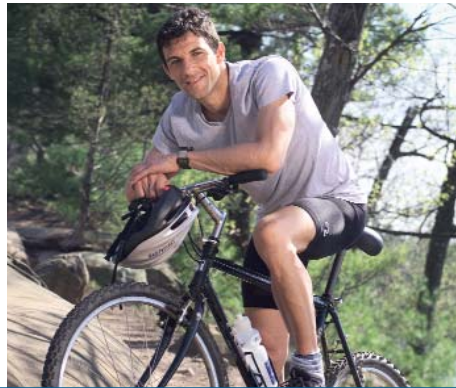


Health coverage is within your reach.



Benefit Highlights:

- Doctor visits as low as \$10
- In-Hospital Benefit
- Up to \$10,000 Accident Coverage
- Prescription Drug Programs
- CIGNA 24-Hour Employee Assistance ProgramSM

Plans starting at only

\$12.⁸⁵ a week

Also Available:

- Dental/Vision* Plan

*The vision discount program is not insurance.

Hurry! Your opportunity to enroll ends soon.

Who is eligible?

All temporary employees are eligible 1st of the month following date of hire.

When will my coverage begin?

Your coverage will begin the first day of the month following your date of eligibility. Once your employer has approved your enrollment, you will receive your ID cards and Summary Plan Description booklet containing claim forms.



Is a Starbridge health plan right for you?

CIGNA's Starbridge limited-benefit health plans are designed to provide affordable health insurance to hard-working people like you. Starbridge plans provide coverage for everyday medical expenses and can help you plan for unexpected expenses due to illnesses and accidents. It is not a major medical plan. Ask yourself the following questions to see if a Starbridge plan is right for you. If you answer "yes" to one or more of these questions, your employer and CIGNA HealthCare are here to help.

<input type="checkbox"/> yes <input type="checkbox"/> no	Do you skip check-ups or visits to the doctor for an illness because you're uninsured?
<input type="checkbox"/> yes <input type="checkbox"/> no	Have you had to take unpaid time off work in the past year due to an illness or health problem?
<input type="checkbox"/> yes <input type="checkbox"/> no	Is it hard for you to find quality health care providers because you don't have an insurance card?
<input type="checkbox"/> yes <input type="checkbox"/> no	Do you buy over-the-counter medicines instead of going to the doctor or filling a prescription?
<input type="checkbox"/> yes <input type="checkbox"/> no	Have you ever relied on help from family, friends or the government to pay for basic medical care?

There are many ways to save with Starbridge.

Network Discounts

Our network includes the doctors that have lowered their prices for our members. Using a network provider can save you money because you'll get more services without using up all your benefits (see medical benefits chart). Many providers offer our members discounts of about 30-50% off of their usual charges. Even if you reach the benefit maximums, you'll continue to receive discounted prices from many of our network providers.

Outpatient Benefits

Starbridge outpatient benefits cover services outside of the hospital—things like doctor's office visits, outpatient surgery, laboratory work, X-rays and urgent care.

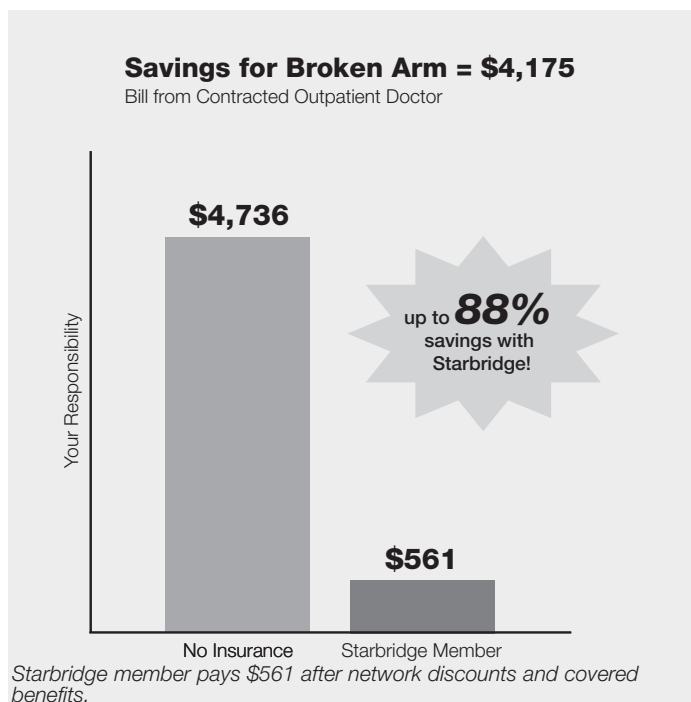
For example, with our plans you pay only a copay for each doctor visit. A copay is the up-front cost you pay at the time of service. The plan covers the remainder of the cost, up to a benefit maximum (see medical benefits chart). For all other outpatient services, the plan pays coinsurance, which is a percentage of the covered expenses, and you pay the rest.

