



# STARR Restaurants

*Hourly Employee Benefit Open Enrollment Presentation*

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# ■ Open Enrollment – Important Information

- Open Enrollment Window: October 1<sup>st</sup>– October 13<sup>th</sup>
- Plan effective date: *November 1<sup>st</sup>, 2026*
- Active Enrollment – Starr will be holding an ACTIVE Open Enrollment this year, which means **you will be required to re-enroll to maintain coverage**
- ***For those who choose to waive coverage, you must complete a waiver form within ADP***
- During Open Enrollment, you are able to make the following changes:
  - Change your plan election (this applies for all benefits, including medical, dental, vision, FSA, etc.)
  - Change your coverage tier (i.e. Employee, Employee + Spouse, Employee + Child(ren), or Family coverage)
  - Add/remove dependents
  - If you are not currently enrolled and would like to enroll for 2026-27
  - If you are currently enrolled in coverage but would like to waive for 2026-27
- Once you have made your elections, you will not be able to change them until the next Open Enrollment period, unless you experience a qualified change in status

# ■ 2026-2027 Open Enrollment Highlights

- STARR has been able to maintain the same carriers for the 2026–2027 plan year
- **Employee Contributions:**
  - Medical/Prescription Drug, Dental and Vision employee contributions will be increasing for 2026/27
- **Medical Plan/Prescription Drug Design Changes:**
  - Both the Bronze and Silver plans will have changes to medical and prescription drug benefits
  - Important to review plan summaries/SBCs for various changes
- ***Vision Plan Enhancement:*** both plans will now include **VSP LightCare!**
  - Program allows enrolled employees and dependents without prescriptions to use their coverage for a fully covered eye exam and ready-made non-prescription sunglasses or blue light filtering glasses
- ***All members enrolled in the medical/prescription drug plan will receive a new ID card from Independence Blue Cross***
- ***Benefit Reminder:*** Telemedicine services inclusive of general medical, behavioral health and dermatology through Teladoc are covered at 100% regardless of your medical plan enrollment with IBC!

# Enrollment and Eligibility



# ■ Eligibility Overview

- If you are a STARR hourly employee who have met the eligibility guidelines, you may enroll in benefits
- You may also elect coverage for you eligible dependents with proof of dependency/marital status
- Eligible dependents include:
  - Your spouse (with proof of marriage)
  - Your child(ren), step-child(ren), grandchild(ren) (proof of guardianship required), adoptive child(ren), child(ren) placed with you in anticipation of adoption, child(ren) for whom you are the legal guardian, child(ren) who is an alternate recipient under a qualified medical support order. Your eligible dependents can be covered until they reach age 26. All child(ren) dependents require proof of eligibility.
  - A child(ren) who is totally disabled and relies on you for care and is covered under the Plan as an eligible dependent at the time he or she reaches age 26, may be covered beyond age 26
- The benefits you elect during this open enrollment period will be effective until October 31, 2027
- Please contact [Benefits@starr-restaurant.com](mailto:Benefits@starr-restaurant.com) to confirm if you are eligible for benefits

