar year before benefits will be paid.	<b>PPO Advantage Plans</b>  Three times the individual calendar-year deductible	<b>PPO Plans</b>  Three times the individual calendar-year deductible	<b>Indemnity Plans</b>  Three times the individual calendar-year deductible

Insured Percent				
<p><b>HSA Select Plans</b></p> <p>Physician/Hospital PPO <i>(in-network/out-of-network)</i></p> <ul style="list-style-type: none"> <li>• 100/80</li> <li>• 90/70</li> <li>• 80/60</li> <li>• 70/50</li> <li>• 60/40</li> </ul> <p>Indemnity</p> <ul style="list-style-type: none"> <li>• 100</li> <li>• 90</li> <li>• 80</li> <li>• 70</li> <li>• 60</li> </ul>	<p><b>Qualified High Deductible Plans</b></p> <p>Physician/Hospital PPO <i>(in-network/out-of-network)</i></p> <ul style="list-style-type: none"> <li>• 100/80</li> <li>• 90/70</li> </ul> <p>Indemnity</p> <ul style="list-style-type: none"> <li>• 80</li> </ul>	<p><b>PPO Advantage Plans</b></p> <p>In-Network/Out-of-Network:</p> <ul style="list-style-type: none"> <li>• 90/70</li> <li>• 80/60</li> <li>• 70/50</li> <li>• 60/40</li> </ul>	<p><b>PPO Plans</b></p> <p>In-Network/Out-of-Network:</p> <ul style="list-style-type: none"> <li>• 90/80</li> <li>• 90/70</li> <li>• 90/60</li> <li>• 90/50</li> <li>• 80/70</li> <li>• 80/60</li> <li>• 70/60</li> <li>• 70/50</li> <li>• 60/50</li> </ul>	<p><b>Indemnity Plans</b></p> <ul style="list-style-type: none"> <li>• 80</li> <li>• 70</li> <li>• 60</li> </ul>
Coinsurance Limit				
<p><b>HSA Select Plans</b></p> <p>Physician/Hospital PPO <i>(in-network/out-of-network)</i></p> <ul style="list-style-type: none"> <li>• \$5,000/\$10,000</li> <li>• \$10,000/\$20,000</li> </ul> <p>Indemnity</p> <ul style="list-style-type: none"> <li>• \$5,000</li> <li>• \$10,000</li> </ul>	<p><b>Qualified High Deductible Plans</b></p> <p>Not applicable.</p>	<p><b>PPO Advantage Plans</b></p> <p>In-Network/Out-of-Network:</p> <ul style="list-style-type: none"> <li>• \$5,000/\$15,000</li> <li>• \$10,000/\$20,000</li> <li>• \$15,000/\$30,000</li> </ul>	<p><b>PPO Plans</b></p> <p>Combined In- and Out-of-Network:</p> <ul style="list-style-type: none"> <li>• \$5,000</li> <li>• \$10,000</li> <li>• \$15,000</li> </ul>	<p><b>Indemnity Plans</b></p> <ul style="list-style-type: none"> <li>• \$5,000</li> <li>• \$10,000</li> <li>• \$15,000</li> </ul>
Annual Out-of-Pocket Limits				
<p><b>HSA Select Plans</b></p> <p><b>Individual:</b> The sum of the calendar-year deductible and the percent of covered charges that must be paid each year.</p> <p><b>Family:</b> Two times the individual out-of-pocket limit.</p> <p>In- and out-of-network out-of-pocket limits accrue separately. The family out-of-pocket limit must be met before benefits will be paid at 100 percent.</p>	<p><b>Qualified High Deductible Plans</b></p> <p>Physician/Hospital PPO <i>Individual:</i> Ranging from \$1,800 to \$3,650</p> <p><i>Family:</i> Ranging from \$3,650 to \$6,650.</p> <p>Amounts accrue through a combination of in- and out-of-network services.</p> <p><b>Indemnity</b></p> <p><i>Individual:</i>      <i>Family:</i></p> <ul style="list-style-type: none"> <li>• \$2,700      • \$5,450</li> <li>• \$3,450      • \$6,650</li> <li>• \$3,650      • \$6,650</li> </ul> <p>The out-of-pocket limit includes the deductible. The family out-of-pocket limit must be met before benefits will be paid at 100 percent.</p>	<p><b>PPO Advantage Plans</b></p> <p><b>Individual:</b> The sum of the calendar-year deductible and the percent of covered charges that must be paid each year.</p> <p><b>Family:</b> 2.5 times the individual out-of-pocket limit.</p> <p>In- and out-of-network out-of-pocket limits accrue separately.</p>	<p><b>PPO Plans</b></p> <p><b>Individual:</b> The sum of the calendar-year deductible and the percent of covered charges that must be paid each year.</p> <p><b>Family:</b> Two times the individual combined in- and out-of-network out-of-pocket limit.</p> <p>Amounts accrue through a combination of in- and out-of-network services.</p>	<p><b>Indemnity Plans</b></p> <p><b>Individual:</b> The sum of the calendar-year deductible and the percent of covered charges that must be paid each year.</p> <p><b>Family:</b> Two times the individual out-of-pocket limit.</p>

