



Southern Star/ Estrella - **GOLD 80/20** SHOP



In-Network				Out-Of-Network*	
Type of Care	Services	Copay/Coinsurance (You Pay)		Copay/Coinsurance (You Pay)	
		Tier 1	Tier 2		
Office Visit/Consultation	Primary Care	\$10 per visit.	\$30 per visit.	After CYD, Member pays 50% of Allowable Expenses.	
	Specialist	\$40 per visit.	\$120 per visit.		
Prescription Drug Benefits <i>Copayments shown are for up to a 30-day supply.</i>	Generic Prescriptions	\$10		No coverage.	
	Formulary Prescriptions	\$35			
	Nonformulary Prescriptions	\$75			
	Preventive care drugs	\$0			
	Specialty drugs	After CYD, Member pays 20% of Allowable Expenses.			
Prescription Drug Benefits <i>The CYD for Prescription Drug benefits is integrated with the Plan's CYD for all other medical benefits.</i>	Mail-Order – maximum 90 day supply	Generic - \$20 Formulary - \$70 Non Formulary - \$150 Preventive care drugs - \$0 Specialty drugs - After CYD, Member pays 20% of Allowable Expenses.			
Inpatient Visit/ Consultation	Primary Care	\$0		After CYD, Member pays 50% of Allowable Expenses.	
	Specialist	\$0			
Tele-Health Consultation	Primary Care	\$0			
	Specialist	\$0			
Prevention Services		\$0			
Laboratory Services		\$25 per visit.	\$50 per visit.		
Routine Radiological and Non-Radiological Diagnostic Imaging Services		\$25 per visit.	\$75 per visit.		
Urgent Care Facility		\$60 per visit.			
Emergency Services	Emergency Room (ER) Visit	In a calendar year, \$100 for the first emergency room visit and \$600 for subsequent visits; waived if admitted.			In a calendar year, \$100 for the first emergency room visit and \$600 for subsequent visits; waived if admitted.
	Hospital Admission – Emergency Stabilization	After CYD, Member pays 20% of Allowable Expenses.			After CYD, Member pays 20% of Allowable Expenses. <i>Applies until patient is stabilized and safe for transfer to a Plan Provider hospital as determined by the attending Physician.</i>
Ambulance Services	Emergency <ul style="list-style-type: none"> • Ground Transport • Air Transport 	\$100 for first trip and \$600 each additional use.		\$100 for first trip and \$600 each additional use.	
	• Non-Emergency – CO-OP Arranged Transfers	\$0			
Inpatient Hospital Facility Services <i>Elective and emergency post-stabilization admissions.</i>		After CYD, Member pays 20% of Allowable Expenses.		After CYD, Member pays 50% of Allowable Expenses.	
Outpatient Hospital Facility and Ambulatory Surgical Facility Services		After CYD, Member pays 20% of Allowable Expenses.			



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Physician Surgical Services - Inpatient	Assistant Surgical Services	\$0		After CYD, Member pays 50% of Allowable Expenses.
	Anesthesia Services			
Physician Surgical Services - Outpatient	Assistant Surgical Services	After CYD, Member pays 20% of Allowable Expenses.		
	Anesthesia Services			
Gastric Restrictive Surgery Services <i>Requires Prior Authorization and may require a pre-surgery treatment plan.</i>	Physician Surgical Services	After CYD, Member pays 20% of Allowable Expenses.		
	Complications			
Mastectomy Reconstructive Surgical Services	Physician Surgical Services	After CYD, Member pays 20% of Allowable Expenses.		
	Prosthetic Device for Mastectomy Reconstruction			
Oral Physician Surgical Services	Office Visit	After CYD, Member pays 20% of Allowable Expenses.		
	Physician Surgical Services			
	Inpatient Hospital Facility			
	Outpatient Hospital Facility			
Organ and Tissue Transplant Surgical Services <i>The maximum benefit for Retransplantation Services is 80% of Allowable Expenses.</i>	Inpatient Hospital Facility	After CYD, Member pays 20% of Allowable Expenses.		
	Physician Surgical Services - Inpatient Hospital Facility			
Home Healthcare Services <i>Subject to a maximum benefit of 30 visits per Member per Calendar Year.</i>	Skilled Nursing/Private Duty Nursing	\$40 per therapy.		
	Physical Therapy	\$10 per therapy.	\$30 per therapy.	
	Speech Therapy			
	Occupational Therapy			
	Infusion Drug Therapy	After CYD, Member pays 20% of Allowable Expenses.		
	Rehabilitation Therapies	\$10 per therapy.	\$30 per therapy.	