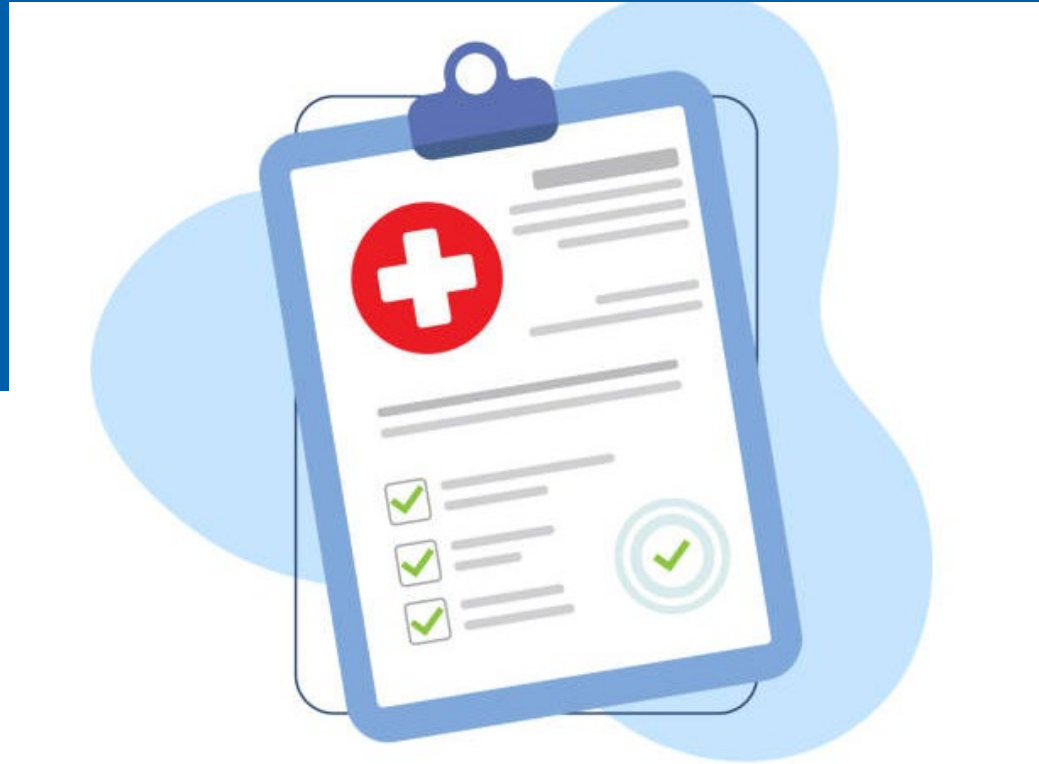
# ■ Eligibility and Enrollment

- **Qualifying Life Event (QLE)** is a significant change in an employee's life that allows them to make changes to their benefits outside of the annual open enrollment period. These events are recognized by the IRS and typically involve changes in family status, employment, or other major life circumstances
- **Examples of Qualifying Life Events:**
  - **Marriage**
  - **Divorce or Legal Separation**
  - **Birth or Adoption of a Child**
  - **Death of a Dependent**
  - **Loss of Coverage:** Losing health insurance due to job loss, reduction in work hours, or aging out of a parent's plan (turning 26) qualifies as a QLE.
  - **Gain or Loss of Medicare/Medicaid**
  - **Receiving a Qualified Medical Child Support Order**
- For any allowable changes, you must inform [Benefits@starr-restaurant.com](mailto:Benefits@starr-restaurant.com) and report the Qualifying Change at [www.MyADP.com](http://www.MyADP.com) within 30 calendar days of the event to avoid a lapse in coverage

# ■ How to Enroll- ADP

1. Use your Username and Password to log in to MyADP.com. First Time users will need to register utilizing the following steps:
  - Click on the “**Register Now**”
  - Enter registration code: **starrrest-starrest**
  - Enter your **Name, Employee ID Number, Birth Month and Day**
  - Enter your **Name, Email Address and Phone Number**
  - **Create a Username and Password**
2. From the Dashboard, click the “***benefits tab***” on the left side of the screen
3. Click the **Enroll Now** button
4. Add or Review any **dependents & beneficiaries** click the **Next** to continue to review benefit offerings
5. Select your **benefits**; you **MUST** select/decline coverage for each of the benefits options
  - ***NOTE: be sure to check off the dependents you want to be added for each benefit***
6. Once **all** options have been elected or waived, click Next: ***Confirm Elections*** and save or print your Confirmation Statement

# Medical/Prescription Drug Plans



# Medical Plan Offerings- IBC

| In-Network Benefits                                   | Bronze Plan                      | Silver Plan                      |
|-------------------------------------------------------|----------------------------------|----------------------------------|
| Deductible (Individual/Family)                        | \$3,700/\$7,400                  | \$3,000 / \$6,000                |
| Out of Pocket Maximum (Individual/Family)             | \$6,750/\$13,500                 | \$7,900 / \$15,800               |
| Coinsurance                                           | 10% after deductible             | 20%                              |
| PCP office visit                                      | \$40 copay after deductible      | \$25 copay                       |
| Specialist office visit                               | \$70 copay after deductible      | \$65 copay                       |
| Urgent care                                           | \$100 copay after deductible     | \$100 copay                      |
| Teladoc Virtual care                                  | <b>No charge, no deductible</b>  | <b>No charge, no deductible</b>  |
| Inpatient hospital                                    | 10% coinsurance after deductible | 20% coinsurance after deductible |
| Emergency room                                        | \$350 after deductible           | \$300 copay after deductible     |
| Outpatient surgery - freestanding                     | \$300 after deductible           | \$300 copay after deductible     |
| Outpatient surgery - hospital based                   | \$300 after deductible           | \$300 copay after deductible     |
| Routine radiology – freestanding                      | \$80 after deductible            | \$40 copay                       |
| Routine radiology - hospital-based                    | \$80 after deductible            | \$100 copay                      |
| Advanced imaging – freestanding                       | \$300 after deductible           | \$100 copay                      |
| Advanced imaging - hospital-based                     | \$300 after deductible           | \$200 copay                      |
| Lab/pathology – freestanding                          | \$80 after deductible            | \$40 copay                       |
| Lab/pathology - hospital-based                        | \$160 after deductible           | \$100 copay                      |
| Physical Therapy/Occupational Therapy - freestanding  | \$70 after deductible            | \$40 copay                       |
| Physical Therapy/Occupational Therapy- hospital based | \$70 after deductible            | \$100 copay                      |
| Out of Network Benefits                               |                                  |                                  |
| Deductible (Individual/Family)                        | \$6,700/\$13,400                 | \$5,000/\$10,000                 |
| Out of Pocket Maximum (Individual/Family)             | \$12,000/\$24,000                | \$10,000/\$20,000                |
| Coinsurance                                           | 50% after deductible             | 50% after deductible             |

This is a summary of your benefits, please refer to the SBCs/Benefit Highlights for a detailed list of health plan coverages

