



2018 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 13 large group options to choose from with seven traditional PPO plans and six high deductible health plans that are compatible with a Health Savings Account (HSA).

Our plans offer deductibles that range from \$1,000 to \$6,000 with coinsurances of 20% or 0%, offering simple plan designs and multiple deductible levels to meet the employer need, while providing low Member cost shares.

All Cornerstone HSA plans include coverage for medications to help *prevent* chronic conditions and illnesses. Visit HealthOptions.org to view a copy of the 2018 prescription drug formulary. Medications that qualify will be marked as HSA. The preventive drugs on this list are not subject to the HSA plan deductible.

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 2018 prescription drug formulary. Medications that qualify for the Chronic Illness Support Program will be marked as CISP.

2018 Large Group Plans

| Plan Name ► | Cornerstone PPO 1000 | Cornerstone PPO 1500 | Cornerstone PPO 2000 | Cornerstone PPO 2500 | Cornerstone PPO 3000 |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|
| 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 |

| Prescription Drugs | In Network | In Network | In Network | In Network | In Network |
|--|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Tier 1 - Preferred Generics | \$5 copay | \$5 copay | \$5 copay | \$5 copay | \$5 copay |
| Tier 2 - Generics | \$35 copay | \$35 copay | \$35 copay | \$35 copay | \$35 copay |
| Tier 3 - Non-Preferred Generics and Preferred Brands | \$70 copay | \$70 copay | \$70 copay | \$70 copay | \$70 copay |
| Tier 4 - Non-Preferred Brands | 30% Co. up to max of \$300/script | 30% Co. up to max of \$300/script | 30% Co. up to max of \$300/script | 30% Co. up to max of \$300/script | 30% Co. up to max of \$300/script |
| Tier 5 - Specialty | 30% Co. up to max of \$500/script | 30% Co. up to max of \$500/script | 30% Co. up to max of \$500/script | 30% Co. up to max of \$500/script | 30% Co. up to max of \$500/script |

2018 Large Group Plans

| Plan Name ► | Cornerstone PPO 4000 | Cornerstone PPO 5000 | Cornerstone PPO HSA 2700 | Cornerstone PPO HSA 3000 20% |
|--|----------------------|----------------------|--------------------------|------------------------------|
| Product Type | PPO | PPO | PPO | PPO |
| Chronic Illness Support Program (CISP) | Y | Y | N | N |
| HSA Preventive Drug List (Y/N) | N | N | Y | Y |
| Individual Deductible | \$4,000 | \$5,000 | \$2,700 | \$3,000 |
| Family Deductible | \$8,000 | \$10,000 | \$5,400 | \$6,000 |
| Standard Coinsurance (Co) | 20% | 0% | 20% | 20% |
| Individual OOP Max | \$5,500 | \$6,500 | \$5,400 | \$6,500 |
| Family OOP Max | \$11,000 | \$13,000 | \$10,800 | \$13,000 |

| Medical Benefits | In Network | In Network | In Network | In Network |
|--|---|---|-----------------|-----------------|
| Chiropractic/Manipulative Therapy | \$25 Copay | \$25 Copay | Ded/\$25 Copay | Ded/\$25 Copay |
| Durable Medical Equipment/Prosthesis | Ded/Co | Deductible | Ded/Co | Ded/Co |
| Emergency Room Care | \$250 Copay | \$250 Copay | 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 | 1st 3 visits @ \$0 Copay, then \$25 Copay | 1st 3 visits @ \$0 Copay, then \$25 Copay | Ded/\$25 Copay | Ded/\$25 Copay |
| Preventive Care | \$0 Copay | \$0 Copay | \$0 Copay | \$0 Copay |
| Primary Care Office Visits | \$25 Copay | \$25 Copay | Ded/\$25 Copay | Ded/\$25 Copay |
| Rehabilitation and Habilitation Services (PT/OT/ST) | \$50 Copay | \$50 Copay | Ded/\$50 Copay | Ded/\$50 Copay |
| Specialty Care Office Visits | \$50 Copay | \$50 Copay | 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 | \$100 Copay | \$100 Copay | Ded/\$100 Copay | Ded/\$100 Copay |
| Adult Vision Exams | \$50 Copay | \$50 Copay | 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 | \$50 Copay | \$50 Copay | Ded/\$50 Copay | Ded/\$50 Copay |

| Prescription Drugs | In Network | In Network | In Network | In Network |
|--|-----------------------------------|-----------------------------------|---|---|
| Tier 1 - Preferred Generics | \$5 copay | \$5 copay | Ded/\$5 copay | Ded/\$5 copay |
| Tier 2 - Generics | \$35 copay | \$35 copay | Ded/\$35 copay | Ded/\$35 copay |
| Tier 3 - Non-Preferred Generics and Preferred Brands | \$70 copay | \$70 copay | Ded/\$70 copay | Ded/\$70 copay |
| Tier 4 - Non-Preferred Brands | 30% Co. up to max of \$300/script | 30% Co. up to max of \$300/script | Ded. then 30% Co. up to max of \$300/script | Ded. then 30% Co. up to max of \$300/script |
| Tier 5 - Specialty | 30% Co. up to max of \$500/script | 30% Co. up to max of \$500/script | Ded. then 30% Co. up to max of \$500/script | Ded. then 30% Co. up to max of \$500/script |

2018 Large Group Plans

| Plan Name ► | Cornerstone PPO HSA 3000 0% | Cornerstone PPO HSA 4000 | Cornerstone PPO HSA 5000 | Cornerstone PPO HSA 6000 |
|--|--------------------------------|-----------------------------|-----------------------------|-----------------------------|
| 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 | \$3,000 | \$4,000 | \$5,000 | \$6,000 |
| Family Deductible | \$6,000 | \$8,000 | \$10,000 | \$12,000 |
| Standard Coinsurance (Co) | 0% | 20% | 20% | 0% |
| Individual OOP Max | \$3,000 | \$5,500 | \$6,000 | \$6,000 |
| Family OOP Max | \$6,000 | \$11,000 | \$12,000 | \$12,000 |

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

| Prescription Drugs | In Network | In Network | In Network | In Network |
|--|------------|---|---|------------|
| Tier 1 - Preferred Generics | Deductible | Ded/\$5 copay | Ded/\$5 copay | Deductible |
| Tier 2 - Generics | Deductible | Ded/\$35 copay | Ded/\$35 copay | Deductible |
| Tier 3 - Non-Preferred Generics and Preferred Brands | Deductible | Ded/\$70 copay | Ded/\$70 copay | Deductible |
| Tier 4 - Non-Preferred Brands | Deductible | Ded. then 30% Co. up to max of \$300/script | Ded. then 30% Co. up to max of \$300/script | Deductible |
| Tier 5 - Specialty | Deductible | Ded. then 30% Co. up to max of \$500/script | Ded. then 30% Co. up to max of \$500/script | Deductible |