**Office Visit Feature**

The first \$200 of covered charges per office visit is paid in full after the encounter fee or office visit deductible for services performed at the same office visit and billed by the attending physician. The balance is subject to the calendar-year deductible and insured percent. If “No office visit feature” is selected, or if services are performed by a nonpreferred provider, covered charges are subject to the calendar-year deductible and the insured percent.

HSA Select Plans	Qualified High Deductible Plans	PPO Advantage Plans	PPO Plans	Indemnity Plans
Not available.	Not available.	<b>In-Network Encounter Fee:</b> <ul style="list-style-type: none"> <li>• \$20</li> <li>• \$30</li> <li>• \$40</li> <li>• No office visit feature</li> </ul>	Available on plans with individual calendar-year deductibles of \$5,000 or less.  <b>In-Network Encounter Fee:</b> <ul style="list-style-type: none"> <li>• \$15</li> <li>• \$20</li> <li>• \$25</li> <li>• No office visit feature</li> </ul> <b>In-Network Encounter Fee/ Out-of-Network Office Visit Deductible:</b> <ul style="list-style-type: none"> <li>• \$15/\$35</li> <li>• \$20/\$40</li> <li>• \$25/\$45</li> <li>• No office visit feature</li> </ul>	<b>Office Visit Deductible:</b> <ul style="list-style-type: none"> <li>• \$20</li> <li>• \$30</li> <li>• \$40</li> <li>• No office visit feature</li> </ul>

**Benefit Options**

HSA Select Plans	Qualified High Deductible Plans	PPO Advantage Plans	PPO Plans	Indemnity Plans
<ul style="list-style-type: none"> <li>• Preventive Care Plus</li> <li>• Maternity</li> </ul>	<ul style="list-style-type: none"> <li>• Maternity</li> </ul>	<ul style="list-style-type: none"> <li>• Maternity</li> </ul>	<ul style="list-style-type: none"> <li>• Preventive Care Plus</li> <li>• Supplemental Accident</li> <li>• Maternity</li> <li>• Enhanced Contract</li> </ul>	<ul style="list-style-type: none"> <li>• Preventive Care Plus</li> <li>• Supplemental Accident</li> <li>• Maternity</li> </ul>

**Preventive Care Services**

Physician office visit for a routine physical, CBC, chemistry panel, hemocult, urinalysis, pap test, mammogram, PSA, immunizations and screening ECG.

HSA Select Plans	Qualified High Deductible Plans	PPO Advantage Plans	PPO Plans	Indemnity Plans
Covered charges are subject to the calendar-year deductible and insured percent.  If the Preventive Care Plus option is selected, the first \$250 of covered charges for preventive care services per calendar year is paid at 100 percent. Additional covered charges are subject to the calendar-year deductible and insured percent.	Covered charges are subject to the calendar-year deductible and insured percent.	Services are paid at 100 percent after the encounter fee, up to \$200 in covered charges, when the services are performed at the same office visit and billed by the attending physician. Any balance is subject to the calendar-year deductible and insured percent. After a separate encounter fee, a mammogram performed by an in-network provider is paid at 100 percent up to \$200 of covered charges. If no office visit feature is selected, covered charges are subject to the calendar-year deductible and applicable insured percent.	Covered charges are subject to the calendar-year deductible and insured percent.  If the Preventive Care Plus option is selected, the first \$250 of covered charges for preventive care services per calendar year is paid at 100 percent. Additional covered charges are subject to the calendar-year deductible and insured percent.	Covered charges are subject to the calendar-year deductible and insured percent.  If the Preventive Care Plus option is selected, the first \$250 of covered charges for preventive care services per calendar year is paid at 100 percent. Additional covered charges are subject to the calendar-year deductible and insured percent.

