



2019 Large Group Plan Designs

-choose the plan that's best for your employees-

Our Large Group Cornerstone products provide a variety of options for Large Employers to offer their employees. This year, there are eighteen large group options to choose from with eleven traditional PPO plans and seven high deductible health plans that are compatible with a Health Savings Account (HSA).

Our plans offer deductibles that range from \$1000 to \$7900 with coinsurances ranging from 0% to 50%, offering simple plan designs and multiple deductible levels to meet the employer need, while providing low Member cost shares.

All Cornerstone HSA plans offer our HSA Preventive Drug List which is designed to help prevent chronic conditions and illnesses. Visit HealthOptions.org to view a copy of the 2019 prescription drug formulary. Medications that qualify will be marked as HSA. The prescription drugs on this preventive drug list bypass the deductible, then the applicable coinsurance or copay will apply.

All non-HSA plans offer our Chronic Illness Support Program (CISP), which is designed to help Members with chronic illnesses get the care they need by removing some cost barriers. Visit HealthOptions.org to view a copy of the 2019 prescription drug formulary. Medications that qualify for the 2019 Chronic Illness Support Program will be marked as CISP.

All plans include the option to choose Rx 1 and Rx 2 except for:

- ▶ Cornerstone PPO HSA \$3000 0% \$3000
- ▶ Cornerstone PPO HSA \$6000 0% \$6000
- ▶ Cornerstone PPO \$5000 50% \$7900
- ▶ Cornerstone PPO \$6500 40% \$7500
- ▶ Cornerstone PPO \$7900 0% \$7900

These plans will apply applicable deductible/coinsurance

	Rx 1		Rx 2	
	Retail	Mail Order	Retail	Mail Order
Tier 1	\$5	\$10	\$5	\$10
Tier 2	\$25	\$50	\$35	\$70
Tier 3	\$50	\$100	\$70	\$140
Tier 4	30% Coinsurance limited to \$300 maximum	30% Coinsurance limited to \$600 maximum	30% Coinsurance limited to \$300 maximum	30% Coinsurance limited to \$900 maximum
Tier 5	30% Coinsurance limited to \$500 maximum	30% Coinsurance limited to \$1000 maximum	30% Coinsurance limited to \$500 maximum	30% Coinsurance limited to \$1500 maximum

This is only a summary. For more information about specific plan coverage, please see the Member Benefit Agreement.

HealthOptions.org | (207) 402-3353

2019 Large Group Plans

Plan Name ►	Cornerstone PPO \$1000 20% \$2000	Cornerstone PPO \$1500 20% \$3000	Cornerstone PPO \$2000 20% \$4000	Cornerstone PPO \$2500 20% \$5000	Cornerstone PPO \$3000 20% \$5000	Cornerstone PPO \$3500 20% \$7000
Product Type	PPO	PPO	PPO	PPO	PPO	PPO
Chronic Illness Support Program (CISP)	Y	Y	Y	Y	Y	Y
HSA Preventive Drug List (Y/N)	N	N	N	N	N	N
Individual Deductible	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500
Family Deductible	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000
Standard Coinsurance (Co)	20%	20%	20%	20%	20%	20%
Individual OOP Max	\$2,000	\$3,000	\$4,000	\$5,000	\$5,000	\$7,000
Family OOP Max	\$4,000	\$6,000	\$8,000	\$10,000	\$10,000	\$14,000

Medical Benefits	In Network	In Network	In Network	In Network	In Network	In Network
Chiropractic/Manipulative Therapy	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Durable Medical Equipment/Prosthesis	Ded/Co	Ded/Co	Ded/Co	Ded/Co	Ded/Co	Ded/Co
Emergency Room Care	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay
Hospital Inpatient Services	Ded/Co	Ded/Co	Ded/Co	Ded/Co	Ded/Co	Ded/Co
Imaging (PET/MRI/CT)	Ded/Co	Ded/Co	Ded/Co	Ded/Co	Ded/Co	Ded/Co
Inpatient Rehabilitation and Skilled Nursing Facility Care	Ded/Co	Ded/Co	Ded/Co	Ded/Co	Ded/Co	Ded/Co
Mental Health/Substance Abuse - Inpatient	Ded/Co	Ded/Co	Ded/Co	Ded/Co	Ded/Co	Ded/Co
Mental Health/Substance Abuse - Outpatient	1st 3 visits @ \$0 Copay, then \$25 Copay	1st 3 visits @ \$0 Copay, then \$25 Copay	1st 3 visits @ \$0 Copay, then \$25 Copay	1st 3 visits @ \$0 Copay, then \$25 Copay	1st 3 visits @ \$0 Copay, then \$25 Copay	1st 3 visits @ \$0 Copay, then \$25 Copay
Preventive Care	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Primary Care Office Visits	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Rehabilitation and Habilitation Services (PT/OT/ST)	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
Specialty Care Office Visits	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
Surgery/Anesthesia	Ded/Co	Ded/Co	Ded/Co	Ded/Co	Ded/Co	Ded/Co
Tobacco/Smoking Cessation	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Urgent Care Visits	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$80 Copay
Adult Vision Exams	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$25 Copay
X-rays and Diagnostic Imaging	Ded/Co	Ded/Co	Ded/Co	Ded/Co	Ded/Co	Ded/Co
Pediatric Glasses/Contacts	Ded/Co	Ded/Co	Ded/Co	Ded/Co	Ded/Co	\$150 Copay
Pediatric Vision Exams	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$25 Copay

