



2020 Large Group Plan Designs

Create a customized healthcare approach for your employees

1 Choose the Health Plan that's Best for Your Employees

Our products provide your organization various options to meet your employee needs. We offer PPO plans and high deductible health plans that are compatible with a Health Savings Account (HSA). Our plans offer deductibles that range from \$1,000 to \$7,900 with a variety of coinsurances. Our focus is to provide simple plan designs and multiple deductible levels to meet your organization's needs, while also providing low Member cost shares.

2 Choose the Prescription Plan that's Best for Your Employees

Many of our plans allow you to select a prescription drug benefit that meets your employees' needs. There are two prescription plan options: Rx 1 and Rx 2.

Large Group Prescription Plan Options

	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 max	30% Coinsurance limited to \$600 max	30% Coinsurance limited to \$300 max	30% Coinsurance limited to \$900 max
Tier 5	30% Coinsurance limited to \$500 max	30% Coinsurance limited to \$1000 max	30% Coinsurance limited to \$500 max	30% Coinsurance limited to \$1500 max

All Cornerstone HSA plans offer our HSA Preventative Drug List which is designed to help prevent chronic conditions and illnesses. The prescription drugs on this list bypass the deductible, so Members only pay applicable coinsurance or copayments. To view the 2020 HSA prescription drug formulary, visit HealthOptions.org.

All non-HSA plans offer our Chronic Illness Support Program which is designed to help Members with chronic illnesses receive the care they need by removing certain cost barriers. For a complete list of medications that qualify for the 2020 Chronic Illness Support Program (CISP), visit HealthOptions.org.

All large group plans adhere to Rx 1 or Rx 2 chart except for the following:

- ▶ 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

} Please check our schedule of benefits for details.

LargeGroupPlans-11-092719

Large Group PPO 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
Product Type	PPO	PPO	PPO	PPO	PPO
Chronic Illness Support Program (CISP)	Y	Y	Y	Y	Y
HSA Preventive Drug List (Y/N)	N	N	N	N	N
Individual Deductible	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000
Family Deductible	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000
Standard Coinsurance (Co)	20%	20%	20%	20%	20%
Individual OOP Max	\$2,000	\$3,000	\$4,000	\$5,000	\$5,000
Family OOP Max	\$4,000	\$6,000	\$8,000	\$10,000	\$10,000

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

Large Group Prescription Plan Options

	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 max	30% Coinsurance limited to \$600 max	30% Coinsurance limited to \$300 max	30% Coinsurance limited to \$900 max
Tier 5	30% Coinsurance limited to \$500 max	30% Coinsurance limited to \$1000 max	30% Coinsurance limited to \$500 max	30% Coinsurance limited to \$1500 max

Large Group PPO Plans ▶ Continued

Plan Name ▶	Cornerstone PPO \$3500 20% \$7000 NoD (No deductible applied to Tier 4 and 5 Rx)	Cornerstone PPO \$3500 20% \$7000 (Tier 4 and 5 Rx Ded/Co)	Cornerstone PPO \$4000 20% \$5500	Cornerstone PPO \$5000 0% \$6500
Product Type	PPO	PPO	PPO	PPO
Chronic Illness Support Program (CISP)	Y	Y	Y	Y
HSA Preventive Drug List (Y/N)	N	N	N	N
Individual Deductible	\$3,500	\$3,500	\$4,000	\$5,000
Family Deductible	\$7,000	\$7,000	\$8,000	\$10,000
Standard Coinsurance (Co)	20%	20%	20%	0%
Individual OOP Max	\$7,000	\$7,000	\$5,500	\$6,500
Family OOP Max	\$14,000	\$14,000	\$11,000	\$13,000

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

Large Group Prescription Plan Options

	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 max	30% Coinsurance limited to \$600 max	30% Coinsurance limited to \$300 max	30% Coinsurance limited to \$900 max
Tier 5	30% Coinsurance limited to \$500 max	30% Coinsurance limited to \$1000 max	30% Coinsurance limited to \$500 max	30% Coinsurance limited to \$1500 max

Large Group PPO Plans ▶ Continued

Plan Name ▶	Cornerstone PPO \$5000 20% \$6000	Cornerstone PPO \$5000 50% \$7900	Cornerstone PPO \$6500 40% \$7500	Cornerstone PPO \$7900 0% \$7900
Product Type	PPO	PPO	PPO	PPO
Chronic Illness Support Program (CISP)	Y	Y	Y	Y
HSA Preventive Drug List (Y/N)	N	N	N	N
Individual Deductible	\$5,000	\$5,000	\$6,500	\$7,900
Family Deductible	\$10,000	\$10,000	\$13,000	\$15,800
Standard Coinsurance (Co)	20%	50%	40%	0%
Individual OOP Max	\$6,000	\$7,900	\$7,500	\$7,900
Family OOP Max	\$12,000	\$15,800	\$15,000	\$15,800

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

Large Group Prescription Plan Options

	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 max	30% Coinsurance limited to \$600 max	30% Coinsurance limited to \$300 max	30% Coinsurance limited to \$900 max
Tier 5	30% Coinsurance limited to \$500 max	30% Coinsurance limited to \$1000 max	30% Coinsurance limited to \$500 max	30% Coinsurance limited to \$1500 max

Large Group PPO HSA Plans

Plan Name ▶	Cornerstone PPO HSA \$2800 20% \$5600	Cornerstone PPO HSA \$3000 0% \$3000	Cornerstone PPO HSA \$3000 20% \$6500	Cornerstone PPO HSA \$4000 20% \$5500
Product Type	PPO	PPO	PPO	PPO
Chronic Illness Support Program (CISP)	N	N	N	N
HSA Preventive Drug List (Y/N)	Y	Y	Y	Y
Individual Deductible	\$2,800	\$3,000	\$3,000	\$4,000
Family Deductible	\$5,600	\$6,000	\$6,000	\$8,000
Standard Coinsurance (Co)	20%	0%	20%	20%
Individual OOP Max	\$5,600	\$3,000	\$6,500	\$5,500
Family OOP Max	\$11,200	\$6,000	\$13,000	\$11,000

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

Large Group Prescription Plan Options

Deductible must be satisfied before any copay or coinsurance apply.

	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 max	30% Coinsurance limited to \$600 max	30% Coinsurance limited to \$300 max	30% Coinsurance limited to \$900 max
Tier 5	30% Coinsurance limited to \$500 max	30% Coinsurance limited to \$1000 max	30% Coinsurance limited to \$500 max	30% Coinsurance limited to \$1500 max

Large Group PPO HSA Plans ▶ Continued

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

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

Large Group Prescription Plan Options

Deductible must be satisfied before any copay or coinsurance apply.

	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 max	30% Coinsurance limited to \$600 max	30% Coinsurance limited to \$300 max	30% Coinsurance limited to \$900 max
Tier 5	30% Coinsurance limited to \$500 max	30% Coinsurance limited to \$1000 max	30% Coinsurance limited to \$500 max	30% Coinsurance limited to \$1500 max