Inpatient (Hospital) Benefits

Inpatient benefits cover a portion of the cost of hospital visits if an overnight visit is required. Some plans also offer additional coverage for surgeries and maternity.

Prescription Drug Programs

Starbridge offers a variety of prescription drug programs to meet your budget. All of our plans feature a prescription discount program that offers an average of 15% off of brand name drugs and 40% off of generics. Some of our plans also offer prescription benefits that are similar to the coverage for doctor visits—you simply pay a low copay at the pharmacy until you reach the benefit maximum.



Amounts reflected serve as an example only and may not accurately reflect your plan. Starbridge is a sickness & accident plan that covers everyday medical expenses. It is not a major medical plan and is not designed to cover major health problems like heart disease or cancer.

STEP 1: Choose the plan that's right for you.

Please refer to the medical chart at the back of this brochure for more detailed information.

Because these are limited-benefit plans, it's best to choose the highest level of coverage that you can afford. If you're having trouble matching your budget with your health plan needs, you may find the following guidelines useful, or you can contact a Starbridge Benefits Specialist for help at 1-877-552-5015.

Level 1 Plan



Weekly Rates

Myself only	\$12.85
Myself and 1 dependent	\$30.63
Family	\$45.83

*Stay healthy and active.
Plan for the unexpected.*

If you're healthy and active and have a limited budget, this plan is your best option.

"Even after I reach my benefit maximum, I still pay less at the doctor because CIGNA negotiates great discounts for me."

Level 2 Plan



Weekly Rates

Myself only	\$22.66
Myself and 1 dependent	\$55.29
Family	\$83.33

*Discover the security that comes with
health coverage. Feel better about life.*

If you're fairly healthy but looking for more than basic coverage, Starbridge Level 2 Plan is a reasonable option. Prescription and Wellness benefits are included in this plan.

"Starbridge helps me with everyday medical expenses like prescriptions and doctor visits—plus it helps me budget for them."

STEP 2: Choose an additional plan option.



Dental/Vision Plan Weekly Rates*

Myself only	\$.425
Myself and 1 dependent . . .	\$.820
Family	\$.12.15

*The vision discount program is not insurance.

Dental/Vision Plan

Dental

It's more than just a pretty face: good health starts with your teeth and gums. If you think going to the dentist isn't really important, think again. Your dental health impacts the rest of your body in serious ways. Research shows that gum disease, an infection of your gums, puts you at risk for conditions such as heart disease, stroke, diabetes and pregnancy complications. And because gum disease is usually painless in the early stages, you may not even know that you have it. That's why going to the dentist is just as important as getting a check-up at the doctor's office.

Big savings on visits to the dentist...all for just a few dollars a week.

Starbridge offers a Dental Plan that is available to you as an additional plan option. You'll save on annual cleanings, fillings and even major procedures such as root canals. Don't wait—your health may depend on it!

Example of How the Dental Plan Works

For illustrative purposes only. Actual fee schedules vary by location.