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2019 Large Group Plans

Plan Name ▶	Cornerstone PPO \$4000 20% \$5500	Cornerstone PPO \$5000 0% \$6500	Cornerstone PPO \$5000 50% \$7900	Cornerstone PPO \$6500 40% \$7500	Cornerstone PPO \$7900 0% \$7900	Cornerstone PPO HSA \$2700 20% \$5400
Product Type	PPO	PPO	PPO	PPO	PPO	PPO
Chronic Illness Support Program (CISP)	Y	Y	Y	Y	Y	N
HSA Preventive Drug List (Y/N)	N	N	N	N	N	Y
Individual Deductible	\$4,000	\$5,000	\$5,000	\$6,500	\$7,900	\$2,700
Family Deductible	\$8,000	\$10,000	\$10,000	\$13,000	\$15,800	\$5,400
Standard Coinsurance (Co)	20%	0%	50%	40%	0%	20%
Individual OOP Max	\$5,500	\$6,500	\$7,900	\$7,500	\$7,900	\$5,400
Family OOP Max	\$11,000	\$13,000	\$15,800	\$15,000	\$15,800	\$10,800

Medical Benefits	In Network	In Network	In Network	In Network	In Network	In Network
Chiropractic/Manipulative Therapy	\$25 Copay	\$25 Copay	Ded/Co	Ded/Co	Deductible	Ded/\$25 Copay
Durable Medical Equipment/Prosthesis	Ded/Co	Deductible	Ded/Co	Ded/Co	Deductible	Ded/Co
Emergency Room Care	\$250 Copay	\$250 Copay	Ded/Co	Ded/Co	Deductible	Ded/\$250 Copay
Hospital Inpatient Services	Ded/Co	Deductible	Ded/Co	Ded/Co	Deductible	Ded/Co
Imaging (PET/MRI/CT)	Ded/Co	Deductible	Ded/Co	Ded/Co	Deductible	Ded/Co
Inpatient Rehabilitation and Skilled Nursing Facility	Ded/Co	Deductible	Ded/Co	Ded/Co	Deductible	Ded/Co
Mental Health/Substance Abuse - Inpatient	Ded/Co	Deductible	Ded/Co	Ded/Co	Deductible	Ded/Co
Mental Health/Substance Abuse - Outpatient	1st 3 visits @ \$0 Copay, then \$25 Copay	1st 3 visits @ \$0 Copay, then \$25 Copay	Ded/Co	Ded/Co	Deductible	Ded/\$25 Copay
Preventive Care	\$0 Copay	\$0 Copay	Ded/Co	Ded/Co	\$0 Copay	\$0 Copay
Primary Care Office Visits	\$25 Copay	\$25 Copay	Ded/Co	Ded/Co	Deductible	Ded/\$25 Copay
Rehabilitation and Habilitation Services (PT/OT/ST)	\$50 Copay	\$50 Copay	Ded/Co	Ded/Co	Deductible	Ded/\$50 Copay
Specialty Care Office Visits	\$50 Copay	\$50 Copay	Ded/Co	Ded/Co	Deductible	Ded/\$50 Copay
Surgery/Anesthesia	Ded/Co	Deductible	Ded/Co	Ded/Co	Deductible	Ded/Co
Tobacco/Smoking Cessation	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Urgent Care Visits	\$100 Copay	\$100 Copay	Ded/Co	Ded/Co	Deductible	Ded/\$100 Copay
Adult Vision Exams	\$50 Copay	\$50 Copay	Ded/Co	Ded/Co	Deductible	Ded/\$50 Copay
X-rays and Diagnostic Imaging	Ded/Co	Deductible	Ded/Co	Ded/Co	Deductible	Ded/Co
Pediatric Glasses/Contacts	Ded/Co	Deductible	Ded/Co	Ded/Co	Deductible	Ded/Co
Pediatric Vision Exams	\$50 Copay	\$50 Copay	Ded/Co	Ded/Co	Deductible	Ded/\$50 Copay

