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Starmark™ Healthy Choices Group Plan Summary (2020)



BENEFITS & FEATURES

HEALTHY CHOICES

Deductible* (Indiv/Family)	\$ 0 / \$ 0
Coinsurance**	50%
Out of Pocket Max (Indiv/Family) (not incl. copays) 100% coverage thereafter	\$5000 / \$10000
Lifetime Benefit Maximum	Unlimited
Physician's Services Primary physician Specialist Urgent Care	\$ 40 Copay \$ 40 Copay \$ 40 Copay
Preventive Services	100%
Inpatient Hospital Outpatient Hospital & Surgery Emergency Room Inpatient & O/P surgery access fee	Coinsurance. Coinsurance. \$500 Copay. \$1500
Diagnostic Xray, Lab, Radiology Charges Advanced Imaging	100% \$300 Copay
Prescription Drugs (Copay)	Retail 30 Day Mail Ord. 90 Day
Generic:	\$ 20 \$ 40
Preferred Brand:	\$ 65 \$160
Non-Formulary:	\$ 95 \$285
Specialty Rx:	\$200 Copay
Home health care Rehabilitation & Habilitation Skilled nursing care Durable Medical Equipment Hospice Service	Coinsurance Coinsurance Coinsurance Coinsurance Coinsurance

The member is free to see any provider of their choice for full coverage. There is no "network".

Members will be responsible for normal copays, and out-of-pocket expenses. The plan will protect members from a balance bill from a provider for any amount in excess of the allowable reimbursement.

- Coverage is guaranteed to all eligible full time employees (32+hrs/wk)
- Pre-existing conditions are covered (no waiting period).

Coverage includes...

- Maternity and routine nursery care
- Orthopedic Manipulation (to 20 visits per year; \$40 copay)
- Nervous & emotional or mental disorders incl alcohol and chemical
 - Up to 20 Inpatient Treatment Days per calendar year/40 max/50%
 - Up to 40 Outpatient Visits per calendar year (120 max)/50%
- Office Visits, incl Urgent Care, covered at 100% after copay.
- Preventive Services and Prescription Rx not subj to coinsurance.

Starmark™ Online Services

Your online information and customer service center. Manage your health care from the comfort of home. www.starmarkinc.com

* There is no deductible under the plan.

**Coinsurance is the percentage we pay after you have satisfied the deductible (100% after your out-of-pocket maximum)

Services not covered: Acupuncture, Bariatric Surgery, Cosmetic Surgery, Dental Care, Hearing Aids, Infertility treatment, Long-term care, Private Duty Nursing, Residential and custodial care, weight loss programs.