TruStar Staffing Corp

Benefits Overview 11/1/2025

We are proud to offer our talented employees a competitive benefits package that is comprehensive and affordable. Our goal is to help our workforce be healthy and engaged. TruStar is proud to contribute towards benefits for our employees.

Pricing below reflects after the employer contribution.

New Hires are eligible for benefits first of the month following 60 days of full time employment

BlueCross BlueShield Medical Plan 1 - B730ADT (H.S.A.)	
Network	Blue Advantage PPO
Annual Deductible	$7,350 / Individual
	$14,700 / Family
Annual Out-Of-Pocket Maximum	$7,350 / Individual
	$14,700 / Family
Coinsurance	100%
PCP Visit	Deductible
Specialist Visit	Deductible
RX Benefit	Deductible
Tier	**Monthly Cost**
Employee Only	$231.02
EE + Spouse	$693.06
EE + Child(ren)	$693.06
Family	$1,155.10

BlueCross BlueShield Medical Plan 2 - S730ADT	
Network	Blue Advantage PPO
Annual Deductible	$4,350 / Individual
	$13,050 / Family
Annual Out-Of-Pocket Maximum	$9,200 / Individual
	$18,400 / Family
Coinsurance	60%
PCP Visit	$50 Copay
Specialist Visit	$75 Copay
RX Benefit	$10 / $20 / $50 / $100 / $250 / $350
Tier	**Monthly Cost**
Employee Only	$290.36
EE + Spouse	$811.74
EE + Child(ren)	$811.74
Family	$1,333.12

BlueCross BlueShield Medical Plan 3 - P8K1ADT	
Network	Blue Advantage PPO
Annual Deductible	$1,000 / Individual
	$3,000 / Family
Annual Out-Of-Pocket Maximum	$2,250 / Individual
	$6,750 / Family
Coinsurance	90%
PCP Visit	$25 Copay
Specialist Visit	$45 Copay
RX Benefit	$0 / $10 / $35 / $75 / $250 / $350
Tier	**Monthly Cost**
Employee Only	$475.28
EE + Spouse	$1,181.58
EE + Child(ren)	$1,181,58
Family	$1,877.88

Dental - Principal	
Annual Deductible	$50 / Individual
	$150 / Family
Preventive	100% (2 cleanings)
Basic	Deductible then 20%
Major	Deductible then 50%
Annual Plan Max	$2,000 / Individual
UCR (OON)	90%
Orthodontics (child only)	50% up to Lifetime Max $1,500 / Child
Tier	**Monthly Cost**
Employee Only	$38.07
EE + Spouse	$76.14
EE + Child(ren)	$82.49
Family	$177.67

Vision - Principal VSP Choice Network	
Copays	Exam: $10
	Materials: $25
	Contacts: $60
Material Allowance	$150 glasses or contacts
Frequency (glasses or contacts)	Exam: 12 months
	Lenses: 12 months
	Frames: 24 months
	Contacts: 12 months
Tier	**Monthly Cost**
Employee Only	$6.96
EE + Spouse	$15.31
EE + Child(ren)	$11.21
Family	$19.83

Flexible Spending Account or Health Savings Account - Advantage Benefits Plus
By enrolling in Plan 1 (B730ADT), you qualify to contribute to a Health Savings Account (H.S.A.) pre-tax.
If you're enrolled on any other plan, you're able to select the Flexible Spending Account option (pre-tax).
By participating with the H.S.A. or FSA, this allows you to save tax-free for out of pocket on medical, dental, vision and RX expenses.

Additional Information
Please use www.bcbsok.com/find-a-doctor-or-hospital to locate your providers within BCBS (nationwide).
Please use https://www.principal.com/find-dentist to locate dentists within Principal.
Please use https://www.vsp.com/eye-doctor to locate an eye doctor within Principal / VSP.
Principal covers periodontal, endodontics, and oral surgery under the Basic level of coverage.

Ello Benefits - Contact Us

For questions regarding your benefits, please contact:

Pam Hillerman — Account Manager
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James Sizemore — Renewal Manager
James@SayEllo.com — (405) 215-8948

Ryan Robbins — Owner / Producer
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TruStar Staffing Corp

Effective 11/1/2025

Group Term Life - Principal	
Plan Details	$50,000 Basic Term Life/AD&D Insurance
Monthly Cost	**Employer Paid**

Short-Term Disability - Principal	
Plan Details	60% of pre-disability earnings up to $1,500 / week
Elimination Period	7 days accident / 7 days illness
Monthly Cost	**Employer Paid**

Long-Term Disability - Principal	
Plan Details	60% of pre-disability earnings up to $7,000 / month
Elimination Period	90 days
Monthly Cost	**Employer Paid**

Voluntary Life / AD&D (per $1,000) - Principal

Age	Employee Rate	Spouse Rate	
29 & under	$0.117	$0.117	Employees may elect coverage in increments of $10,000 up to $300,000. For employees under age 70, the guaranteed issue is $100,000. For employee age 70+, the guaranteed issue is $10,000.
30 - 34	$0.128	$0.128	
35 - 39	$0.178	$0.178	
40 - 44	$0.260	$0.260	
45 - 49	$0.402	$0.402	
50 - 54	$0.631	$0.631	Spouses may elect coverage increments of $5,000 up to $100,000. For spouses under age 70, the guaranteed issue is $20,000. For spouses age 70+, the guaranteed issue is $10,000.
55 - 59	$0.975	$0.975	
60 - 64	$1.485	$1.485	
65 - 69	$2.443	$2.443	
70 & over	$4.185	$4.185	

Child(ren) Monthly Rate	
$2,500 of coverage for $0.50 per family	Coverage for spouses and children cannot exceed the policy amount for the employee.
$5,000 of coverage for $1.00 per family	
$7,500 of coverage for $1.50 per family	
$10,000 of coverage for $2.00 per family	