STARMARK

BENEFIT SUMMARY - Signature Advantage Plan

Group Name: LARSEN AND NEAL INC DBA Group Number: SM80245E

Selected Network(s): MEDCOST PREFERRED

PLAN BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Lifetime Maximum	$5 million (total in-network and out-of-network)	$2 million
Calendar-Year Deductible	Individual: $1,000 Family: $2,000 (two times the individual calendar-year deductible)	Individual: $2,000 Family: $4,000 (two times the individual calendar-year deductible)
Coinsurance	80%	60%
Out-of-Pocket Limit (does not include calendar-year deductible)	Individual: $2,000 Family: $4,000 (two times the individual out-of-pocket limit)	Individual: $8,000 Family: $16,000 (two times the individual out-of-pocket limit)
Office Visit Feature - Labs Included • The first $500 of covered charges per office visit are paid at 100% after encounter fee or office visit deductible • Covered charges include the office visit, x-rays, lab tests and non-surgical injections performed at the same office visit **and** billed by attending physician	$40 Encounter Fee	60%*
Prescription Drug Card • Additional calendar-year deductible for generic and brand drugs per individual	$0	
• Retail copay (up to a 30-day supply) generic/preferred brand/nonpreferred brand	$15 / $45 /$75 or 30% whichever is greater, up to $200 per prescription	
• Mail service copay (up to a 90-day supply) generic/preferred brand/nonpreferred brand	$30 / $110 /$225	
Preventive Care Services* • One routine physical per calendar year, except for children under age 2 for whom visits are covered at specified age intervals • Includes specified tests and immunizations	80%	60%
Preventive Care Plus	100% of the first $250 of covered charges for preventive care services per calendar year	
Maternity*	80%	60%
Hospitalization* (based on semi-private room rate)	80%	60%
Emergency Room Visit*	$75 additional deductible per occurrence; waived if admitted	
Manipulative Therapy*	$1,000 per calendar year limit	
Occupational, Speech and Physical Therapies*	60 visits per calendar year per therapy for occupational, speech and physical therapy	
Mental Illness, Nervous Disorders, Substance Abuse and Alcohol Abuse* • Inpatient - 20 days per calendar year - 40 days per lifetime (limits do not apply to alcohol abuse treatment)	80%	60%

***These benefits are subject to the calendar-year deductible and coinsurance.**

This is a summary of medical benefits and is a general description of plan highlights only. It should be presented in conjunction with the Starmark Signature Series product brochure (MK74). 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 Certificate of Insurance. Plan availability and/or benefits may vary by state. Coverage is not effective without written notification from Starmark or Trustmark Life Insurance Company.

Plans administered by Starmark are fully insured by Trustmark Life Insurance Company.

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BENEFIT SUMMARY - Signature Advantage Plan

Group Name: LARSEN AND NEAL INC DBA Group Number: SM80245E

Selected Network(s): MEDCOST PREFERRED

PLAN BENEFIT	IN-NETWORK	OUT-OF-NETWORK
• Outpatient - 40 visits per calendar year - 120 visits per lifetime	60%	50%
Organ Transplants*	Designated Transplant Facility • 100% subject to the lifetime maximum of the plan	Non-Designated Transplant Facility • 70% • $100,000 lifetime maximum
Pre-certification	$300 penalty per occurrence for failure to pre-certify Required prior to hospital, rehabilitation or skilled nursing admissions, behavioral health residential treatment, and hospice or home healthcare services	

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