# ■ Medical Plan – Cost Saving Tips

- **Preventive Care** services are covered 100% at in-network providers
  - Regardless of which plan you elect, copays, deductible, and coinsurance for preventive services do not apply if you visit an in-network provider
  - Staying up to date on your preventive care will keep you healthier and reduce future costs
- **Urgent Care**
  - When you need immediate care outside of your primary physician's office hours, consider going to an Urgent Care Clinic
  - Unless it is a true emergency, in many cases, an urgent care clinic can give you the appropriate and timely medical attention that you need at a significantly reduced cost
  - In the event of a true emergency, we encourage you to go to the nearest emergency room



# ■ Telemedicine- Teladoc

- Telemedicine provides a convenient way for you to seek care right from the comfort of your own home or while on the go for general medicine, behavioral and dermatology related needs
- **As apart of being enrolled in one of Starr's medical plans telemedicine services completed through Teladoc are covered 100% with no member cost share for the visit!**
- Teladoc is a national network of U.S. board-certified doctors available 24/7/365 to diagnose, treat, and prescribe medication
- Contact Teladoc for non-emergency medical conditions such as:
  - Allergies
  - Asthma
  - Acne
  - Pink eye
  - Ear infections
  - Sinus issues
  - Respiratory infections
  - Urinary tract infections
  - Cold and flu symptoms
- Teladoc also provides telemedicine services for dermatology and behavioral health needs!



# How to Find a Provider-Independence Blue Cross

- Go to <https://www.ibx.com/>
- Click the “Find a Doctor” in the upper right-hand corner of the webpage
- Click the “Learn More” to find an in-network doctor, hospitals
- Type in your zip code, state or city
- Can search for doctors by name/specialty along with hospitals/clinics by type, name, language

The screenshot shows the 'Primary Care Manager (PCM)' search results page. At the top, there's a navigation bar with 'Dashboard / Places by Type / Primary Care Manager'. The main header is 'Primary Care Manager (PCM)'. Below this, there are filters for 'In-person care (2428)' and 'Virtual care (1389)'. A 'Specialty' dropdown is set to '25 miles'. A search bar contains 'Philadelphia, PA 19122'. A 'PLAN' dropdown is set to 'All Plans'. A notification box on the right says: 'For in-network matches, enter your plan before you search. If you use All Plans to find doctors or places you may not get the best results. [Click to understand](#)'. A banner at the top of the results area says: 'Save up to 13% on out-of-pocket medical costs, including deductibles, copays, and coinsurance when you sign up for a free AblePay membership and use an AblePay provider [Participating Providers - AblePay Health](#). AblePay also offers flexible payment plans for up to 12 months, all with no interest. [Learn more and sign up today](#)'. Below the banner, there's a 'Create a provider directory' section with a 'Build directory' button. The main results section shows '2428 search results'. A 'Best Match' button is visible. The first result is 'GPHA Chinatown Medical services', a 'Family Medicine, Internal Medicine' clinic at '432 N 6th St, Philadelphia, PA 19123 • 0.4 miles'. It lists 'Specialties' as 'Family Medicine, Internal Medicine, Nurse Practitioner, Pediatrics', 'Areas of focus' as 'None', 'PCP ID' as '003142710', 'Quality' as 'Total Care', and 'Plans accepted' as '16 plans accepted'. It also shows 'Office hours' as 'Open Today • 8:30AM-5:30PM' and a 'Quality details' link. At the bottom of the result card, there's a 'Compare' button and a call to action: 'Call (215) 627-8000 to schedule an appointment'.

# How to Find a Provider- Outside of the Philadelphia Region

- Employees outside of the greater Philadelphia region will have access to in-network providers through the National BlueCard PPO Network
- Find a Provider:
  - <https://www.bcbs.com/>
  - “Find a Doctor” select “In the United States”
  - Choose your Search Location
  - Choose your Plan select “Pennsylvania, Independence Blue Cross” or type in the first three digits of your IBC ID Card
  - Search by Provider Name, Specialty, Facility Name & Type
- When you arrive at the participating doctor’s office or hospital, show the provider your ID card. The provider will identify your benefit level through one of these symbols:



Traditional/  
Indemnity  
Benefits



PPO  
Benefits

# Behavioral Health Resources- IBC

- **IBC Behavioral Health Care Navigation Team:**
  - Connects you to providers, such as psychiatrists, psychologists, and counselors
  - Ensures timely access to high quality behavioral care for:
    - General Mental Health Conditions: Anxiety, depression, stress
    - Specialty Conditions: Substance use, eating disorders, OCD, bipolar disorder, child behavioral health
  - Simply call **1-800-688-1911** to speak to the Behavioral Health Care Navigation team
- **Shatterproof Treatment Atlas:**
  - Free online resource designed to improve access to addiction care
  - Helps you search for and compare in-network treatment facilities based on your specific needs.
  - For more information, visit [www.treatmentatlas.org](http://www.treatmentatlas.org)
- **Teladoc- Behavioral Health**
  - Find a board-certified psychiatrist, psychologist, or therapist that meets your needs
  - Schedule a virtual visit by phone or video at a time that's best for you to connect
  - Get ongoing support from your mental health care provider
  - No cost for those in enrolled in any Starr's medical plans!
  - To get started call 1-800-835-2362 or visit [teladochealth.com](http://teladochealth.com) or download the Teladoc Mobile App
- *Please note you must be enrolled in the Medical Plan through IBC in order to utilize these benefits*

# Where to Go for Care

- Depending on your medical needs a telemedicine visit or urgent care visit may be more appropriate and cost effective setting!