Periodic Oral Exam	Average Cost	\$36
	CIGNA Network Discount*	-\$12
	Dental Plan reimburses you	-\$17 (see chart below)
	You Pay	\$7

* For a complete list of participating network dentists visit www.starbridge.com

This is how much you'll be reimbursed for each procedure:

Dental Plan Reimbursement Chart \$25 per person annual deductible		
Maximum Covered Charge	Maximum Covered Charge	Maximum Covered Charge
Oral Examination D0120 Periodic Oral Exam* \$17 D0140 Limited Oral Exam/Problem Focused \$27 D0150 Comprehensive Oral Exam † \$27 D9110 Emergency - Palliative Treatment \$38	X-Ray and Pathology D0210 Entire Dental Series (Intraoral) Including Bitewings** \$40 D0220 Single Film - Initial \$7 D0230 Single Film - Each Additional \$7 D0240 Intra-Oral Occlusal Film** \$10 D0250 Extraoral - First Film \$11 D0260 Extraoral - Each Additional \$9 D0270 Bitewing Film, One* \$8 D0272 Bitewing Films, Two* \$12 D0274 Bitewing Films, Four* \$17	Prophylaxis and Fluoride D1110 Prophylaxis for age 14 and over* \$30 D1120 Prophylaxis for age under 14* \$20 D1203 Topical Application of Fluoride, Child* \$12 D1204 Topical Application of Fluoride, Adult* \$12 D1351 Sealant, Per Tooth \$16
Amalgam Restoration for Primary/Permanent Teeth D2140 Amalgam Filling - 1 Surface \$35 D2150 Amalgam Filling - 2 Surfaces \$45 D2160 Amalgam Filling - 3 Surfaces \$56 D2161 Amalgam Filling - 4 or more Surfaces \$64	Extractions D7140 Extraction-Erupted tooth or exposed root \$39 D7220 Removal Impacted Tooth - Soft Tissue \$45 D7230 Removal Impacted Tooth - Partially Bony \$70 D7240 Removal Impacted Tooth - Completely Bony \$85 D7241 Removal Impacted Tooth - Completely Bony w/Unusual Surgical Complications \$85 D7250 Removal Residual Tooth Roots \$30 D7510 Incision & Drainage of Abscess \$45 D9220 General Anesthesia \$52	Periodontics D4341 Scaling and Root Planing, Per Quadrant \$72 D4355 Full Mouth Debridement to Enable Comprehensive Periodontal Evaluation \$50 D4910 Periodontal Maintenance \$53
Synthetic Restorations D2330 Composite Resin - 1 Surface \$42 D2331 Composite Resin - 2 Surfaces \$55 D2332 Composite Resin - 3 Surfaces \$67 D2335 Composite Resin - 4 or more Surfaces \$69 D2390 Composite Resin Crown, Anterior \$77 D2391 Composite Resin - 1 Surface Posterior \$50 D2392 Composite Resin - 2 Surfaces Posterior \$68 D2393 Composite Resin - 3 Surfaces Posterior \$85		Endodontics (excluding final restoration) D3220 Therapeutic Pulpotomy \$20 D3310 Root Canal - Anterior \$125 D3320 Root Canal - Bicuspid \$135 D3330 Root Canal - Molar \$140
FOOTNOTES * Limited to once every 6 months † Limited to once every 12 months ** Limited to once every 3 years		

Vision Discount Program*

You and your covered family members receive a membership in the CIGNA Vision Network Savings Program.

- Save up to 40% on frames
- Save \$5 off routine exams and \$10 off contact lens exams

*The vision discount program is not insurance.

Questions? Call a Starbridge Benefits Specialist: 1-877-552-5015 • www.starbridge.com



Term Life Insurance Plan included when you select a Medical Plan

Term Life Insurance Plan

Protecting your loved ones financially is just as important as protecting your health. You can choose to cover yourself, your spouse or your children through this life insurance plan. In the event of a death, this plan pays the following benefits to the person chosen as the beneficiary:

- Employee \$10,000
- Spouse \$ 5,000
- Each child \$ 2,000

Note: Benefits are reduced by one half at age 70.
Policy Form # SBCII-GMP-02

Turn this page for Step 3 to enroll!

Questions? Call a Starbridge Benefits Specialist: 1-877-552-5015 • www.starbridge.com

STEP 3: Enroll Now.



Choose Your Enrollment Method *(select one)*

A) Enroll by Phone: Call 1-877-552-5015 to enroll.

Starbridge Benefits Specialists are available Monday–Friday, 5:00am to 6:00pm MST.

B) Enroll Online: Visit www.starbridge.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.