Pharmacy				
HSA Select Plans	Qualified High Deductible Plans	PPO Advantage Plans	PPO Plans	Indemnity Plans
<p>The Price Assurance Program is included and provides prescription drug savings at participating pharmacies. It ensures the best price available, and provides generic drug savings and prescription monitoring. Prescription drugs are subject to the in-network calendar-year deductible and insured percent if a Physician/Hospital PPO is chosen. Prescription drug card choices are not available.</p>	<p>The Price Assurance Program is included and provides prescription drug savings at participating pharmacies. It ensures the best price available, and provides generic drug savings and prescription monitoring. Prescription drugs are subject to the calendar-year deductible and out-of-network insured percent. Prescription drug card choices are not available.</p>	<p><b>Prescription Drug Card Choices:</b>  <b>Drug Card A</b>  <b>Deductible Choices:</b> \$500, \$250 or \$0 per person for preferred and nonpreferred brand drugs.                      No deductible for generics.  <b>Retail Copay (up to a 30-day supply):</b> generic \$10; preferred brand \$30; nonpreferred brand \$50 or 30%, whichever is greater, up to \$200 per prescription  <b>Mail Order Copay (up to a 90-day supply):</b> generic \$20; preferred brand \$75; nonpreferred brand \$150</p> <p><b>Drug Card B</b>                      No deductible.  <b>Retail Copay (up to a 30-day supply):</b> generic \$20; preferred brand \$60; nonpreferred brand \$100 or 30%, whichever is greater, up to \$200 per prescription  <b>Mail Order Copay (up to a 90-day supply):</b> generic \$40; preferred brand \$150; nonpreferred brand \$300</p>		
Lab Charges				
HSA Select Plans	Qualified High Deductible Plans	PPO Advantage Plans	PPO Plans	Indemnity Plans
<p>Covered charges are subject to the calendar-year deductible and insured percent.</p>	<p>Covered charges are subject to the calendar-year deductible and insured percent.</p>	<p>Covered charges are subject to the calendar-year deductible and insured percent.</p>	<p>Covered charges are subject to the calendar-year deductible and insured percent. If the Office Visit Feature is selected, covered charges may be payable under this feature.</p>	<p>Covered charges are subject to the calendar-year deductible and insured percent. If the Office Visit Feature is selected, covered charges may be payable under this feature.</p>
Lab Card® Program				
<p>This program offers covered outpatient laboratory testing provided through LabOne, Inc. at no additional cost. Provider collection and handling fees may apply and are subject to health benefit plan provisions. For more information, visit <a href="http://www.labcard.com">www.labcard.com</a>.</p>				
HSA Select Plans	Qualified High Deductible Plans	PPO Advantage Plans	PPO Plans	Indemnity Plans
<p>Not available.</p>	<p>Not available.</p>	<p>Applies to all plans.</p>	<p>Applies to plans with individual calendar-year deductibles of \$1,000 or less.</p>	<p>Applies to plans with individual calendar-year deductibles of \$1,000 or less.</p>
LabOne Select Program				
<p>This discount program offers outpatient laboratory testing at significant savings compared with other labs when testing is directed to LabOne. For more information, visit <a href="http://www.laboneselect.com">www.laboneselect.com</a>.</p>				
HSA Select Plans	Qualified High Deductible Plans	PPO Advantage Plans	PPO Plans	Indemnity Plans
<p>Applies to all plans.</p>	<p>Applies to all plans.</p>	<p>Not available.</p>	<p>Applies to plans with individual calendar-year deductibles of \$1,500 or more.</p>	<p>Applies to plans with individual calendar-year deductibles of \$1,500 or more.</p>

**Additional Emergency Room Deductible**

<b>HSA Select Plans</b>	<b>Qualified High Deductible Plans</b>	<b>PPO Advantage Plans</b>	<b>PPO Plans</b>	<b>Indemnity Plans</b>
<p>No additional deductible. Covered charges are subject to the calendar-year deductible and insured percent.</p>	<p>No additional deductible. Covered charges are subject to the calendar-year deductible and insured percent.</p>	<p>\$75 per occurrence; waived if admitted as inpatient to the hospital. After the additional emergency room deductible is met, covered charges are subject to the calendar-year deductible and insured percent.</p> <p>The emergency room deductible does not apply toward individual or family calendar-year deductibles, or toward out-of-pocket limits.</p>	<p><b>Standard Contract:</b> Additional \$50 emergency room deductible per occurrence; waived if admitted as inpatient to the hospital. After emergency room deductible, covered charges are subject to the calendar-year deductible and insured percent.</p> <p><b>Enhanced Contract:</b> No additional deductible. Covered charges are subject to the calendar-year deductible and insured percent.</p>	<p>\$50 per occurrence; waived if admitted as inpatient to the hospital. After the additional emergency room deductible is met, covered charges are subject to the calendar-year deductible and insured percent.</p> <p>The emergency room deductible does not apply toward individual or family calendar-year deductibles, or toward out-of-pocket limits.</p>

**Therapies**

Covered charges for therapies are subject to the calendar-year deductible and insured percent.

