



STARS BENEFIT DETAILS REPORT

Svc Grp/ Cd	Description	Ben. Level	Prov	Per Inc	Accum Ind	B/ MM	Age Range	Comments	Tier 1 - Outside US																				
									Ben Lvl Max	Ded Cd	Deduct	Coins	Copay	Per Inc Ded	NA Code	\$ Limits				# Limits				Freq Limits				Prim Key	2nd Key
																Cal Yr	Lifetime	Per Inc Max	Daily/ Per Visit	Cal Yr	Life- time	Daily/ Per Vst	# Type	\$ Lim	# Lim	Freq Per	Per Amt		
Alternative/Holistic Medicine																													
ZA	Acupuncture		DR	Y	Y	MM	0-0	Combined 20 visit limit with PT/OT/specified therapies/Chiro/Acup uncture		DD	NONE	100%						250,000		20			V					2663	
TX	Massage Therapy		DR	Y	Y	MM	0-0	Combined 20 visit limit with PT/OT/specified therapies/Chiro/Acup uncture		DD	NONE	100%						250,000		20			V					2663	
Chiropractic Services																													
DT	Diagnostic Test		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
OC	Office Visit		DR	Y	N	MM	0-0	Combined 20 visit limit with PT/OT/specified therapies/Chiro/Acup uncture		DD	NONE	100%						250,000		20			V					2663	
TX	Physical Therapy by Chiropractor		DR	Y	Y	MM	0-0	Combined 20 visit limit with PT/OT/specified therapies/Chiro/Acup uncture		DD	NONE	100%						250,000		20			V					2663	
SM	Spinal Manipulation		DR	Y	Y	MM	0-0	Combined 20 visit limit with PT/OT/specified therapies/Chiro/Acup uncture		DD	NONE	100%						250,000		20			V					2663	
Dental Services																													
DB	Dental Services/Injury		DR	Y	Y	MM	0-0			DD	NONE	100%				500.00		250,000										1533	
DA	Dental Services/Pain Relief		DR	N	N	MM	0-0			NC	NC	NC																	



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Svc Grp/ Cd	Description	Ben. Level	Prov	Per Inc	Accum Ind	B/ MM	Age Range	Comments	Tier 1 - Outside US																				
									Ben Lvl Max	Ded Cd	Deduct	Coins	Copay	Per Inc Ded	NA Code	\$ Limits				# Limits				Freq Limits				Prim Key	2nd Key
																Cal Yr	Lifetime	Per Inc Max	Daily/ Per Visit	Cal Yr	Life- time	Daily/ Per Vst	# Type	\$ Lim	# Lim	Freq Per	Per Amt		
DE	Routine Dental Services		DR	N	Y	MM	0-0			NC	NC	NC																	
Diabetic Education & Supplies																													
CE	Diabetic Education		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
DH	Diabetic Education		Hosp	Y	Y	MM	0-0			DD	NONE	100%						250,000											
I	Diabetic Equipment & Supplies		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
Diagnostic Testing																													
AT	Allergy Tests		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
DI	Diagnostic Test - I/P		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
DT	Diagnostic Test - O/P		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
HT	Diagnostic Test - O/P		Hosp	Y	Y	MM	0-0			DD	NONE	100%						250,000											
PR	Pre-Admission Testing		Hosp	Y	Y	MM	0-0			DD	NONE	100%						250,000											
PI	Prof Comp - I/P		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
PC	Prof Comp - O/P		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
TC	Technical Component		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
Emergency Care Services																													
EA	Emergency Accident		Hosp	Y	Y	MM	0-0			DD	NONE	100%						250,000											
EC	Emergency Accident		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
ED	Emergency Medical		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
EM	Emergency Medical		Hosp	Y	Y	MM	0-0			DD	NONE	100%						250,000											
ER	Emergency Room - Non-emergency Treatment		Hosp	Y	Y	MM	0-0			DD	NONE	100%						250,000											
NE	Non-Emergency ER Physician		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
UC	Urgent Care Facility		Hosp	Y	Y	MM	0-0			DD	NONE	100%						250,000											



