

Once you've enrolled, you'll also receive access to Healthy Rewards, a discount health and wellness program.

You can save up to 60% on fitness center memberships, weight management programs, health-related magazines, and much more!



**Level 2 – Cost Per Paycheck**

Myself only .....	\$18.89
Myself and 1 dependent .....	\$46.28
Family .....	\$69.89

**Level 1 – Cost Per Paycheck**

Myself only .....	\$9.84
Myself and 1 dependent .....	\$24.11
Family .....	\$36.41

# STEP 3: Enroll Now.

Choose Your Enrollment Method *(select one)*

Your Group Number: 2582

- A) **Enroll by Phone:** Call 1-877-552-5015 to enroll. Benefit Specialists are available Monday–Friday, 5:00am to 6:00pm MST.
- B) **Enroll Online:** Visit [www.starbridgeselect.com](http://www.starbridgeselect.com) to enroll quickly and securely from the convenience of your personal computer.
- C) **Enrollment Form:** Simply complete this enrollment form and turn it in to your manager.

First Name John Initial E.  
 Last Name Hemminger  
 Date of Birth 10/23/810 Gender  M  F  
 Soc. Sec # 503-98-1419 Hire Date 2/13/08 Unit # \_\_\_\_\_  
 Address 1600 N Dr  
 City Sioux Falls State SD Zip 57107

**Which Plan or Plans?**

*Check your desired plans. Prices reflect cost per paycheck. Once enrolled, changing to another plan level may only be done annually.*

- I want the **Level 2 Plan**
- I want the **Level 1 Plan**
- I want the **Dental Plan**

**Who Do You Want to Cover?**

*Check only one, even if multiple plans are chosen.*

- I want to cover myself only
- I want to cover myself and 1 dependent
- I want to cover my family

**Dependents**

*If additional spaces are needed, please attach separate sheet.*

Full Name	Gender	Relationship	Date of Birth
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Full Name	Gender	Relationship	Date of Birth
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**Beneficiary**

*Person who will receive benefits in the event of your death.*

Bobbie Olason Sister  
 Print Full Name Relationship to You

X John Hemminger 2/14/08  
 Sign Here To Enroll Date

Authorization: I hereby elect to participate in the Starbridge Select Insurance Plan for benefits made available under Internal Revenue Code Section 79, 105, 106, 125 and these Sections as amended. I understand that the Plan will automatically convert to pre-tax status any eligible payroll deductions which are provided through the Plan. I understand that by participating in this Plan my Social Security benefits may be reduced since these premiums will be deducted before my salary is taxed. This election will remain in effect for the Plan Year. My election CANNOT be changed during the Plan Year in accordance with Internal Revenue Service Guidelines unless a qualifying event occurs which includes: marriage, divorce, legal separation, death of spouse, birth or legal adoption of child, death of child, spousal change of employment affecting insurance coverage, eligibility to Medicare or Medicaid or change in residence affecting insurance coverage. 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

Some people need more than just a medical plan.



## Dental/Vision Plan

The Dental Plan provides coverage for common preventive and basic procedures, and you can save even more money by visiting a CIGNA Network dentist with more than 69,000 participating nationwide.\*

- \$25 annual deductible
- Reimbursement amounts examples:
  1. Exam - \$17
  2. Routine Cleaning - \$30
  3. Tooth Removal - \$39
  4. Filling (3 surfaces) - \$56

The key to a healthy smile is to take care of your teeth and gums before problems begin. Receiving regular dental care often catches minor problems before they become major and expensive to treat. For every \$1 spent on preventive dental care, \$8-\$50 could be saved in restorative and emergency treatment. (Source: American Dental Hygienist Association). You'll find that coverage for most preventive services is provided at a reasonable cost.

### Example of How the Dental Plan Works For illustrative purposes only. Actual fee schedules vary by location.

Periodic Oral Exam (6 month cleaning)

Average Cost	\$36
<b>CIGNA Network Discount*</b>	<b>-\$12</b>
Dental Plan reimburses you	-\$17
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<b>You Pay</b>	<b>\$7</b>

**You Save \$29**

\* For a complete list of covered procedures and participating network dentists visit [www.starbridgeselect.com](http://www.starbridgeselect.com)

## Vision Discount Program The vision discount program is not insurance.

You and your covered family members also receive a membership in the Vision One Network.

- Save up to 60% on frames and lenses
- Save up to \$10 on eye examinations

Underwritten by Connecticut General Life Insurance Company. This plan is not available in WA. Plan design and rates may vary. "CIGNA" and "CIGNA HealthCare" refer to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.