<b>HSA Select Plans</b>	<b>Qualified High Deductible Plans</b>	<b>PPO Advantage Plans</b>	<b>PPO Plans</b>	<b>Indemnity Plans</b>
<p><b>Occupational, Speech and Physical Therapies:</b> \$5,000 per therapy calendar-year limit.</p> <p><b>Manipulative Therapy:</b> \$1,000 per calendar-year limit.</p>	<p><b>Occupational, Speech and Physical Therapies:</b> No calendar-year limit on therapies.</p> <p><b>Manipulative Therapy:</b> \$1,000 per calendar-year limit.</p>	<p><b>Occupational, Speech and Physical Therapies:</b> \$5,000 per therapy calendar-year limit.</p> <p><b>Manipulative Therapy:</b> \$1,000 per calendar-year limit.</p>	<p><b>Occupational, Speech and Physical Therapies:</b> <i>Standard Contract:</i> \$1,000 per therapy calendar-year limit. <i>Enhanced Contract:</i> No calendar-year limit on therapies.</p> <p><b>Manipulative Therapy:</b> \$1,000 per calendar-year limit.</p>	<p><b>Occupational, Speech and Physical Therapies:</b> No calendar-year limit on therapies.</p> <p><b>Manipulative Therapy:</b> \$1,000 per calendar-year limit.</p>

**Multiple Plan Options**

<b>HSA Select Plans</b>	<b>Qualified High Deductible Plans</b>	<b>PPO Advantage Plans</b>	<b>PPO Plans</b>	<b>Indemnity Plans</b>
<p>May be offered with a PPO Advantage Plan.</p>	<p>May be offered with a PPO Advantage or PPO Plan.</p>	<p>May be offered with an HSA Select or Qualified High Deductible Plan.</p>	<p>May be offered with a Qualified High Deductible Plan.</p>	<p>Not available.</p>

**Product Brochure**

<b>HSA Select Plans</b>	<b>Qualified High Deductible Plans</b>	<b>PPO Advantage Plans</b>	<b>PPO Plans</b>	<b>Indemnity Plans</b>
<p>MK54 MK71 — used in select states</p>	<p>MK45</p>	<p>MK40 MK70 — used in select states</p>	<p>MK14b</p>	<p>MK28b</p>



## Network Access and Programs

- Nationwide access to national and regional PPO networks, including Private Healthcare Systems (PHCS), allows convenient network access for multilocation/multistate employers, as well as single-location businesses.
- PHCS has nearly 450,000 providers and more than 4,000 facilities and is one of the nation's largest PPO networks. It is the first national PPO to hold Utilization Review Accreditation Commission (URAC) accreditation and National Committee for Quality Assurance (NCQA) certification for both network and utilization management services.
- The PHCS Healthy Directions program provides access to medical care when outside the primary PPO network's coverage area.
- The PHCS medical management program, designed exclusively for the Trustmark insurance companies, uses technology and medically accepted criteria to examine hospital admissions and lengths of stay.

### Offer a complete benefits package by selecting ancillary coverage, such as:

- Dental
- Life/Accidental Death and Dismemberment
- Short Term Disability
- Long Term Disability

For more information on ancillary plans administered by Starmark, refer to the separate product brochures.

## The Extras

### Unparalleled personal service and quick claims

**turnaround** from an expert in small group healthcare benefits. Claims are processed and paid rapidly with one of the fastest, most efficient systems in the industry.

[www.starmarkinc.com](http://www.starmarkinc.com) enables insureds to review claim status and prescription drug information, download forms, search for a pharmacy or network physician in their area and much more.

### The ACE system is Starmark's Automated Customer Environment for employers

– a complimentary, user-friendly administration system that is easily accessible through the Starmark website. ACE provides employers with immediate access to their group's enrollment records and premium payment history.