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Svc Grp/ Cd	Description	Ben. Level	Prov	Per Inc	Accum Ind	B/ MM	Age Range	Comments	Tier 1 - Outside US																				
									Ben Lvl Max	Ded Cd	Deduct	Coins	Copay	Per Inc Ded	NA Code	\$ Limits				# Limits				Freq Limits				Prim Key	2nd Key
																Cal Yr	Lifetime	Per Inc Max	Daily/ Per Visit	Cal Yr	Life- time	Daily/ Per Vst	# Type	\$ Lim	# Lim	Freq Per	Per Amt		
ES	Urgent Care Facility Visit		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
Hearing Benefits																													
I	Hearing Aid Batteries		DR	N	Y	MM	0-0			NC	NC	NC																	
HR	Hearing Aids		DR	N	Y	MM	0-0			NC	NC	NC																	
RD	Routine Hearing Exam		DR	N	Y	MM	0-0			NC	NC	NC																	
DT	Routine Hearing Test		DR	N	Y	MM	0-0			NC	NC	NC																	
Home Health Care/ Nursing Services																													
HC	Home Health Care		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
HV	Home Health Care - Physician Visit		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
NN	Private Duty Nurse		Hosp	Y	N	MM	0-0			DD	NONE	100%						250,000											
RN	Private Duty Nurse		DR	Y	N	MM	0-0			DD	NONE	100%						250,000											
VN	Visiting Nurse		Hosp	Y	Y	MM	0-0			DD	NONE	100%						250,000											
Hospice Services																													
BC	Bereavement Counseling		DR	N	Y	MM	0-0			NC	NC	NC																	
HI	Hospice Care - I/P		Hosp	N	Y	MM	0-0			NC	NC	NC																	
HS	Hospice Care - I/P Respite		Hosp	N	Y	MM	0-0			NC	NC	NC																	
HP	Hospice Care - O/P		Hosp	N	Y	MM	0-0			NC	NC	NC																	
HO	Hospice Care - O/P or Home		DR	N	Y	MM	0-0			NC	NC	NC																	
MC	Pastoral Counseling		DR	N	Y	MM	0-0			NC	NC	NC																	
SS	Social Services		DR	N	Y	MM	0-0			NC	NC	NC																	
HTH Specialty Services																													

STARS BENEFIT DETAILS REPORT

Svc Grp/ Cd	Description	Ben. Level	Prov	Per Inc	Accum Ind	B/ MM	Age Range	Comments	Tier 1 - Outside US																		Prim Key	2nd Key	
									Ben Lvl Max	Ded Cd	Deduct	Coins	Copay	Per Inc Ded	NA Code	\$ Limits				# Limits				Freq Limits					
																Cal Yr	Lifetime	Per Inc Max	Daily/ Per Visit	Cal Yr	Life- time	Daily/ Per Vst	# Type	\$ Lim	# Lim	Freq Per			Per Amt
DF	AD&D Claim		DR	N	N	MM	0-0	Insured - \$10,000, Spouse - \$5,000, Child - \$1,000. SeeException Tab. Separate from Medical Maximum		DD	NONE	100%					10,000.00												
BV	Bedside Visit		DR	N	N	MM	0-0	Maximum benefit of \$3,000 for the cost ofone economy roundtrip air fare ticket to,and the hotel accommodations in,the place of the Hospital Confinement for one person. See Exceptions Tab.		DD	NONE	100%				3,000.00													
ZR	Emergency Reunion		DR	N	N	MM	0-0			NC	NC	NC																	
HX	Home Country Claim - Doctor & Labs		DR	Y	Y	MM	0-0	Combine Accumulator with Home Country Outpatient, Home Country Inpatient, Home Country Doctor and Labs		DD	NONE	100%				2,500.00		250,000									800103		
HB	Home Country Claim - Inpatient Hospital		Hosp	Y	Y	MM	0-0	Combine Accumulator with Home Country Outpatient, Home Country Inpatient, Home Country Doctor and Labs		DD	NONE	100%				2,500.00		250,000									800103		
HG	Home Country Claim - Outpatient Hospital		Hosp	Y	Y	MM	0-0	Combine Accumulator with Home Country Outpatient, Home Country Inpatient, Home Country Doctor and Labs		DD	NONE	100%				2,500.00		250,000									800103		



