



2022 Large Group Plan Design

Quality group plans you and your employees expect and deserve



Having plan choices for large group employers is important.

Our plans are designed to cover employees for routine and preventive care. They offer varying embedded deductibles and rates to meet a variety of financial needs.



All non-HSA plans **include our Chronic Illness Support Program (CISP)**. With CISP, Members with **asthma, coronary artery disease, chronic obstructive pulmonary disease, diabetes, and hypertension** can save on premiums and out-of-pocket costs by using in-network providers, and filling approved formulary prescriptions through Express Scripts®

mail-order services. Medications that qualify for the Chronic Illness Support Program will be marked as CISP on the 2022 prescription drug formulary found on our website:

healthoptions.org/members/medications

HSA Preventive Drug Coverage

All Large Group PPO/HSA plans include a carefully created drug list formulary containing medications to help prevent and reduce the risk of complications due to chronic conditions and illnesses. These prescription drugs are identified on the formulary with an H.S.A notation. Drugs indicated as H.S.A. bypass the deductible. Instead, Members pay only the applicable co-insurance or co-payment amounts. Details on specific formulary coverage will be available in the Member portal.

Special Insulin Provision

Members requiring insulin will have a cost-share not to exceed \$35 for up to a 30-day supply on all plans



Large Group PPO Plans

Plan Name •	Cornerstone PPO \$500 20% \$1000	Cornerstone PPO \$1000 20% \$2000	Cornerstone PPO \$1500 20% \$3000	Cornerstone PPO \$1500 30% \$6000	Cornerstone PPO \$2000 20% \$4000	Cornerstone PPO \$2500 20% \$5000
Product Type	PPO	PPO	PPO	PPO	PPO	PPO
Chronic Illness Support Program (CISP)	Y	Y	Y	Y	Y	Y
HSA Preventive Drug Coverage (Y/N)	N	N	N	N	N	N
Individual Deductible	\$500	\$1,000	\$1,500	\$1,500	\$2,000	\$2,500
Family Deductible	\$1,000	\$2,000	\$3,000	\$3,000	\$4,000	\$5,000
Standard Co-insurance (Co)	20%	20%	20%	30%	20%	20%
Individual OOP Max	\$1,000	\$2,000	\$3,000	\$6,000	\$4,000	\$5,000
Family OOP Max	\$2,000	\$4,000	\$6,000	\$12,000	\$8,000	\$10,000

Medical Benefits	In-network	In-network	In-network	In-network	In-network	In-network
Chiropractic/Manipulative Therapy	\$25 Co-pay	\$25 Co-pay	\$25 Co-pay	\$40 Co-pay	\$25 Co-pay	\$25 Co-pay
Durable Medical Equipment/Prosthesis	Ded/Co	Ded/Co	Ded/Co	Ded/Co	Ded/Co	Ded/Co
Emergency Room Care	\$250 Co-pay	\$250 Co-pay	\$250 Co-pay	\$450 Co-pay	\$250 Co-pay	\$250 Co-pay
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 Co-pay, then \$25 Co-pay	1st 3 visits @ \$0 Co-pay, then \$25 Co-pay	1st 3 visits @ \$0 Co-pay, then \$25 Co-pay	1 st 3 visits @ \$0 Co-pay, then \$40 Co-pay	1st 3 visits @ \$0 Co-pay, then \$25 Co-pay	1st 3 visits @ \$0 Co-pay, then \$25 Co-pay
Preventive Care	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay
Primary Care Office Visits	\$25 Co-pay	\$25 Co-pay	\$25 Co-pay	\$40 Co-pay	\$25 Co-pay	\$25 Co-pay
Rehabilitation and Habilitation Services (PT/OT/ST)	\$50 Co-pay	\$50 Co-pay	\$50 Co-pay	\$55 Co-pay	\$50 Co-pay	\$50 Co-pay
Specialty Care Office Visits	\$50 Co-pay	\$50 Co-pay	\$50 Co-pay	\$75 Co-pay	\$50 Co-pay	\$50 Co-pay
Surgery/Anesthesia	Ded/Co	Ded/Co	Ded/Co	Ded/Co	Ded/Co	Ded/Co
Tobacco/Smoking Cessation	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay
Urgent Care Visits	\$100 Co-pay	\$100 Co-pay	\$100 Co-pay	\$100 Co-pay	\$100 Co-pay	\$100 Co-pay
Adult Vision Exams	\$50 Co-pay	\$50 Co-pay	\$50 Co-pay	\$55 Co-pay	\$50 Co-pay	\$50 Co-pay
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	Ded/Co
Pediatric Vision Exams	\$50 Co-pay	\$50 Co-pay	\$50 Co-pay	\$55 Co-pay	\$50 Co-pay	\$50 Co-pay