## Telemedicine- Teladoc

*A video or phone visit from wherever you are*

|             |               |             |
|-------------|---------------|-------------|
| <b>None</b> | <b>15–30m</b> | <b>24/7</b> |
| copay       | wait          | hours       |

### Use it for

- Colds, flu, allergies
- Rashes, minor skin issues
- Prescription refills
- Mental health check-ins

*Skip if: you need an exam, imaging, or stitches*



## Urgent care

*Walk-in clinic for same-day, hands-on care*

|             |               |                |
|-------------|---------------|----------------|
| <b>\$\$</b> | <b>30–60m</b> | <b>Daytime</b> |
| copay       | wait          | hours          |

### Use it for

- Sprains, minor fractures
- Cuts that may need stitches
- Ear or eye infections
- Fever, vomiting, minor burns

*Skip if: symptoms are life-threatening*



## Emergency Room

*Hospital-level care for critical conditions*

|                 |               |             |
|-----------------|---------------|-------------|
| <b>\$\$\$\$</b> | <b>Varies</b> | <b>24/7</b> |
| copay           | wait          | hours       |

### Use it for

- Chest pain, trouble breathing
- Stroke signs: face, arm, speech
- Severe bleeding, major trauma
- Loss of consciousness

*Skip if: symptoms are mild and stable*

# ■ Prescription Drug Plan Offering – IBC

- Employees who enroll in a medical plan will automatically have prescription drug coverage through Independence Blue Cross
- *Formulary:* [IBC Value](#)
- *Below is a summary of your prescription drug coverage*

| Retail Program (up to 30-day supply)     | Bronze Plan                                                | Silver Plan                              |
|------------------------------------------|------------------------------------------------------------|------------------------------------------|
| Low-cost generic                         | \$5 copay after deductible                                 | \$3 copay                                |
| Generic                                  | \$20 copay after deductible                                | \$20 copay                               |
| Preferred brand                          | \$40 copay after deductible                                | \$75 copay                               |
| Non-preferred brand                      | \$70 copay after deductible                                | \$100 copay                              |
| Self-administered specialty              | 50% coinsurance<br>up to \$500 per script after deductible | 50% coinsurance up to \$1,000 per script |
| Mail Order Program (up to 90-day supply) |                                                            |                                          |
| Low-cost generic                         | \$10 copay after deductible                                | \$6 copay                                |
| Generic                                  | \$40 copay after deductible                                | \$40 copay                               |
| Preferred brand                          | \$80 copay after deductible                                | \$150 copay                              |
| Non-preferred brand                      | \$140 copay after deductible                               | \$200 copay                              |
| Self-administered specialty              | Not applicable                                             | Not applicable                           |

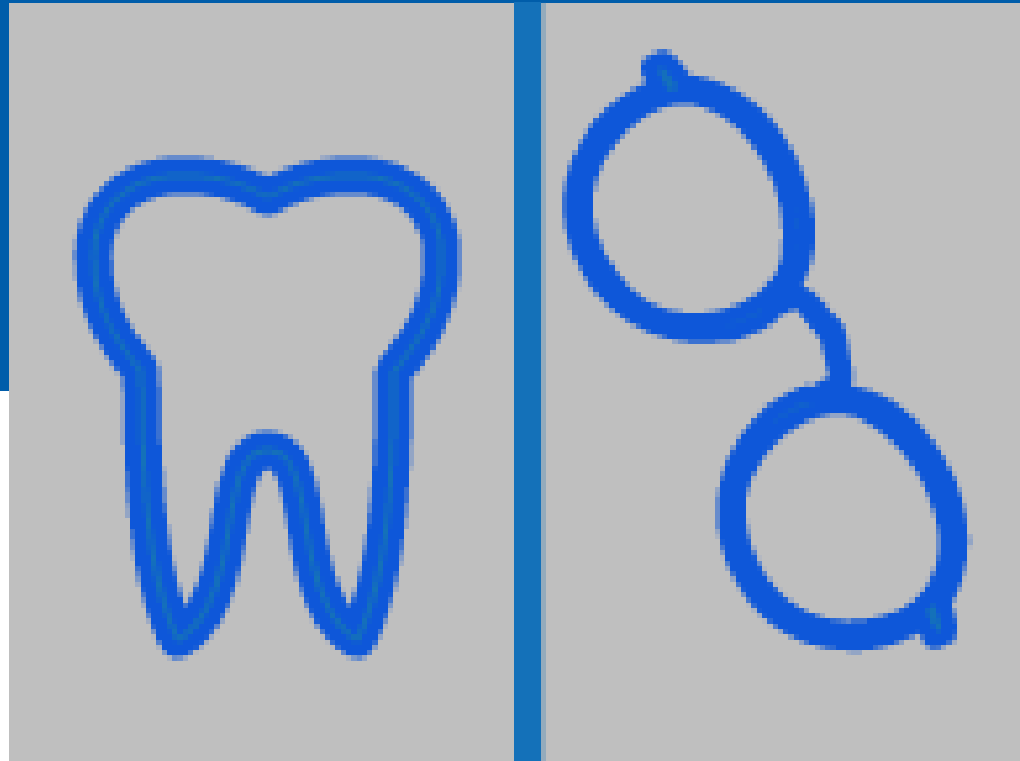
# ■ Prescription Drug Plan – Cost Saving Tips