Group Number: 2770
Store/Unit Number: _____

ENROLLMENT FORM Underwritten by Connecticut General Life Insurance Company, P.O. Box 55270 • Phoenix, AZ • 85078

First Name _____ Middle Initial _____ Last Name _____

Street Address _____ City _____

State _____ Zip Code _____ Date of Birth[†] ___/___/____ Gender[†] M / F

Social Security # ___ - ___ - _____ Hire Date ___/___/____

1. Select the Plan(s) You Want:

Select only one medical plan. Level 1 Plan Level 2 Plan

Please select all you want. Dental/Vision** Plan

**The vision discount program is not insurance.

2. Select Who You Want to Cover: Check only one, even if multiple plans are selected.

I want to cover myself only I want to cover myself and 1 dependent

I want to cover my family

3. Dependent Information: If additional space is needed, please attach separate sheet.

Spouse's Full Name _____ Social Security # _____ Date of Birth _____

Child's Full Name _____ Son/Daughter _____ Social Security # _____ Date of Birth _____

Child's Full Name _____ Son/Daughter _____ Social Security # _____ Date of Birth _____

4. Beneficiary Information: Person who will receive benefits in the event of your death.

Full Name _____ Relationship to You _____

Street Address _____ City _____ State _____ Zip Code _____

[†]This information is being collected for administrative purposes only, and not for medical underwriting.

For Oregon residents only. Have you had prior coverage (less than a 63 day gap)? Please forward us the Certificate of Creditable Coverage from your prior carrier. **For Florida residents only.** 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 felony of the third degree. **For all other states' residents.** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime, may be violating state law, and may be subject to fines and confinement in prison.

5. Sign to Enroll: X _____

SBCII593.1

_____/_____/_____
[Date]

Authorization: I hereby elect to participate in the Starbridge 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.

Sign here if you do not want to enroll: X _____
[Date]

Questions? Call a Starbridge Benefits Specialist: 1-877-552-5015 • www.starbridge.com

SBCII593.1

020107

Medical Benefits Chart (applies to each covered individual)

	Level 1 (Plan 128)	Level 2 (Plan 148)
Illness		
Outpatient Care deductible plan pays / you pay maximum amount paid by plan	\$50/year 80% - 20% \$1,000/year	\$100/year 80% - 20% \$1,500/year
Doctor Office Visits ¹ copay plan pays	\$15 100%	\$10 100%
Daily In-Hospital Benefit deductible plan pays maximum amount paid by plan	\$100/day up to 100 days \$0 100% \$10,000/year	\$250/day up to 100 days \$0 100% \$25,000/year
In-Hospital Surgery deductible plan pays number of occurrences maximum amount paid by plan	included in Daily In-Hospital Benefit	\$0 100% no maximum \$1,500 per occurrence
Maternity Benefit deductible plan pays maximum amount paid by plan	included in Daily In-Hospital Benefit	\$0 100% \$1,500 per occurrence
Preventive Care		
Preventive Care ^{1 †} paid at number of occurrences	80% 1/year per procedure	80% 1/year per procedure
Pharmacy		
Prescription Benefit ^{1 †} deductible - Generic deductible - Brand maximum amount paid by plan	discount program included ²	discount program included ² \$15/prescription \$25/prescription \$300/year
Injury		
Accident Coverage deductible plan pays / you pay number of occurrences maximum per occurrence maximum amount paid by plan	\$50/occurrence 80% / 20% 2/year \$2,500 \$5,000/year	\$100/occurrence 80% / 20% 2/year \$5,000 \$10,000/year
Accidental Death Benefit Starbridge pays	\$10,000	\$15,000

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.

In addition to your medical plan, your selection will also include a Term Life Insurance Plan. See "Step Two" for benefit information.

More valuable services that are included in your plan:

Online Tools

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

CIGNA 24-Hour EAP

The CIGNA 24-Hour Employee Assistance ProgramSM 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.

¹ The total amount Starbridge pays will count toward your Outpatient Care Maximum and is subject to the Outpatient Deductible unless otherwise mandated. ² The prescription discount program is not insurance. [†] Coverage for Cervical Cancer Screening, Prostate Cancer Screening, and Mammogram. This benefit amount may be higher if required by law. ¹ This benefit reimburses 100% of the prescription charge after deductible has been met. The benefits above are provided by policy form SBCII-GMP-02.