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Svc Grp/ Cd	Description	Ben. Level	Prov	Per Inc	Accum Ind	B/ MM	Age Range	Comments	Tier 1 - Outside US																		Prim Key	2nd Key	
									Ben Lvl Max	Ded Cd	Deduct	Coins	Copay	Per Inc Ded	NA Code	\$ Limits				# Limits				Freq Limits					
																Cal Yr	Lifetime	Per Inc Max	Daily/ Per Visit	Cal Yr	Life- time	Daily/ Per Vst	# Type	\$ Lim	# Lim	Freq Per			Per Amt
VA	Medical Evacuation - Air Ambulance		DR	N	N	MM	0-0	Separate from Medical Maximum - combined accumulator		DD	NONE	100%				250,000.00													
VC	Medical Evacuation - Commercial Airline		DR	N	N	MM	0-0	Separate from Medical Maximum - combined accumulator		DD	NONE	100%				250,000.00													
RR	Repatriation of Mortal Remains		DR	N	N	MM	0-0	Maximum benefit up to \$25,000. See Exceptions Tab. Separate from Medical Maximum		DD	NONE	100%					25,000.00												
Infertility Services																													
KS	Anesthesia - O/P		DR	N	Y	MM	0-0			NC	NC	NC																	
AS	Assistant Surgeon		DR	N	Y	MM	0-0			NC	NC	NC																	
FB	Bilateral Surgery		DR	N	Y	MM	0-0			NC	NC	NC																	
DT	Diagnostic Test		DR	N	Y	MM	0-0			NC	NC	NC																	
HT	Diagnostic Test		Hosp	N	Y	MM	0-0			NC	NC	NC																	
IJ	Injectable Drugs		DR	N	Y	MM	0-0			NC	NC	NC																	
IH	Miscellaneous Facility Services		Hosp	N	Y	MM	0-0			NC	NC	NC																	
I	Miscellaneous Medical Services		DR	N	Y	MM	0-0			NC	NC	NC																	
FM	Multiple Surgery		DR	N	Y	MM	0-0			NC	NC	NC																	
FO	Office Surgery		DR	N	Y	MM	0-0			NC	NC	NC																	
OC	Office Visit		DR	N	Y	MM	0-0			NC	NC	NC																	
FS	Outpatient Surgery		DR	N	Y	MM	0-0			NC	NC	NC																	
RX	Prescription Drugs		DR	N	Y	MM	0-0			NC	NC	NC																	
PC	Prof Comp - O/P		DR	N	Y	MM	0-0			NC	NC	NC																	



