

2010 Medical Plan Summary

Affordable Health Plan (CIGNA)*

Member Services: (877) 286-5150 • Web site: www.starbridgechoices.com

TYPE OF SERVICE	
Annual Deductible	\$100
Physician Office Visit (applies to outpatient care maximum)	\$10 copay then 100%
Preventive Care (does not include pap, mammogram or PSA)	\$20 copay then 100% (\$250 maximum, 1 visit per year)
Prescription Drugs	\$15 copay Generic \$25 copay Brand (\$500 annual maximum)
Non-emergency care in Emergency Room (applies to outpatient care maximum)	50% after \$100 copay (\$500 annual maximum)
Outpatient Care	80% after deductible (\$1,500 annual maximum)
Hospitalization	100% (\$3,000 annual maximum)
In-hospital Surgery (pays in addition to hospitalization benefit)	100% (\$1,500 per occurrence maximum)
Accident	80% after \$50 copay (\$2,500 per occurrence maximum, 2 occurrences per year)
Maternity Care (pays in addition to hospitalization benefit)	100% (\$1,500 per occurrence maximum)

* Only for employees who are nonexempt and have base annual earnings up to \$30,000.

Note: Use CIGNA network providers for discounted charges.