Large Group Prescription Plan Options

	Rx 1		Rx 2	
	Retail	Mail Order	Retail	Mail Order
Tier 1	\$5	\$10	\$0	\$0
Tier 2	\$25	\$50	\$10	\$20
Tier 3	\$50	\$100	\$45	\$90
Tier 4	30% Co-insurance limited to \$300 max	30% Co-insurance limited to \$600 max	20% Co-insurance limited to \$200 max	20% Co-insurance limited to \$600 max
Tier 5	30% Co-insurance limited to \$500 max	30% Co-insurance limited to \$1000 max	20% Co-insurance limited to \$400 max	20% Co-insurance limited to \$1200 max

This is only a summary. For more information about specific plan coverage, please see the Schedule of Benefits.



Large Group PPO Plans (continued)

Plan Name •	Cornerstone PPO \$2500 25% \$5000	Cornerstone PPO \$2500 30% \$5000	Cornerstone PPO \$3000 20% \$5000	Cornerstone Preferred PPO \$3000 30% \$8400	Cornerstone PPO \$3000 20% \$5000	Cornerstone PPO \$3500 20% \$7000 NoD (No deductible applied to Tier 4 and 5 Rx)
Product Type	PPO	PPO	PPO	PPO	PPO	PPO
Chronic Illness Support Program (CISP)	Y	Y	Y	Y	Y	Y
HSA Preventive Drug Coverage (Y/N)	N	N	N	N	N	N
Individual Deductible	\$2,500	\$2,500	\$3,000	\$3,000	\$3,000	\$3,500
Family Deductible	\$5,000	\$5,000	\$6,000	\$6,000	\$6,000	\$7,000
Standard Co-insurance (Co)	25%	30%	20%	30%	20%	20%
Individual OOP Max	\$5,000	\$5,000	\$5,000	\$8,400	\$5,000	\$7,000
Family OOP Max	\$10,000	\$10,000	\$10,000	\$16,800	\$10,000	\$14,000

Medical Benefits	In-network	In-network	In-network	In-network	In-network	In-network
Chiropractic/Manipulative Therapy	\$40 Co-pay	\$40 Co-pay	\$25 Co-pay	\$35 Co-pay	\$25 Co-pay	\$25 Co-pay
Durable Medical Equipment/Prosthesis	Ded/Co	Ded/Co	Ded/Co	Ded/Co	Ded/Co	Ded/Co
Emergency Room Care	\$450 Co-pay	\$450 Co-pay	\$250 Co-pay	Ded/Co	\$250 Co-pay	\$250 Co-pay
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 Co-pay, then \$40 Co-pay	1st 3 visits @ \$0 Co-pay, then \$40 Co-pay	1st 3 visits @ \$0 Co-pay, then \$25 Co-pay	1st 3 visits @ \$0 Co-pay, then \$35 Co-pay	1st 3 visits @ \$0 Co-pay, then \$25 Co-pay	1st 3 visits @ \$0 Co-pay, then \$25 Co-pay
Preventive Care	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay
Primary Care Office Visits	\$40 Co-pay	\$40 Co-pay	\$25 Co-pay	\$35 Co-pay	\$25 Co-pay	\$25 Co-pay
Rehabilitation and Habilitation Services (PT/OT/ST)	\$55 Co-pay	\$55 Co-pay	\$50 Co-pay	\$35 Co-pay	\$50 Co-pay	\$50 Co-pay
Specialty Care Office Visits	\$75 Co-pay	\$75 Co-pay	\$50 Co-pay	\$85 Co-pay	\$50 Co-pay	\$50 Co-pay
Surgery/Anesthesia	Ded/Co	Ded/Co	Ded/Co	Ded/Co	Ded/Co	Ded/Co
Tobacco/Smoking Cessation	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay
Urgent Care Visits	\$100 Co-pay	\$100 Co-pay	\$100 Co-pay	\$85 Co-pay	\$100 Co-pay	\$100 Co-pay
Adult Vision Exams	\$55 Co-pay	\$55 Co-pay	\$50 Co-pay	\$35 Co-pay	\$50 Co-pay	\$50 Co-pay
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	Ded/Co
Pediatric Vision Exams	\$55 Co-pay	\$55 Co-pay	\$50 Co-pay	\$35 Co-pay	\$50 Co-pay	\$50 Co-pay