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									Ben Lvl Max	Ded Cd	Deduct	Coins	Copay	Per Inc Ded	NA Code	\$ Limits				# Limits				Freq Limits				Prim Key	2nd Key
																Cal Yr	Lifetime	Per Inc Max	Daily/ Per Visit	Cal Yr	Life- time	Daily/ Per Vst	# Type	\$ Lim	# Lim	Freq Per	Per Amt		
SP	Short Procedure Facility		Hosp	N	Y	MM	0-0			NC	NC	NC																	
TC	Technical Component		DR	N	Y	MM	0-0			NC	NC	NC																	
Inpatient Medical Services																													
AB	Birthing Facility		Hosp	Y	Y	MM	0-0			DD	NONE	100%						250,000											
IC	Inpatient Consultation		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
D	Inpatient Visits		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
AB	R & B, Ancillaries		Hosp	Y	Y	MM	0-0			DD	NONE	100%						250,000											
Inpatient Mental Nervous/ Subst. Abuse Comb.																													
DX	Detox		Hosp	Y	Y	MM	0-0			DD	NONE	100%						250,000											
P	Partial Hospitalization		Hosp	Y	N	MM	0-0			DD	NONE	100%						250,000											
PV	Psychotherapy Visit		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
AB	R & B, Ancillaries		Hosp	Y	Y	MM	0-0			DD	NONE	100%						250,000											
PV	Substance Abuse Visit		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
Miscellaneous Services																													
AM	Air Ambulance		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
AU	Air Ambulance		Hosp	Y	Y	MM	0-0			DD	NONE	100%						250,000											
AM	Ambulance		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
AU	Ambulance		Hosp	Y	Y	MM	0-0			DD	NONE	100%						250,000											
PE	Equipment Purchase		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
RE	Equipment Rental		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
I	Nutritional Supplements		DR	Y	Y	MM	0-0	See Exceptions Tab.		DD	NONE	100%						250,000											
PD	Orthotics		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
PH	Prescription Drugs - Brand		Hosp	Y	Y	MM	0-0	Only cover up to a 30 day supply. Birth control drugs/devices are covered.		DD	NONE	100%				25,000.00		250,000									800025		



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Svc Grp/ Cd	Description	Ben. Level	Prov	Per Inc	Accum Ind	B/ MM	Age Range	Comments	Tier 1 - Outside US																				
									Ben Lvl Max	Ded Cd	Deduct	Coins	Copay	Per Inc Ded	NA Code	\$ Limits				# Limits				Freq Limits				Prim Key	2nd Key
																Cal Yr	Lifetime	Per Inc Max	Daily/ Per Visit	Cal Yr	Life- time	Daily/ Per Vst	# Type	\$ Lim	# Lim	Freq Per	Per Amt		
RX	Prescription Drugs - Brand		DR	Y	Y	MM	0-0	Only cover up to a 30 day supply. Birth control drugs/devices are covered.		DD	NONE	100%				25,000.00		250,000									800025		
PH	Prescription Drugs - Generic		Hosp	Y	Y	MM	0-0	Only cover up to a 30 day supply. Birth control drugs/devices are covered.		DD	NONE	100%				25,000.00		250,000									800025		
RX	Prescription Drugs - Generic		DR	Y	Y	MM	0-0	Only cover up to a 30 day supply. Birth control drugs/devices are covered.		DD	NONE	100%				25,000.00		250,000									800025		
PD	Prosthetics		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
W	Wigs		DR	N	Y	MM	0-0			NC	NC	NC																	
Other Outpatient Medical Services																													
AL	Allergy Injections		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
SR	Allergy Serum		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
C	Clinic Visit		Hosp	Y	Y	MM	0-0			DD	NONE	100%						250,000											
E	Doctor's Fee O/P		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
IH	Miscellaneous Facility Services		Hosp	Y	Y	MM	0-0			DD	NONE	100%						250,000											
I	Miscellaneous Services		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
E	Nutritional Counseling		DR	Y	Y	MM	0-0	If related to a biological illness		DD	NONE	100%						250,000											
OC	Office Visit		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
IJ	Therapeutic Injections		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
I	Web Portal DED/COINS		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
Outpatient Mental Nervous/ Subst. Abuse Comb.																													
CC	Family Counseling		Hosp	Y	Y	MM	0-0			DD	NONE	100%						250,000											