## Healthy Foundations

Healthy Foundations is an integrated, online portal to help healthcare consumers make smart, informed choices, and features:

### Decision Support Tools

- [HealthAtoZ](#) – Health information and interactive health management tools
- [Rx Price Comparison](#) – More than 200 drugs with lower-cost alternatives for ongoing conditions
- [Treatment Cost Comparison](#) – A range of cost estimates for in- and out-of-network providers based on ZIP code

### Education

Starmark offers online educational materials to help insureds understand Healthy Foundations decision support tools.

Healthy Foundations is available through Starmark's secure website at [www.starmarkinc.com](http://www.starmarkinc.com).

This is a general summary of plan highlights only, and all benefits are subject to the plan conditions and limitations of Trustmark Life Insurance Company policy number SMP/1003. Limitations, exclusions, renewability and pre-existing condition limitations apply and are described in the product brochure available for each plan. For detailed product information, please refer to the product brochure and Certificate of Insurance for each plan. Federal IRS restrictions and state mandates may apply. Plan availability and/or coverage may vary by state. For more details, refer to the separate state insert page (MK10) or ask your Starmark representative. Coverage is not effective without written notification from Trustmark Life Insurance Company or Star Marketing and Administration, Inc.

As an expert in small group healthcare benefits, Starmark provides businesses with two to 50 employees a flexible healthcare benefits portfolio, including HSA- and HRA-compatible health plans, as well as convenient online services, nationwide network access and the personal service they deserve. Fully insured by Trustmark Life Insurance Company. Plan availability and/or coverage may vary by state.



Administered by

Fully insured by  
**Trustmark**  
LIFE INSURANCE COMPANY

400 Field Drive • Lake Forest, Illinois 60045-2581  
[www.starmarkinc.com](http://www.starmarkinc.com)



# Illinois

## Insert Page for State Specific Product and Underwriting Information

This information replaces or supplements corresponding sections in the product brochure. Please refer to the Certificate of Insurance for more details.

### Plan Choices

#### Insured Percent

The 60/40 in-network/out-of-network insured percent is not available. (for **PPO Advantage** and **HSA Select PPO** Plans)



## **IMPORTANT NOTICE**

### **PRE-EXISTING CONDITION LIMITATIONS and SPECIAL ENROLLMENT RIGHTS**

#### **Pre-existing Condition Limitation**

This group health plan contains a pre-existing condition exclusion that is limited to a maximum of 12 months (18 months for late enrollees). This exclusion period can be reduced by the number of days of your prior creditable coverage. When applying creditable coverage to the pre-existing condition limitation, the plan is not required to take into account any days of creditable coverage that precede a break in coverage of 63 days or more. To determine if any pre-existing condition limitation will apply to you, you may present your certificate or certificates of prior creditable coverage.

Creditable coverage can include coverage under another group health plan, an individual health policy including a short term plan, Medicare, Medicaid, CHAMPUS, Federal Employees Health Benefit Plan (FEHBP), a medical health care program of the Indian Health Service or tribal organization, a state health benefits risk pool, any public health plan, governmental plans, church plan or a health plan issued under the Peace Corps Act, Social Security, or State Children's Health Insurance Program. You may request a certificate of creditable coverage from a previous employer, insurance company or Health Maintenance Organization (HMO). If necessary, we will assist you in obtaining a certificate from any of these entities. This Pre-existing Condition Limitation notice is being issued to you pursuant to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and reflects the protections afforded under federal law. If the state law applicable to your plan is more beneficial to covered individuals as to the length of the pre-existing condition limitation and permissible break in coverage, the relevant state law provisions will apply to and be part of your plan.

#### **Special Enrollments**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may, in the future, be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 31 days after the involuntary loss of other coverage. In addition, if your current coverage changes or you have a life-changing event, such as your marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 31 days after the qualifying event. Coverage will become effective on the date of the qualifying event.

#### **Late Enrollees**

If you waive coverage at the original effective date of your employer's plan and do not qualify as a special enrollee, coverage will be postponed for up to 18 months following the date the Employee Enrollment Form is signed. If the enrollment form is more than 60 days old, the postponement period will begin the first of the month following the date the updated enrollment form is received by Starmark. The pre-existing condition limitation period is satisfied at the end of the postponement period.

If you are hired after the original effective date of your employer's plan and request enrollment for yourself or eligible dependents following the initial enrollment period, coverage will start on the first day of the month following the date the Employee Enrollment Form is signed. If the enrollment form is more than 60 days old, the enrollment form will be returned for updated information and signature and the effective date will be the first of the month following the date the enrollment form is received by Starmark. The pre-existing condition limitation above applies.

For more information, refer to your Certificate of Insurance or plan sponsor/employer.