Large Group Prescription Plan Options

	Rx 1		Rx 2	
	Retail	Mail Order	Retail	Mail Order
Tier 1	\$5	\$10	\$0	\$0
Tier 2	\$25	\$50	\$10	\$20
Tier 3	\$50	\$100	\$45	\$90
Tier 4	30% Co-insurance limited to \$300 max	30% Co-insurance limited to \$600 max	20% Co-insurance limited to \$200 max	20% Co-insurance limited to \$600 max
Tier 5	30% Co-insurance limited to \$500 max	30% Co-insurance limited to \$1000 max	20% Co-insurance limited to \$400 max	20% Co-insurance limited to \$1200 max

This is only a summary. For more information about specific plan coverage, please see the Schedule of Benefits.



Large Group PPO Plans (continued)

Plan Name •	Cornerstone PPO \$3500 20% \$7000 (Tier 4 and 5 Rx Ded/ Co)	Cornerstone PPO \$4000 20% \$5500	Cornerstone PPO \$5000 0% \$6500	Cornerstone PPO \$5000 20% \$6000	Cornerstone PPO \$6500 20% \$7000	Cornerstone PPO \$7900 10% \$8550
Product Type	PPO	PPO	PPO	PPO	PPO	PPO
Chronic Illness Support Program (CISP)	Y	Y	Y	Y	Y	Y
HSA Preventive Drug Coverage (Y/N)	N	N	N	N	N	N
Individual Deductible	\$3,500	\$4,000	\$5,000	\$5,000	\$6,500	\$7,900
Family Deductible	\$7,000	\$8,000	\$10,000	\$10,000	\$13,000	\$15,800
Standard Co-insurance (Co)	20%	20%	0%	20%	20%	10%
Individual OOP Max	\$7,000	\$5,500	\$6,500	\$6,000	\$7,000	\$8,550
Family OOP Max	\$14,000	\$11,000	\$13,000	\$12,000	\$14,000	\$17,100

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

Large Group Prescription Plan Options

	Rx 1		Rx 2	
	Retail	Mail Order	Retail	Mail Order
Tier 1	\$5	\$10	\$0	\$0
Tier 2	\$25	\$50	\$10	\$20
Tier 3	\$50	\$100	\$45	\$90
Tier 4	30% Co-insurance limited to \$300 max	30% Co-insurance limited to \$600 max	20% Co-insurance limited to \$200 max	20% Co-insurance limited to \$600 max
Tier 5	30% Co-insurance limited to \$500 max	30% Co-insurance limited to \$1000 max	20% Co-insurance limited to \$400 max	20% Co-insurance limited to \$1200 max

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Large Group *H.S.A. Plans

Plan Name ●	*Cornerstone PPO HSA \$2800 20% \$5600	*Cornerstone PPO HSA \$3000 20% \$6500	*Cornerstone PPO HSA \$4000 20% \$5500	*Cornerstone PPO HSA \$5000 20% \$6000	*Cornerstone PPO HSA \$6000 50% \$6750	*Cornerstone Option PPO HSA \$6200 30% \$7000	*Cornerstone PPO HSA \$6500 20% \$7000
Product Type	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Chronic Illness Support Program (CISP)	N	N	N	N	N	N	N
HSA Preventive Drug Coverage (Y/N)	Y	Y	Y	Y	Y	Y	Y
Individual Deductible	\$2,800	\$3,000	\$4,000	\$5,000	\$6,000	\$6,200	\$6,500
Family Deductible	\$5,600	\$6,000	\$8,000	\$10,000	\$12,000	\$12,400	\$13,000
Standard Co-insurance (Co)	20%	20%	20%	20%	50%	30%	20%
Individual OOP Max	\$5,600	\$6,500	\$5,500	\$6,000	\$6,750	\$7,000	\$7,000
Family OOP Max	\$11,200	\$13,000	\$11,000	\$12,000	\$13,500	\$14,000	\$14,000