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									Ben Lvl Max	Ded Cd	Deduct	Coins	Copay	Per Inc Ded	NA Code	\$ Limits				# Limits				Freq Limits				Prim Key	2nd Key
																Cal Yr	Lifetime	Per Inc Max	Daily/ Per Visit	Cal Yr	Life- time	Daily/ Per Vst	# Type	\$ Lim	# Lim	Freq Per	Per Amt		
FC	Family Counseling		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
GP	Group Therapy		Hosp	Y	Y	MM	0-0			DD	NONE	100%						250,000											
YG	Group Therapy		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
NT	Psychological Testing		DR	Y	N	MM	0-0			DD	NONE	100%						250,000											
PX	Psychotherapy Visit		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
PY	Psychotherapy Visit		Hosp	Y	Y	MM	0-0			DD	NONE	100%						250,000											
PX	Substance Abuse Visit		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
PY	Substance Abuse Visit		Hosp	Y	Y	MM	0-0			DD	NONE	100%						250,000											
Skilled Nursing/ Rehabilitation																													
Q	Skilled Care/Rehab - Facility		Hosp	Y	Y	MM	0-0			DD	NONE	100%						250,000											
S	Skilled Nursing Care Facility		Hosp	Y	Y	MM	0-0			DD	NONE	100%						250,000											
SV	Skilled Nursing Facility Visit		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
Surgical Services																													
K	Anesthesia - I/P		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
KS	Anesthesia - O/P		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
AS	Assistant Surgeon		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
FB	Bilateral Surgery - I/P		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
FB	Bilateral Surgery - O/P		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
F	Inpatient Surgery		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
L	Maternity		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
FM	Multiple Surgery - 50%		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
FM	Multiple Surgery - 50% - O/P		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
FO	Office Surgery		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											

Svc Grp/ Cd	Description	Ben. Level	Prov	Per Inc	Accum Ind	B/ MM	Age Range	Comments	Tier 1 - Outside US																				
									Ben Lvl Max	Ded Cd	Deduct	Coins	Copay	Per Inc Ded	NA Code	\$ Limits				# Limits				Freq Limits				Prim Key	2nd Key
																Cal Yr	Lifetime	Per Inc Max	Daily/ Per Visit	Cal Yr	Life- time	Daily/ Per Vst	# Type	\$ Lim	# Lim	Freq Per	Per Amt		
FS	Outpatient Surgery		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
SO	Second Opinion		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
SP	Short Procedure Facility		Hosp	Y	Y	MM	0-0			DD	NONE	100%						250,000											
Therapy Services																													
E	Biofeedback		DR	N	Y	MM	0-0			NC	NC	NC																	
R	Biofeedback		Hosp	N	Y	MM	0-0			NC	NC	NC																	
CR	Cardiac Rehab		Hosp	Y	Y	MM	0-0	Combined 20 visit limit with PT/OT/specified therapies/Chiro/Acupuncture		DD	NONE	100%						250,000		20			V				2663		
RC	Cardiac Rehab		DR	Y	N	MM	0-0	Combined 20 visit limit with PT/OT/specified therapies/Chiro/Acupuncture		DD	NONE	100%						250,000		20			V				2663		
E	Chelation Therapy		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000					D						
R	Chelation Therapy		Hosp	Y	Y	MM	0-0			DD	NONE	100%						250,000											
CI	Chemotherapy		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
CT	Chemotherapy		Hosp	Y	Y	MM	0-0			DD	NONE	100%						250,000											
TH	Hearing Therapy		Hosp	Y	Y	MM	0-0	Combined 20 visit limit with PT/OT/specified therapies/Chiro/Acupuncture		DD	NONE	100%						250,000		20			V				2663		
HD	Hemodialysis		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
HY	Hemodialysis		Hosp	Y	Y	MM	0-0			DD	NONE	100%						250,000											
E	Infusion Therapy		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
R	Infusion Therapy		Hosp	Y	Y	MM	0-0			DD	NONE	100%						250,000											