- IBC Drug Cost Estimator
  - Using your secure member login at [www.ibx.com/login](http://www.ibx.com/login) can compare costs of generic and brand name drugs as well as utilizing the mail order program
- Ask your pharmacist for the full cost of the medication you are receiving
  - This will help you understand the benefit the prescription plan is providing, and help you consider lower cost generic alternatives
- Utilizing generic medications when available with a brand name drug
- Use the Mail-Order Program
  - If you have a maintenance medication filled through the mail-order service, you get one month of prescriptions for free
    - Receiving a 90-day supply of your medication will only cost 2 retail copays
  - The convenience of your medications being delivered directly to your home
- GoodRx
  - Shop for lower cost pharmacies using <https://connerstrong.goodrx.com> or download GoodRx in the app store
  - GoodRx allows you search for your prescription drug in your zip code to determine which pharmacy has the drug at the best price

# ■ 2026-27 Medical/ Rx Employee Contributions

| Medical Plan       | Coverage Tier    | Bi-Weekly Contribution | Weekly Contribution |
|--------------------|------------------|------------------------|---------------------|
| <b>Bronze Plan</b> | Employee Only    | \$86.19                | \$43.10             |
|                    | Emp + Spouse     | \$542.30               | \$271.15            |
|                    | Emp + Child(ren) | \$420.23               | \$210.11            |
|                    | Emp + Family     | \$691.49               | \$345.74            |
|                    |                  |                        |                     |
| <b>Silver Plan</b> | Employee Only    | \$202.74               | \$101.37            |
|                    | Emp + Spouse     | \$621.72               | \$310.86            |
|                    | Emp + Child(ren) | \$481.79               | \$240.89            |
|                    | Emp + Family     | \$792.78               | \$396.39            |

# Dental and Vision Plans



# Dental Plans – Cigna PPO

|                                                                                     | Dental Care Plan                                        | Basic Plan                      | Buy Up Plan                     |
|-------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------|---------------------------------|
| Network                                                                             | Cigna Dental Care Access Plus                           | DPPO Advantage Network          | DPPO Advantage Network          |
| <b>Annual Plan Deductible</b>                                                       | None                                                    | \$50 individual<br>\$150 family | \$50 individual<br>\$150 family |
| <b>Calendar Year Maximum</b>                                                        | None                                                    | \$1,000                         | \$3,000                         |
| <b>Preventive and Diagnostic Services</b><br>Exams, cleanings, x-rays, sealants     | Flat copay amounts outlined in the Schedule of Benefits | Plan pays 100%                  | Plan pays 100%                  |
| <b>Basic Services</b><br>Fillings, root canals, oral surgery                        | Flat copay amounts outlined in the Schedule of Benefits | Plan pays 80% after deductible  | Plan pays 90% after deductible  |
| <b>Major Services</b><br>Crowns, inlays, onlays, casts, bridges, dentures, implants | Flat copay amounts outlined in the Schedule of Benefits | Plan pays 30% after deductible  | Plan pays 70% after deductible  |
| <b>Orthodontia Benefits</b><br><b>Child &amp; Adult Orthodontia</b>                 | Flat copay amounts outlined in the Schedule of Benefits | <b>Not Covered</b>              | Plan pays 50%, NO Deductible    |
| <b>Orthodontia Lifetime Maximum</b><br>(Per Patient)                                | Flat copay amounts outlined in the Schedule of Benefits | <b>Not Covered</b>              | \$1,500                         |
| <b>Fillings</b><br>Amalgam and composite                                            | Flat copay amounts outlined in the Schedule of Benefits | 100%                            | 100%                            |
| <b>Out of Network Reimbursement*</b>                                                | No Coverage                                             | Maximum Allowable Charge (MAC)  |                                 |

*\* For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Allowable Charge. The dentist may balance bill you up to their usual fees.*

*This is a summary of your benefits, please refer to the plan document for a detailed list of dental plan coverages & exclusions*