Questions? Call a Starbridge Benefits Specialist: 1-877-552-5015 • www.starbridge.com

SPECIAL ENROLLMENT

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, placement for adoption, or Qualified Medical Child Support Order you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Loss of coverage (non-COBRA) that can qualify for Special Enrollment includes, but is not limited to:

Loss of eligibility for coverage as a result of legal separation, divorce, cessation of dependent status (such as attaining the maximum age to be eligible as a dependent child under the plan), death of an employee, termination of employment, reduction in the number of hours of employment, and any loss of eligibility for coverage when a plan no longer offers any benefits to the class of similarly situated individuals that includes the individual.

To request special enrollment or obtain more information, contact a Customer Service representative at 1-877-552-5015. Representatives are available Monday through Friday, 5 AM to 6 PM, Mountain Standard time.

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. War or 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.

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 or act of 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.

DENTAL EXCLUSIONS

Benefits will not be paid for dental expenses arising from or in connection with:

1. Services or supplies for which a charge is not customarily made in the absence of insurance.
2. Injury arising out of or in the course of employment; or which is compensable (in South Dakota, which is paid) under any Workers' Compensation or Occupational Disease Act or Law.

3. Declared or undeclared war, or act of war.
4. A service furnished to a Covered Person for:
 - a. Cosmetic purposes, unless needed as a result of Injury. Facing on crowns, or pontics, posterior to the second bicuspid shall always be considered cosmetic;
 - b. Dental care of a congenital or developmental malformation (unless benefits for orthodontic services are specifically provided in the Schedule of Benefits).
5. Replacement of lost or stolen appliances.
6. Appliances, restorations, or procedures for the purpose of altering vertical dimension, restoring or maintaining occlusion, splinting, or replacing tooth structure lost as a result of abrasion or attrition, or treatment of disturbances of the temporomandibular joint. In Arkansas, treatment for the temporomandibular joint is not excluded.
7. A service not furnished by a Dentist, except:
 - a. That performed by a Dental Hygienist under the supervision of a Dentist;
 - b. X-rays ordered by a Dentist.
8. Intentionally self-inflicted injury or suicide attempt.

TERM LIFE INSURANCE EXCLUSIONS

If a Covered Person should die while insured under the policy, We will pay the amount of life insurance in force on the Covered Person's life at the time of death. Payment will be made in one sum to the beneficiary designated by the Covered Person. Payment will be made upon Our receipt of due proof of death. If there is no surviving named beneficiary, payment will be made to the Covered Person's estate. In such case, at Our option, payment may be made to any one or more of the following relatives: wife, husband, father, mother, child or children, brothers or sisters.

Change of Beneficiary

The Covered Person may name a new beneficiary at any time by filing with the Holder a written request on forms furnished by Us. The Holder will send the request to Us. When the request is received by Us from the Holder the change will relate back to and take effect as of the date it was signed. This is the case whether the Covered Person is alive or not when We receive the request. Even though the change of beneficiary will relate back to the date it was signed it will be without prejudice to Us on account of any payment We have already made.

Benefit Limitations

No coverage is provided for loss caused by or resulting from:

1. Death while the Covered Person is a resident outside the United States, U.S. Territories, and Canada; or
2. Death within 2 years from the Covered Person's effective date of coverage as a result of suicide, while sane or insane.

TERMINATION

A Covered Person's coverage will terminate at 12:01 a.m. Standard Time at Your home on the earliest of the following:

1. The date the Policy terminates;
2. The date this Certificate terminates;
3. The date coverage is terminated by Us for all certificate holders in Your state;
4. The date we receive a written request to terminate coverage.
5. The end of the period for which premium is paid, subject to the Grace Period.
6. The date a Covered Person enters the armed forces of any country. Membership in the reserves or in the National Guard is not deemed entry into the armed forces. Active duty service in the reserves or National Guard for a period of 31 consecutive days or more will be deemed entry into the armed forces.
7. With respect to a Dependent spouse, the date the spouse no longer qualifies as a Dependent, unless coverage is continued as stated in the Continuation of Coverage provision.
8. With respect to a Dependent child, the date that child no longer qualifies as a Dependent, unless coverage is continued as stated in the Continuation of Coverage provision.

At least 60 days prior written notice will be given to You if We terminate Your coverage for any reason, except for nonpayment premium.

FOOTNOTES

1. This provision or limitation varies by state.