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									Ben Lvl Max	Ded Cd	Deduct	Coins	Copay	Per Inc Ded	NA Code	\$ Limits				# Limits				Freq Limits				Prim Key	2nd Key
																Cal Yr	Lifetime	Per Inc Max	Daily/ Per Visit	Cal Yr	Life- time	Daily/ Per Vst	# Type	\$ Lim	# Lim	Freq Per	Per Amt		
U	Inpatient Therapy Services		Hosp	Y	Y	MM	0-0			DD	NONE	100%						250,000											
E	Miscellaneous Therapies		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000											
R	Miscellaneous Therapies		Hosp	Y	Y	MM	0-0			DD	NONE	100%						250,000											
OT	Occupational Therapy		Hosp	Y	Y	MM	0-0	Combined 20 visit limit with PT/OT/specified therapies/Chiro/Acup uncture		DD	NONE	100%						250,000		20			V					2663	
TO	Occupational Therapy		DR	Y	Y	MM	0-0	Combined 20 visit limit with PT/OT/specified therapies/Chiro/Acup uncture		DD	NONE	100%						250,000		20			V					2663	
E	Orthoptic/Pleoptic		DR	Y	Y	MM	0-0	Combined 20 visit limit with PT/OT/specified therapies/Chiro/Acup uncture		DD	NONE	100%						250,000		20			V					2663	
R	Orthoptic/Pleoptic		Hosp	Y	Y	MM	0-0	Combined 20 visit limit with PT/OT/specified therapies/Chiro/Acup uncture		DD	NONE	100%						250,000		20			V					2663	
PT	Physical Therapy		Hosp	Y	Y	MM	0-0	Combined 20 visit limit with PT/OT/specified therapies/Chiro/Acup uncture		DD	NONE	100%						250,000		20			V					2663	



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Svc Grp/ Cd	Description	Ben. Level	Prov	Per Inc	Accum Ind	B/ MM	Age Range	Comments	Tier 1 - Outside US																				
									Ben Lvl Max	Ded Cd	Deduct	Coins	Copay	Per Inc Ded	NA Code	\$ Limits				# Limits				Freq Limits				Prim Key	2nd Key
																Cal Yr	Lifetime	Per Inc Max	Daily/ Per Visit	Cal Yr	Life- time	Daily/ Per Vst	# Type	\$ Lim	# Lim	Freq Per	Per Amt		
TX	Physical Therapy		DR	Y	Y	MM	0-0	Combined 20 visit limit with PT/OT/specified therapies/Chiro/Acup uncture		DD	NONE	100%					250,000		20			V					2663		
TP	Pulmonary Therapy		Hosp	Y	Y	MM	0-0	Combined 20 visit limit with PT/OT/specified therapies/Chiro/Acup uncture		DD	NONE	100%					250,000		20			V					2663		
RI	Radiation Therapy		DR	Y	Y	MM	0-0			DD	NONE	100%					250,000												
RT	Radiation Therapy		Hosp	Y	Y	MM	0-0			DD	NONE	100%					250,000												
TR	Respiratory/Inhalation Therapy		Hosp	Y	Y	MM	0-0	Combined 20 visit limit with PT/OT/specified therapies/Chiro/Acup uncture		DD	NONE	100%					250,000		20			V					2663		
LG	Speech Therapy		DR	Y	Y	MM	0-0	Combined 20 visit limit with PT/OT/specified therapies/Chiro/Acup uncture		DD	NONE	100%					250,000		20			V					2663		
ST	Speech Therapy		Hosp	Y	Y	MM	0-0	Combined 20 visit limit with PT/OT/specified therapies/Chiro/Acup uncture		DD	NONE	100%					250,000		20			V					2663		
TMJ Services																													
K	Anesthesia - I/P		DR	N	Y	MM	0-0			NC	NC	NC																	
KS	Anesthesia - O/P		DR	N	Y	MM	0-0			NC	NC	NC																	
DT	Diagnostic Test - O/P		DR	N	Y	MM	0-0			NC	NC	NC																	
HT	Diagnostic Test - O/P		Hosp	N	Y	MM	0-0			NC	NC	NC																	