# ■ Dental Care Plan Design- Cigna

- Benefits of the Dental Care Plan:
  - Lower premiums than a PPO plan
  - No deductible or no annual maximum
  - Set copayments for covered services with little or no copayment for diagnostic and preventive care
- Items to consider:
  - *Must utilize an in-network provider, out of network coverage is not available*
    - If your current provider is out of network, the plan may not be a good option for you and your dependents
  - You must choose an in-network general dentist to coordinate care
    - *A referral will be needed from your general dentist in order to access specialist care*
- The *Dental Care Plan* may be a good fit for you if you are a low utilizer of dental services outside of diagnostic and preventive care

# How to find an In-Network Dental Provider

- Visit Cigna.com click “Find a Doctor, Dentist or Facility”
- Follow the prompt on the screen and when asked to choose your plan, select the option that applies to your enrolled dental plan:
  - Dental Care Plan: Cigna Dental Care Access Plus
  - Basic Plan: Cigna DPPO Advantage
  - Buy-Up Plan: Total Cigna DPPO
- Review the lists by given specialty, or narrow the search by typing in a specific provider or office name, specialty
- Filter search results by
  - Distance to you
  - Specialty
  - Years in practice
  - Additional Languages spoken
- Click on the dentist’s name for more details and office hours

# ■ 2026-27 Dental Plan Contributions

| Dental Plan Option | Coverage Tier | Bi-Weekly Contribution | Weekly Contribution |
|--------------------|---------------|------------------------|---------------------|
| Dental Care Plan   | Employee      | \$6.54                 | \$3.27              |
|                    | Emp + Family  | \$16.69                | \$8.34              |
|                    |               |                        |                     |
| Basic Plan         | Employee      | \$10.03                | \$5.01              |
|                    | Emp + Family  | \$28.20                | \$14.10             |
|                    |               |                        |                     |
| Buy-Up Plan        | Employee      | \$19.12                | \$9.56              |
|                    | Emp + Family  | \$57.59                | \$28.79             |

# Vision Plan - VSP

## New Plan Enhancement VSP LightCare!

VSP LightCare lets covered employees and dependents without prescriptions to use their coverage for a fully covered eye exam and ready-made non-prescription sunglasses or blue light filtering glasses. *Program is not available at Walmart or Sam's Club locations.*

| In-Network Benefits                                                                     | Base Plan                                                                                        | Buy-up Plan                                                                                      |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Eye Exam                                                                                | \$10 copay                                                                                       | \$10 copay                                                                                       |
| Prescription Glasses                                                                    | \$20 copay                                                                                       | \$20 copay                                                                                       |
| Frames                                                                                  | \$170 featured frames allowance<br>\$150 retail frames allowance &<br>Walmart/Sam's Club         | 170 featured frames allowance<br>\$150 retail frames allowance &<br>Walmart/Sam's Club           |
| Lenses                                                                                  | Included with prescription glasses<br>copay.<br>Additional fees apply for lenses<br>enhancements | Included with prescription glasses<br>copay.<br>Additional fees apply for lenses<br>enhancements |
| Contacts                                                                                | \$150 allowance                                                                                  | \$150 allowance                                                                                  |
| Laser Correction Surgery                                                                | Discounts average 15-20% off,<br>or 5% off a promotional offer for laser<br>surgery              | Discounts average 15-20% off,<br>or 5% off a promotional offer for laser<br>surgery              |
| Frequency for Exam, Frames,<br>Contacts.<br>Based on calendar year<br>(shown in months) | 12/12/24                                                                                         | 12/12/12                                                                                         |

*This is a summary of your benefits, please refer to the plan document for a detailed list of covered services & exclusions*

# ■ 2026-27 Vision Plan Contributions

| Vision Plan | Coverage Tier    | Bi-Weekly | Weekly |
|-------------|------------------|-----------|--------|
| Base Plan   | Employee         | \$2.26    | \$1.13 |
|             | Emp + Spouse     | \$4.51    | \$2.25 |
|             | Emp + Child(ren) | \$4.84    | \$2.42 |
|             | Emp + Family     | \$7.75    | \$3.88 |

|             |                  |         |        |
|-------------|------------------|---------|--------|
| Buy-Up Plan | Employee         | \$3.12  | \$1.56 |
|             | Emp + Spouse     | \$6.25  | \$3.13 |
|             | Emp + Child(ren) | \$6.70  | \$3.35 |
|             | Emp + Family     | \$10.68 | \$5.34 |

# Voluntary Products/Value Added Programs



# Voluntary Accident, Critical Illness and Hospital Indemnity Products- Unum

- Supplemental insurance plans provide additional financial protection to help cover unexpected medical expenses that your health insurance may not fully pay for. These plans give you peace of mind when life takes an unexpected turn

## Accident Insurance

**What It Covers:** Provides cash benefits for injuries resulting from accidents, such as fractures, burns, or dislocations

**How It Helps:** Use the payout for medical bills, transportation, childcare, or any other expenses

## Critical Illness Insurance

**What It Covers:** Pays a lump-sum benefit if you're diagnosed with a covered serious illness, such as cancer, heart attack, or stroke

**How It Helps:** Use the funds for treatment costs, household bills, or recovery-related expenses

## Hospital Indemnity Insurance

**What It Covers:** Provides cash benefits for hospital stays due to illness or injury, including admissions and daily stays

**How It Helps:** Use the payout for deductibles, copays, or non-medical expenses like groceries or rent

## Why Enroll in Supplemental Insurance?

- **Financial Protection:** Reduce the financial burden of unexpected medical events
- **Flexibility:** Use cash payouts however you need—medical bills, living expenses, or recovery costs
- **Peace of Mind:** Focus on your health without worrying about unplanned expenses
- Enrollment can be completed on ADP!