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Hospice Care Services	Inpatient Hospice Facility	After CYD, Member pays 20% of Allowable Expenses.		After CYD, Member pays 50% of Allowable Expenses.
	Outpatient Hospice Services			
	Inpatient Respite Services			
	Outpatient Respite Services			
	Bereavement Services			
Skilled Nursing Facility Services <i>Subject to a maximum benefit of 100 days per Member per Calendar Year.</i>		\$50 per day.		
Manual Manipulation <i>Subject to a combined maximum benefit of 30 visits per Member per Calendar Year.</i>		\$10 per visit.	\$30 per visit.	
Short Term Habilitation Services <i>All Inpatient and Outpatient Short-Term Habilitation Services are subject to a maximum benefit of 60 days/visits per Calendar Year.</i>	Inpatient Hospital Facility	After CYD, Member pays 20% of Allowable Expenses.		
	Outpatient	\$10 per visit.	\$30 per visit.	
Short Term Rehabilitation Services <i>All Inpatient and Outpatient Short-Term Rehabilitation Services are subject to a maximum benefit of 60 days/visits per Calendar Year.</i>	Inpatient Hospital Facility	After CYD, Member pays 20% of Allowable Expenses.		
	Outpatient	\$10 per visit.	\$30 per visit.	
Applied Behavioral Analysis (ABA) for the treatment of Autism <i>Subject to a combined limit of the greater of (i) 200 visits or (ii) 700 hours, per Member per Calendar Year.</i>		After CYD, Member pays 20% of Allowable Expenses.		
Durable Medical Equipment <i>For purchase or rental as recommended by your physician and determined to be medically necessary by the CO-OP.</i>		After CYD, Member pays 20% of Allowable Expenses.		
Genetic Disease Testing Services <i>Includes Inpatient, Outpatient and independent Laboratory Services.</i>		After CYD, Member pays 20% of Allowable Expenses.		
Infertility Office Visit Evaluation		\$40 per visit.	\$80 per visit.	



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Infertility Treatment <i>Please refer to the applicable surgical procedure Copayment and/or Coinsurance amount for any surgical infertility procedures performed.</i> <i>Subject to a maximum benefit of 6 cycles per Member per lifetime.</i>		After CYD, Member pays 20% of Allowable Expenses.		After CYD, Member pays 50% of Allowable Expenses.
Medical Supplies		\$0		
Other Diagnostic and Therapeutic Services <i>Coinsurance or copayment is in addition to the Physician office visit Copayment and applies to services rendered in a Physician's office or at an independent facility.</i>	Anti-Cancer Drug Therapy, non-cancer related intravenous injection therapy or other Medically Necessary intravenous therapeutic services.	After CYD, Member pays 20% of Allowable Expenses.		
	Dialysis			
	Therapeutic Radiology			
	Allergy Testing and Serum Injections			
	Other services such as vascular diagnostic and therapeutic services; pulmonary diagnostic services; complex neurological or psychiatric testing or therapeutic services.			
	Otologic Evaluations			
	Imaging: CT/PET/ MRI	\$200 per visit	\$600 per visit	
Prosthetic and Orthotic Devices		After CYD, Member pays 20% of Allowable Expenses.		
Self-Management and Treatment of Diabetes	Education and Training	After CYD, Member pays 20% of Allowable Expenses.		
	Supplies			
	Insulin Pump & Pump Supplies			
	Other Equipment			



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Special Food Products and Enteral Formulas		After CYD, Member pays 20% of Allowable Expenses.		After CYD, Member pays 50% of Allowable Expenses.
Temporomandibular Joint Treatment (TMJ)		After CYD, Member pays 20% of Allowable Expenses.		
Hearing Aids <i>Subject to a combined limit of 1 unit per Member per Calendar Year. Repairs and replacement limited to once every 3 years.</i>		After CYD, Member pays 20% of Allowable Expenses.		
Pediatric Vision <i>Subject to limit of one visit per year and one of each item per year.</i>	Routine Eye Exam	\$10 per visit.	\$20 per visit.	
	Eye glasses, lens treatment, contact lenses	After CYD, Member pays 20% of Allowable Expenses.		
	Pediatric preventive care/low vision screening	\$0		
Acupuncture <i>Subject to a combined limit of 20 visits per Member per Calendar Year.</i>		\$10 per visit.	\$20 per visit.	
Clinical Trials		After CYD, Member pays 20% of Allowable Expenses.		
Delivery and Inpatient Hospital Maternity Care		After CYD, Member pays 20% of Allowable Expenses.		
Prenatal and Postnatal Care		\$0		
Mental Health & Substance Abuse Services	Inpatient Hospital Admissions	After CYD, Member pays 20% of Allowable Expenses.		
	Outpatient Therapy	\$10 per visit.		



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Post-Cataract Surgical Services <i>Benefit limited to one (1) pair of glasses or set of contact lenses per Member per surgery.</i>	Frames and Lenses	After CYD, Member pays 20% of Allowable Expenses.		After CYD, Member pays 50% of Allowable Expenses.
	Contact Lenses			
Pediatric Dental <i>A \$100 Deductible applies to Class II to Class IV Services.</i> **PEDIATRIC DENTAL SERVICE ONLY INCLUDED IN OFF-EXCHANGE PLANS	Class I P&D	After CYD, Member pays 0% of Allowable Expenses.		
	Class II – Basic	After CYD, Member pays 25% of Allowable Expenses.		
	Class III – Major	After CYD, Member pays 50% of Allowable Expenses.		
	Class IV – Ortho	After CYD, Member pays 50% of Allowable Expenses.		
Calendar Year Deductible ("CYD")		\$500 per Member	\$6,350 per Member	
		\$1,000 per Family	\$12,700 per Family	
Out of Pocket Maximum		\$3,500 per Member	\$20,000 per Member	
		\$7,000 per Family	\$40,000 per Family	
Out-Of-Network (Non-Plan Provider)*		Member pays amount listed plus any amounts exceeding the Allowable Expenses and benefit maximums.		