



CIELO STAR OVERVIEW

Designed For Groups With 5-150 Eligible Employees

BPA Small Group Overview

- CStar Program offers 12 ACA qualified plans
- A group may choose up to 2 plans to offer to employees
- Funds are paid monthly into the Employer's claim fund. 100% of any surplus will be returned to the employer.
- Health apps are required – completed via digital format in integrated Small group portal or FormFire
- Network Option 1 - Reference Based Pricing Hybrid model utilizing the PHCS network for providers only (HealthSmart in Texas). RBP on facilities.
- Network Option 2 - First Health Network

Bronze MV Plan

Minimum Value Health Plan - Bronze 402

	PPO Network	Reference Based Pricing/PHCS(Physician)	
Minimum Essential Coverage		Network	Non-Network
Wellness and Preventive Benefits required by ACA to avoid individual tax penalty. See the additional information in this guide for a list of the USPSTF recommended A and B preventive services.		100%	50%
Minimum Value Plan Benefits		Network	Non-Network
Deductible – Individual/Family		\$5,000 / \$12,700	\$10,000 / \$25,400
Out-of-Pocket Maximum – Individual/Family		\$6,350 / \$12,700	\$12,700 / \$25,400
Coinsurance		70% after deductible	50% after deductible
Hospitalization In-Patient		70% after deductible	50% after deductible
Hospitalization Out-Patient		70% after deductible	50% after deductible
Emergency Room Services - Covers emergency room services including hospital facility and physician charges. For MRIs performed during emergency room visit, a separate copay will not be applied. If surgery, PT, or DME is required during emergency room visit, they will be covered under emergency room benefit.		70% after deductible	70% after deductible
Primary Care Visit		\$40 copay	50% after deductible
Specialist Visits		\$80 copay	50% after deductible
Imaging - Covers charges for CT, PET scans, MRIs, and the charges for related supplies.		70% after deductible	50% after deductible
Laboratory Outpatient and Professional Services - Covers professional components of labs, including office, outpatient, and inpatient charges.		70% after deductible	50% after deductible
X-rays and Diagnostic Imaging - Covers the professional components of labs, including the office, outpatient, and inpatient charges.		70% after deductible	50% after deductible
Ambulance		70% after deductible	70% after deductible
Hospice Care – Includes bereavement counseling.		70% after deductible	50% after deductible
Generic Prescription Drugs		Covered at 100%	Not Covered
Preferred Brand Drugs		\$50	Not Covered
Non-Preferred Brand Drugs		\$100	Not Covered
Specialty Drugs		Not Covered	Not Covered

Bronze Plan

PPO Network	Reference Based Pricing/PHCS(Physician only)			
	Bronze 400		Bronze 401	
Minimum Essential Coverage	Network	Non-Network	Network	Non-Network
Wellness and Preventive Benefits required by ACA to avoid individual tax penalty.*	100%	50%	100%	80%
Minimum Value Plan Benefits	Network	Non-Network	Network	Non-Network
Deductible – Individual/Family	\$5,000 / \$12,700	\$10,000 / \$25,400	\$6,000 / \$12,700	\$10,000 / \$25,400
Out-of-Pocket Maximum (Individual/Family)	\$6,350 / \$12,700	\$12,700 / \$25,400	\$6,000 / \$12,700	\$12,700 / \$25,400
Coverage after deductible	80%	60%	100%	80%
Primary Care / Specialist / Urgent Care	80%	60%	100%	80%
In-Patient Hospitalization	80%	60%	100%	80%
Out-Patient Surgery	80%	60%	100%	80%
X-Ray / Lab	80%	60%	100%	80%
Emergency Room	80%	80%	100%	100%
Generic Prescription Drugs	80%	Not Covered	100%	Not Covered
Preferred Brand Drugs	80%	Not Covered	100%	Not Covered
Non-Preferred Brand Drugs	80%	Not Covered	100%	Not Covered
Specialty Drugs	80%	Not Covered	100%	Not Covered