# ■ Commuter Benefits- Flores

- Commuter benefits allow employees to save real money on something they already pay for their commute to work
- Commuters can use pre-tax dollars to pay for their commute and save on taxes
- 2026 Limit: \$340 per month
- This benefit includes:
  - Subway
  - Bus
  - Train
  - Ferry
  - Car
  - Vanpool
- *Please note if your employment at Starr terminates your unused commuter funds will be forfeited*



# ■ Flexible Spending Account – Flores

- Healthcare FSA
  - allows you to set aside pre-tax dollars to use for eligible expenses such as office visits and prescription drug copays
  - You may contribute a maximum of \$3,400 for 2026
- Dependent Care FSA
  - a great way to pay for dependent care expenses for qualifying dependents with pre-tax dollars
  - You may set aside a maximum of \$7,500 for this plan year if you are married and filing a joint tax return or \$3,750 for this plan year if you are married and filing separately



# ■ College Tuition Benefit- IBC

- Offered through SAGE Scholars is available to Independence Blue Cross Customers
- Highlights of the Program include:
  - Employees can share the benefit with relatives, including children, nieces, nephews, and grandchildren, subject to certain restrictions
  - One Tuition Rewards point = \$1 in tuition reduction
  - Employees that enroll earn 2,000 Tuition Rewards points each year that they are enrolled in an Independence health plan, including an additional 2,500 points in year 4.
  - 500 Tuition Rewards points are given to each child registered.
  - Colleges participate as a way to boost their student recruitment.
- Visit [ibx.collegetuitionbenefit.com](http://ibx.collegetuitionbenefit.com) to sign up and a list of participating colleges/universities!

# Achieve Well-Being- IBC

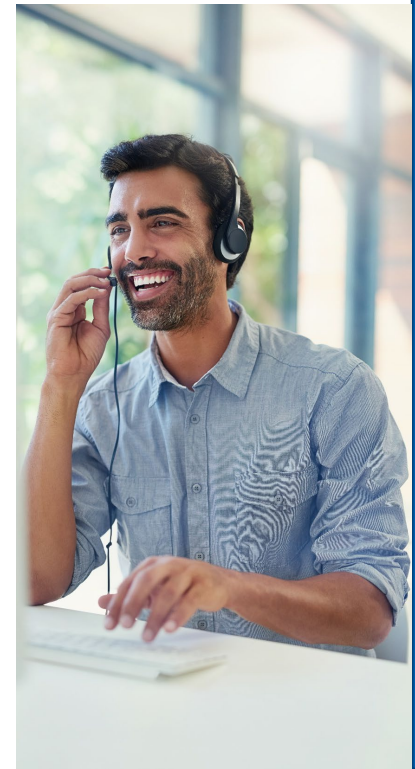
- Independence subscribers can earn \$300 in rewards for completing health activities through our Achieve Well-being program
- Plus, all health plan members now have access to the GlobalFit Anywhere App – connecting them to studios, gyms, trainers, and online classes at a discounted rate
- Members can now receive a \$300 gift card by completing the following:
  - Annual check-up with PCP
  - Flu Shot
  - Getting Digitally Engaged
    - Register for member portal at [ibx.com](http://ibx.com) and Teladoc
    - Complete the Well-Being profile
    - Opt in to digital messaging at [ibx.com](http://ibx.com)

# Beneportal Site

- BenePortal is your virtual benefits warehouse, where you and your dependents can access all your benefits information in one place!
- Available 24 hours a day, 7 days a week
- Access online resources about your employee benefits:
  - Review all employee benefit options available to eligible employees
  - Download Summary Plan Descriptions, benefits flyers, etc.
  - Access enrollment forms
  - Locate carrier contact information
  - And so much more!
- Visit: <https://www.starrbeneportal.com/>

# Benefits Member Advocacy Center (MAC)

- Benefits MAC allows you to speak to a specially trained Member Advocate who can help you get the most out of your benefits
- Free service throughout the year!
- You can contact Benefits MAC for assistance if you:
  - Believe your claim was not paid properly
  - Need clarification on information from the insurance company
  - Have a question regarding a medical bill
  - Are unclear on how your benefits work
  - Need help resolving a benefits problem you've been working on
- Contact Benefits MAC Mon - Fri, 8:30am to 5:00pm EST
  - Phone: 800.563.9929
  - Web: [www.connerstrong.com/memberadvocacy](http://www.connerstrong.com/memberadvocacy)
  - E-mail: [cssteam@connerstrong.com](mailto:cssteam@connerstrong.com)