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2019 Large Group Plans

Plan Name ►	Cornerstone PPO HSA \$3000 20% \$6500	Cornerstone PPO HSA \$3000 0% \$3000	Cornerstone PPO HSA \$4000 20% \$5500	Cornerstone PPO HSA \$5000 20% \$6000	Cornerstone PPO HSA \$6000 0% \$6000	Cornerstone PPO HSA \$6000 50% \$6750
Product Type	PPO	PPO	PPO	PPO	PPO	PPO
Chronic Illness Support Program (CISP)	N	N	N	N	N	N
HSA Preventive Drug List (Y/N)	Y	Y	Y	Y	Y	Y
Individual Deductible	\$3,000	\$3,000	\$4,000	\$5,000	\$6,000	\$6,000
Family Deductible	\$6,000	\$6,000	\$8,000	\$10,000	\$12,000	\$12,000
Standard Coinsurance (Co)	20%	0%	20%	20%	0%	50%
Individual OOP Max	\$6,500	\$3,000	\$5,500	\$6,000	\$6,000	\$6,750
Family OOP Max	\$13,000	\$6,000	\$11,000	\$12,000	\$12,000	\$13,500

Medical Benefits	In Network	In Network	In Network	In Network	In Network	In Network
Chiropractic/Manipulative Therapy	Ded/\$25 Copay	Deductible	Ded/\$25 Copay	Ded/\$25 Copay	Deductible	Ded/\$25 Copay
Durable Medical Equipment/Prosthesis	Ded/Co	Deductible	Ded/Co	Ded/Co	Deductible	Ded/Co
Emergency Room Care	Ded/\$250 Copay	Deductible	Ded/\$250 Copay	Ded/\$250 Copay	Deductible	Ded/Co
Hospital Inpatient Services	Ded/Co	Deductible	Ded/Co	Ded/Co	Deductible	Ded/Co
Imaging (PET/MRI/CT)	Ded/Co	Deductible	Ded/Co	Ded/Co	Deductible	Ded/Co
Inpatient Rehabilitation and Skilled Nursing Facility Care	Ded/Co	Deductible	Ded/Co	Ded/Co	Deductible	Ded/Co
Mental Health/Substance Abuse - Inpatient	Ded/Co	Deductible	Ded/Co	Ded/Co	Deductible	Ded/Co
Mental Health/Substance Abuse - Outpatient	Ded/\$25 Copay	Deductible	Ded/\$25 Copay	Ded/\$25 Copay	Deductible	Ded/\$25 Copay
Preventive Care	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Primary Care Office Visits	Ded/\$25 Copay	Deductible	Ded/\$25 Copay	Ded/\$25 Copay	Deductible	Ded/\$25 Copay
Rehabilitation and Habilitation Services (PT/OT/ST)	Ded/\$50 Copay	Deductible	Ded/\$50 Copay	Ded/\$50 Copay	Deductible	Ded/\$50 Copay
Specialty Care Office Visits	Ded/\$50 Copay	Deductible	Ded/\$50 Copay	Ded/\$50 Copay	Deductible	Ded/\$50 Copay
Surgery/Anesthesia	Ded/Co	Deductible	Ded/Co	Ded/Co	Deductible	Ded/Co
Tobacco/Smoking Cessation	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Urgent Care Visits	Ded/\$100 Copay	Deductible	Ded/\$100 Copay	Ded/\$100 Copay	Deductible	Ded/\$80 Copay
Adult Vision Exams	Ded/\$50 Copay	Deductible	Ded/\$50 Copay	Ded/\$50 Copay	Deductible	Ded/\$25 Copay
X-rays and Diagnostic Imaging	Ded/Co	Deductible	Ded/Co	Ded/Co	Deductible	Ded/Co
Pediatric Glasses/Contacts	Ded/Co	Deductible	Ded/Co	Ded/Co	Deductible	Ded/\$25 Copay
Pediatric Vision Exams	Ded/\$50 Copay	Deductible	Ded/\$50 Copay	Ded/\$50 Copay	Deductible	Ded/\$150 Copay

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