Medical Benefits	In-network	In-network	In-network	In-network	In-network	In-network	In-network
Chiropractic/Manipulative Therapy	Ded/\$25 Co-pay	Ded/\$25 Co-pay	Ded/\$25 Co-pay	Ded/\$25 Co-pay	Ded/\$25 Co-pay	Ded/Co	Ded/\$25 Co-pay
Durable Medical Equipment/Prosthesis	Ded/Co	Ded/Co	Ded/Co	Ded/Co	Ded/Co	Ded/Co	Ded/Co
Emergency Room Care	Ded/\$250 Co-pay	Ded/\$250 Co-pay	Ded/\$250 Co-pay	Ded/\$250 Co-pay	Ded/\$250 Co-pay	Ded/Co	Ded/\$250 Co-pay
Hospital Inpatient Services	Ded/Co	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	Ded/Co
Inpatient Rehabilitation and Skilled Nursing Facility Care	Ded/Co	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	Ded/Co
Mental Health/Substance Abuse - Outpatient	Ded/\$25 Co-pay	Ded/\$25 Co-pay	Ded/\$25 Co-pay	Ded/\$25 Co-pay	Ded/\$25 Co-pay	Ded/Co	Ded/\$25 Co-pay
Preventive Care	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay
Primary Care Office Visits	Ded/\$25 Co-pay	Ded/\$25 Co-pay	Ded/\$25 Co-pay	Ded/\$25 Co-pay	Ded/\$25 Co-pay	Ded/Co	Ded/\$25 Co-pay
Rehabilitation and Habilitation Services (PT/OT/ST)	Ded/\$50 Co-pay	Ded/\$50 Co-pay	Ded/\$50 Co-pay	Ded/\$50 Co-pay	Ded/\$50 Co-pay	Ded/Co	Ded/\$50 Co-pay
Specialty Care Office Visits	Ded/\$50 Co-pay	Ded/\$50 Co-pay	Ded/\$50 Co-pay	Ded/\$50 Co-pay	Ded/\$50 Co-pay	Ded/Co	Ded/\$50 Co-pay
Surgery/Anesthesia	Ded/Co	Ded/Co	Ded/Co	Ded/Co	Ded/Co	Ded/Co	Ded/Co
Tobacco/Smoking Cessation	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay
Urgent Care Visits	Ded/\$100 Co-pay	Ded/\$100 Co-pay	Ded/\$100 Co-pay	Ded/\$100 Co-pay	Ded/\$80 Co-pay	Ded/\$85 Co-pay	Ded/\$80 Co-pay
Adult Vision Exams	Ded/\$50 Co-pay	Ded/\$50 Co-pay	Ded/\$50 Co-pay	Ded/\$50 Co-pay	Ded/\$25 Co-pay	Ded/Co	Ded/\$50 Co-pay
X-rays and Diagnostic Imaging	Ded/Co	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	Ded/Co	Ded/Co
Pediatric Vision Exams	Ded/\$50 Co-pay	Ded/\$50 Co-pay	Ded/\$50 Co-pay	Ded/\$50 Co-pay	Ded/\$25 Co-pay	Ded/Co	Ded/\$50 Co-pay

Large Group Prescription Plan Options

* Deductible must be satisfied before any co-pay or co-insurance apply in PPO H.S.A. Plans

	Rx 1		Rx 2	
	Retail	Mail Order	Retail	Mail Order
Tier 1	\$5	\$10	\$0	\$0
Tier 2	\$25	\$50	\$10	\$20
Tier 3	\$50	\$100	\$45	\$90
Tier 4	30% Co-insurance limited to \$300 max	30% Co-insurance limited to \$600 max	20% Co-insurance limited to \$200 max	20% Co-insurance limited to \$600 max
Tier 5	30% Co-insurance limited to \$500 max	30% Co-insurance limited to \$1000 max	20% Co-insurance limited to \$400 max	20% Co-insurance limited to \$1200 max

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Cornerstone Plans with Unique Prescription Drug Benefits

Plan Name •	Cornerstone PPO \$5000 50% \$7900	Cornerstone PPO HSA \$3000 0% \$3000	Cornerstone PPO HSA \$6000 0% \$6000
Product Type	PPO	PPO	PPO
Chronic Illness Support Program (CISP)	Y	N	N
HSA Preventive Drug Coverage (Y/N)	N	Y	Y
Individual Deductible	\$5,000	\$3,000	\$6,000
Family Deductible	\$10,000	\$6,000	\$12,000
Standard Co-insurance (Co)	50%	0%	0%
Individual OOP Max	\$7,900	\$3,000	\$6,000
Family OOP Max	\$15,800	\$6,000	\$12,000

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

Large Group Prescription Plan Options

* Deductible must be satisfied before any co-pay or co-insurance apply in all of these plans

Tier 1 - Preferred Generics	50% Co-insurance after Ded	Deductible	Deductible
Tier 2 - Generics	50% Co-insurance after Ded	Deductible	Deductible
Tier 3 - Preferred Brands	50% Co-insurance after Ded	Deductible	Deductible
Tier 4 - Non-Preferred Brands	50% Co-insurance after Ded	Deductible	Deductible
Tier 5 - Specialty	50% Co-insurance after Ded	Deductible	Deductible

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