STARS BENEFIT DETAILS REPORT

Svc Grp/ Cd	Description	Ben. Level	Prov	Per Inc	Accum Ind	B/ MM	Age Range	Comments	Tier 1 - Outside US																				
									Ben Lvl Max	Ded Cd	Deduct	Coins	Copay	Per Inc Ded	NA Code	\$ Limits				# Limits				Freq Limits				Prim Key	2nd Key
																Cal Yr	Lifetime	Per Inc Max	Daily/ Per Visit	Cal Yr	Life- time	Daily/ Per Vst	# Type	\$ Lim	# Lim	Freq Per	Per Amt		
F	Inpatient Surgery		DR	N	Y	MM	0-0			NC	NC	NC																	
I	Miscellaneous Services		DR	N	Y	MM	0-0			NC	NC	NC																	
IH	Miscellaneous Services		Hosp	N	Y	MM	0-0			NC	NC	NC																	
OC	Office Visit		DR	N	Y	MM	0-0			NC	NC	NC																	
FS	Outpatient Surgery		DR	N	Y	MM	0-0			NC	NC	NC																	
TX	Physical Therapy		DR	N	Y	MM	0-0			NC	NC	NC																	
PC	Prof Comp - O/P		DR	N	Y	MM	0-0			NC	NC	NC																	
Vision Benefits																													
VI	Lenses/Frames/Contact s		DR	N	Y	MM	0-0			NC	NC	NC																	
VE	Routine Eye Exam		DR	N	Y	MM	0-0			NC	NC	NC																	
Wellness-Adult																													
FO	Colonoscopy		DR	Y	Y	MM	50-999 Y			DD	NONE	100%						250,000					V		1	Y	10	112	
FS	Colonoscopy		DR	Y	Y	MM	50-999 Y			DD	NONE	100%						250,000					V		1	Y	10	112	
KS	Colonoscopy		DR	Y	N	MM	50-999 Y			DD	NONE	100%						250,000					V		1	Y	10	112	
SP	Colonoscopy		Hosp	Y	N	MM	50-999 Y			DD	NONE	100%						250,000					V		1	Y	10	112	
DT	Fecal Occult Blood Test		DR	Y	Y	MM	50-999 Y			DD	NONE	100%						250,000		1			V					108	
HW	Fecal Occult Blood Test		Hosp	Y	Y	MM	50-999 Y			DD	NONE	100%						250,000		1			V					108	
PC	Fecal Occult Blood Test		DR	Y	Y	MM	50-999 Y			DD	NONE	100%						250,000		1			V					108	
TC	Fecal Occult Blood Test		DR	Y	Y	MM	50-999 Y			DD	NONE	100%						250,000		1			V					108	
IJ	Immunizations		DR	N	Y	MM	21-999 Y			NC	NC	NC																	
PC	Prof Component		DR	Y	N	MM	21-999 Y			DD	NONE	100%						250,000											
DT	Prostate Specific Antigen (PSA)		DR	Y	N	MM	40-999 Y			DD	NONE	100%						250,000											
HW	Prostate Specific Antigen (PSA)		Hosp	Y	N	MM	40-999 Y			DD	NONE	100%						250,000											
RD	Routine GYN Exam		DR	Y	Y	MM	18-999 Y			DD	NONE	100%						250,000		1			V					114	