HSA Qualified

Silver Plan

PPO Network	Reference Based Pricing/PHCS(Physician only)					
	Silver 300		Silver 301		Silver 302	
Minimum Essential Coverage	Network	Non-Network	Network	Non-Network	Network	Non-Network
Wellness and Preventive Benefits required by ACA to avoid individual tax penalty.*	100%	60%	100%	50%	100%	60%
Minimum Value Plan Benefits	Network	Non-Network	Network	Non-Network	Network	Non-Network
Deductible – Individual/Family	\$2,000 / \$4,000	\$4,000 / \$8,000	\$2,000 / \$4,000	\$4,000 / \$8,000	\$3,000 / \$9,000	\$6,000 / \$18,000
Out-of-Pocket Maximum – Individual/Family	\$6,000 / \$12,700	\$12,700 / \$25,400	\$6,350 / \$12,700	\$12,700 / \$25,400	\$6,350 / \$12,700	\$12,700 / \$25,400
Coinsurance - after deductible	80%	60%	70%	50%	80%	60%
Primary / Specialist / Urgent Care	80%	60%	\$40 / \$60 / \$60	50%	\$35 / \$55 / \$55	60%
In-Patient Hospitalization	80%	60%	70%	50%	80%	60%
Out-Patient Surgery	80%	60%	70%	50%	80%	60%
X-Ray / Lab	80%	60%	70%	50%	80%	60%
Emergency Room	80%	80%	70%	70%	80%	80%
Generic Prescription Drugs	Covered at 100%	Not Covered	Covered at 100%	Not Covered	Covered at 100%	Not Covered
Preferred Brand Drugs	\$50	Not Covered	\$50	Not Covered	\$50	Not Covered
Non-Preferred Brand Drugs	\$100	Not Covered	\$100	Not Covered	\$100	Not Covered
Specialty Drugs	\$150	Not Covered	\$150	Not Covered	\$150	Not Covered

Gold Plan

PPO Network	Reference Based Pricing/PHCS(Physician only)					
	Gold 200		Gold 201		Gold 202	
Minimum Essential Coverage	Network	Non-Network	Network	Non-Network	Network	Non-Network
Wellness and Preventive Benefits required by ACA to avoid individual tax penalty.*	100%	80%	100%	80%	100%	80%
Minimum Value Plan Benefits	Network	Non-Network	Network	Non-Network	Network	Non-Network
Deductible – Individual/Family	\$1,000 / \$3,000	\$2,000 / \$6,000	\$3,000 / \$9,000	\$6,000 / \$18,000	\$3,250 / \$9,750	\$6,500 / \$19,500
Out-of-Pocket Maximum – Individual/Family	\$3,500 / \$10,500	\$7,000 / \$21,000	\$3,000 / \$9,000	\$6,000 / \$18,000	\$3,250 / \$9,750	\$6,500 / \$19,500
Coinsurance- after deductible	100%	80%	100%	80%	100%	80%
Primary / Specialist / Urgent Care	\$15 / \$40 / \$40	80%	100%	80%	\$30 / \$50 / \$50	80%
In-Patient Hospitalization	100%	80%	100%	80%	100%	80%
Out-Patient Surgery	100%	80%	100%	80%	100%	80%
X-Ray / Lab	100%	80%	100%	80%	100%	80%
Emergency Room	\$300 Copay	\$300 Copay	100%	100%	\$400 Copay	\$400 Copay
Generic Prescription Drugs	Covered at 100%	Not Covered	Covered at 100%	Not Covered	Covered at 100%	Not Covered
Preferred Brand Drugs	\$35	Not Covered	Covered at 100%	Not Covered	\$35	Not Covered
Non-Preferred Brand Drugs	\$75	Not Covered	Covered at 100%	Not Covered	\$75	Not Covered
Specialty Drugs	\$150	Not Covered	Covered at 100%	Not Covered	\$150	Not Covered

Platinum Plan

PPO Network	Reference Based Pricing/PHCS(Physician only)					
	Platinum 100		Platinum 101		Platinum 102	
Minimum Essential Coverage	Network	Non-Network	Network	Non-Network	Network	Non-Network
Wellness and Preventive Benefits required by ACA to avoid individual tax penalty.*	100%	60%	100%	80%	100%	80%
Minimum Value Plan Benefits	Network	Non-Network	Network	Non-Network	Network	Non-Network
Deductible – Individual/Family	\$250 / \$750	\$500 / \$1,500	\$1,250 / \$3,750	\$2,500 / \$7,500	\$0 / \$0	\$2,500 / \$7,500
Out-of-Pocket Maximum – Individual/Family	\$1,250 / \$3,750	\$2,500 / \$7,500	\$1,250 / \$3,750	\$2,500 / \$7,500	\$1,250 / \$3,750	\$2,500 / \$7,500
Coinsurance- after deductible	80%	60%	100%	80%	100%	80%
Primary / Specialist / Urgent Care	\$25 / \$45 / \$45	60%	\$25 / \$45 / \$45	80%	\$25 / \$45 / \$45	80%
In-Patient Hospitalization	80%	60%	100%	80%	100%	80%
Out-Patient Surgery	80%	60%	\$100 Copay	80%	\$100 Copay	80%
X-Ray / Lab	80%	60%	100%	80%	100%	80%
Emergency Room	80%	\$300 Copay	\$300 Copay	\$300 Copay	\$300 Copay	\$300 Copay
Generic Prescription Drugs	Covered at 100%	Not Covered	Covered at 100%	Not Covered	Covered at 100%	Not Covered
Preferred Brand Drugs	\$35	Not Covered	\$35	Not Covered	\$35	Not Covered
Non-Preferred Brand Drugs	\$75	Not Covered	\$75	Not Covered	\$75	Not Covered
Specialty Drugs	\$150	Not Covered	\$150	Not Covered	\$150	Not Covered