



[Date]

[Plan Administrator First Name] [Last Name]
[Company Name]
[Mailing Address 1]
[City, State Zip Code]

RE: Group No. XXXXXXXX

Thank you for choosing a Starmark® self-funded plan design for your employees and a stop-loss insurance contract from Trustmark Life Insurance Company. Within the next few weeks, Starmark's Account Management team will call you to review your plan and the services available. You'll also receive:

- An email containing a link to your Administration Kit to help you easily administer your plan.
- A mailing containing the Summary of Benefits and Coverage (SBC) and Plan Documents for you to distribute to your plan participants to provide a more comprehensive explanation of benefits. For general information about the SBC, view the Summary of Benefits and Coverage brochure available by logging in at www.starmarkinc.com > Administration Tools > Administration Kit > Using Your Health Plan.

Note: ID cards will be mailed to employees at their home address; however, you can access our website to print a temporary ID card for your employees, if needed.

Plan Design Overview: This list is not all-inclusive. Refer to your Plan Document for more information. [This section is populated to reflect the plan design selected.]

Stop-Loss:

[\$00,000] specific deductible
[\$00,000] minimum aggregate limit

Administrative Services:

- [0]-month runout period

Prescription Benefits

Your prescription drug benefit will be accessible in the pharmacy benefit manager's system within four days of your group's effective date or plan design activation date, whichever is later. During this period, prescriptions may be filled and claims may be filed manually using the prescription drug claim form available by logging in at www.starmarkinc.com > pharmacy and selecting the Caremark link.

Effective Date and Billing

Your self-funded plan is administered by Starmark, and your stop-loss insurance contract is underwritten by Trustmark Life Insurance Company. The stop-loss insurance contract is effective [date], at 12:01 a.m. CT, in accordance with the terms of the Application for Stop-Loss Insurance Coverage and consistent with the stop-loss insurance contract. Your billing statement is enclosed and your next month's payment, payable to Starmark, can be remitted using the preaddressed envelope provided.

Again, thank you for choosing Starmark. Together with your broker, we look forward to providing you and your employees with exceptional personal service. If you have any questions, please call us at 800.522.1246, ext. 35025.

Enclosure

Plan design availability and/or coverage may vary by state. Plans are administered by Starmark. Trustmark Life Insurance Company insures the fully insured plans and provides stop-loss insurance for groups with self-funded plans.