STARS BENEFIT DETAILS REPORT

Svc Grp/ Cd	Description	Ben. Level	Prov	Per Inc	Accum Ind	B/ MM	Age Range	Comments	Tier 1 - Outside US																				
									Ben Lvl Max	Ded Cd	Deduct	Coins	Copay	Per Inc Ded	NA Code	\$ Limits				# Limits				Freq Limits				Prim Key	2nd Key
																Cal Yr	Lifetime	Per Inc Max	Daily/ Per Visit	Cal Yr	Life- time	Daily/ Per Vst	# Type	\$ Lim	# Lim	Freq Per	Per Amt		
PM	Routine Mammogram		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000		1			V					116	
RM	Routine Mammogram		DR	Y	Y	MM	0-0			DD	NONE	100%						250,000		1			V					116	
RO	Routine Mammogram		Hosp	Y	N	MM	0-0			DD	NONE	100%						250,000		1			V					116	
TC	Routine Mammogram		DR	Y	N	MM	0-0			DD	NONE	100%						250,000		1			V					116	
DT	Routine PAP Test		DR	Y	Y	MM	18-999 Y			DD	NONE	100%						250,000		1			V					118	
HW	Routine PAP Test		Hosp	Y	Y	MM	18-999 Y			DD	NONE	100%						250,000		1			V					118	
PC	Routine PAP Test		DR	Y	N	MM	18-999 Y			DD	NONE	100%						250,000		1			V					118	
TC	Routine PAP Test		DR	Y	N	MM	18-999 Y			DD	NONE	100%						250,000		1			V					118	
RD	Routine Physical Exam		DR	N	Y	MM	21-999 Y			NC	NC	NC																	
DT	Routine Test		DR	Y	Y	MM	21-999 Y			DD	NONE	100%						250,000											
HW	Routine Test		Hosp	Y	Y	MM	21-999 Y			DD	NONE	100%						250,000											
FO	Sigmoidoscopy		DR	Y	Y	MM	50-999 Y			DD	NONE	100%						250,000					V		1	Y	5	204	
FS	Sigmoidoscopy		DR	Y	Y	MM	50-999 Y			DD	NONE	100%						250,000					V		1	Y	5	204	
KS	Sigmoidoscopy		DR	Y	N	MM	50-999 Y			DD	NONE	100%						250,000					V		1	Y	5	204	
SP	Sigmoidoscopy		Hosp	Y	N	MM	50-999 Y			DD	NONE	100%						250,000					V		1	Y	5	204	
TC	Technical Component		DR	Y	N	MM	21-999 Y			DD	NONE	100%						250,000											
Wellness-Child																													
IJ	Immunizations		DR	Y	N	MM	0-20 Y			DD	NONE	100%						250,000											
DT	Lead Poisoning Test		DR	Y	N	MM	1-5 Y	See Exceptions Tab.		DD	NONE	100%						250,000											
HW	Lead Poisoning Test		Hosp	Y	N	MM	1-5 Y	See Exceptions Tab.		DD	NONE	100%						250,000											
PC	Prof Component		DR	Y	N	MM	0-20 Y			DD	NONE	100%						250,000											
RD	Routine Physical Exam		DR	Y	Y	MM	19-20 Y			DD	NONE	100%						250,000		1			V					300	
RD	Routine Physical Exam		DR	Y	Y	MM	12-18 Y			DD	NONE	100%						250,000		3			V					300	
RD	Routine Physical Exam		DR	Y	Y	MM	0-11 Y			DD	NONE	100%						250,000											
DT	Routine Test		DR	Y	Y	MM	0-20 Y			DD	NONE	100%						250,000											
HW	Routine Test		Hosp	Y	Y	MM	0-20 Y			DD	NONE	100%						250,000											



STARS BENEFIT DETAILS REPORT

Svc Grp/ Cd	Description	Ben. Level	Prov	Per Inc	Accum Ind	B/ MM	Age Range	Comments	Tier 1 - Outside US																				
									Ben Lvl Max	Ded Cd	Deduct	Coins	Copay	Per Inc Ded	NA Code	\$ Limits				# Limits				Freq Limits				Prim Key	2nd Key
																Cal Yr	Lifetime	Per Inc Max	Daily/ Per Visit	Cal Yr	Life- time	Daily/ Per Vst	# Type	\$ Lim	# Lim	Freq Per	Per Amt		
TC	Technical Component		DR	Y	Y	MM	0-20 Y			DD	NONE	100%					250,000												