# Benefit Resources

| Questions Regarding                                                                | Contact                                   | Phone                               | Website/Email                                                                                                                  |
|------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Eligibility, Enrollment, Plan Options, Contributions, Qualifying Life Events, etc. | Benefits Department                       | N/A                                 | <a href="mailto:Benefits@starr-restaurant.com">Benefits@starr-restaurant.com</a>                                               |
| General/Complex Benefits Questions                                                 | Benefits Member Advocacy<br>Conner Strong | 800.563.9929                        | <a href="https://www.connerstrong.com/member-advocacy-web-form">https://www.connerstrong.com/<br/>member-advocacy-web-form</a> |
| Medical & Rx                                                                       | Independence Blue Cross<br>(IBC)          | 800.275.2583                        | <a href="http://www.ibx.com">www.ibx.com</a>                                                                                   |
| Dental                                                                             | Cigna                                     | 800.244.6224                        | <a href="http://www.mycigna.com">www.mycigna.com</a>                                                                           |
| Vision                                                                             | VSP                                       | 800.877.7195                        | <a href="http://www.vsp.com">www.vsp.com</a>                                                                                   |
| Flexible Spending Accounts<br>(FSA, Commuter)                                      | Flores and Associates                     | 704.335.8211                        | <a href="http://www.flores247.com">www.flores247.com</a>                                                                       |
| 401k                                                                               | Principal                                 | 800.547.7754<br>Plan Number: 525626 | <a href="http://www.principal.com">www.principal.com</a>                                                                       |
| Accident, Critical Illness and<br>Hospital Indemnity                               | Unum                                      | 866.679.3054                        | <a href="http://www.unum.com">www.unum.com</a>                                                                                 |
| Beneportal                                                                         | N/A                                       | N/A                                 | <a href="https://www.starrbeneportal.com/">https://www.starrbeneportal.com/<br/>/</a>                                          |

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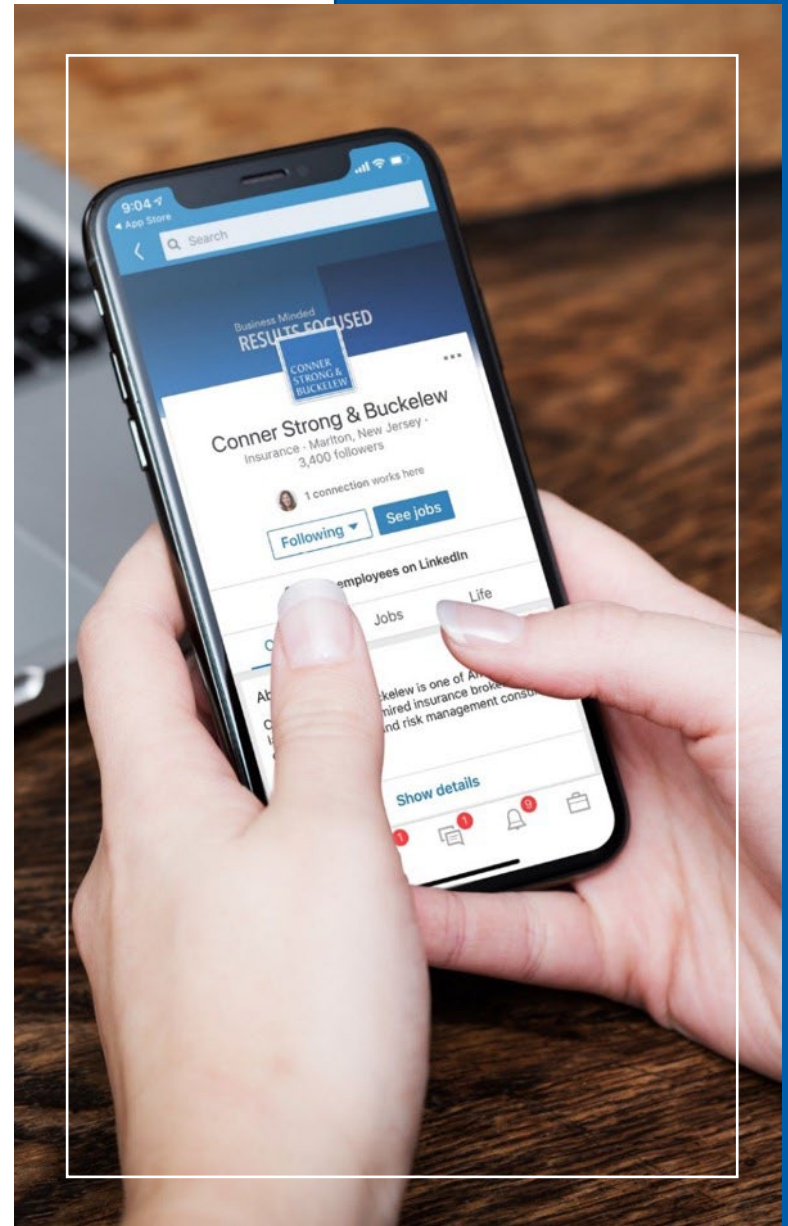
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# THANK YOU

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Questions? Comments?

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