



2023 Large Group Plan Design



Better Health Insurance for Maine Businesses



We make it **easier to afford, easier to choose, and easier to manage your business' health insurance needs.**

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 2023 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 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. Details on specific 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

Wellness Platform

Health Options partners with WellRight® on all Large Group plans to provide a digital wellness engagement platform and mobile app at no cost to Members 18 years and older. The program is rich with wellness challenges, a sense of community, gamification — including daily text nudges, an opportunity to earn rewards, and health education that is all geared toward driving positive habit formation and behavior change. The holistic and personalized approach guarantees a path toward better health

Helpful Links:

[2022 Large Group Employer Booklet](#)

[2022 Broker Booklet](#)



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	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 \$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	1st visit @ \$0 Co-pay, then \$25 Co-pay	1st visit @ \$0 Co-pay, then \$25 Co-pay	1st visit @ \$0 Co-pay, then \$25 Co-pay	1st visit @ \$0 Co-pay, then \$40 Co-pay	1st visit @ \$0 Co-pay, then \$25 Co-pay	1st visit @ \$0 Co-pay, then \$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	Facility - \$100 Co-pay Telehealth - \$0 Co-pay	Facility - \$100 Co-pay Telehealth - \$0 Co-pay	Facility - \$100 Co-pay Telehealth - \$0 Co-pay	Facility - \$100 Co-pay Telehealth - \$0 Co-pay	Facility - \$100 Co-pay Telehealth - \$0 Co-pay	Facility - \$100 Co-pay Telehealth - \$0 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 In-Network Prescription Plan Options

	Rx 1		Rx 2	
	Retail (30-day supply)	Mail Order (90-day supply)	Retail (30-day supply)	Mail Order (90-day supply)
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.

Note: Most large group plans bypass the deductible for prescriptions drug benefits. HSA plans have a deductible before the drug benefit applies. Some HSA plans have different prescription options including co-insurance for all tiers.

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 \$3500 20% \$7000	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	\$3,500	\$3,500
Family Deductible	\$5,000	\$5,000	\$6,000	\$6,000	\$7,000	\$7,000
Standard Co-insurance (Co)	25%	30%	20%	30%	20%	20%
Individual OOP Max	\$5,000	\$5,000	\$5,000	\$8,400	\$7,000	\$7,000
Family OOP Max	\$10,000	\$10,000	\$10,000	\$16,800	\$14,000	\$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	1st visit @ \$0 Co-pay, then \$40 Co-pay	1st visit @ \$0 Co-pay, then \$40 Co-pay	1st visit @ \$0 Co-pay, then \$25 Co-pay	1st visit @ \$0 Co-pay, then \$35 Co-pay	1st visit @ \$0 Co-pay, then \$25 Co-pay	1st visit @ \$0 Co-pay, then \$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	Facility - \$100 Co-pay Telehealth - \$0 Co-pay	Facility - \$100 Co-pay Telehealth - \$0 Co-pay	Facility - \$100 Co-pay Telehealth - \$0 Co-pay	Facility - \$85 Co-pay Telehealth - \$0 Co-pay	Facility - \$80 Co-pay Telehealth - \$0 Co-pay	Facility - \$100 Co-pay Telehealth - \$0 Co-pay
Adult Vision Exams	\$55 Co-pay	\$55 Co-pay	\$50 Co-pay	\$35 Co-pay	\$25 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	\$25 Co-pay	\$50 Co-pay

Large Group In-Network Prescription Plan Options

	Rx 1		Rx 2	
	Retail (30-day supply)	Mail Order (90-day supply)	Retail (30-day supply)	Mail Order (90-day supply)
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 \$300 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.

Note: Most large group plans bypass the deductible for prescription drug benefits. HSA plans have a deductible before the drug benefit applies. Some HSA plans have different prescriptions drug plan options including co-insurance for all tiers.

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 \$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
Chronic Illness Support Program (CISP)	Y	Y	Y	Y	Y
HSA Preventive Drug Coverage (Y/N)	N	N	N	N	N
Individual Deductible	\$4,000	\$5,000	\$5,000	\$6,500	\$7,900
Family Deductible	\$8,000	\$10,000	\$10,000	\$13,000	\$15,800
Standard Co-insurance (Co)	20%	0%	20%	20%	10%
Individual OOP Max	\$5,500	\$6,500	\$6,000	\$7,000	\$8,550
Family OOP Max	\$11,000	\$13,000	\$12,000	\$14,000	\$17,100

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

Large Group In-Network Prescription Plan Options

	Rx 1		Rx 2	
	Retail (30-day supply)	Mail Order (90-day supply)	Retail (30-day supply)	Mail Order (90-day supply)
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.

Note: Most large group plans bypass the deductible for prescription drug benefits. HSA plans have a deductible before the drug benefit applies. Some HSA plans have different prescriptions drug plan options including co-insurance for all tiers.

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



Large Group HSA Plus Plans

Plan Name	*Cornerstone PPO HSA Plus \$3000 20% \$6500	*Cornerstone PPO HSA Plus \$4000 20% \$5500	*Cornerstone PPO HSA Plus \$5000 20% \$6000	*Cornerstone PPO HSA Plus \$6000 50% \$6750	*Cornerstone PPO HSA Plus \$6200 30% \$7000	*Cornerstone PPO HSA Plus \$6500 20% \$7000
Product Type	PPO	PPO	PPO	PPO	PPO	PPO
Chronic Illness Support Program (CISP)	N	N	N	N	N	N
HSA Preventive Drug Coverage (Y/N)	Y	Y	Y	Y	Y	Y
Individual Deductible	\$3,000	\$4,000	\$5,000	\$6,000	\$6,200	\$6,500
Family Deductible	\$6,000	\$8,000	\$10,000	\$12,000	\$12,400	\$13,000
Standard Co-insurance (Co)	20%	20%	20%	50%	30%	20%
Individual OOP Max	\$6,500	\$5,500	\$6,000	\$6,750	\$7,000	\$7,000
Family OOP Max	\$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
Chiropractic/Manipulative Therapy	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
Emergency Room Care	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
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	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
Primary Care Office Visits	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/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/Co	Ded/\$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	Facility - Ded/\$100 Co-pay Telehealth - Ded/\$0 Co-pay	Facility - Ded/\$100 Co-pay Telehealth - Ded/\$0 Co-pay	Facility - Ded/\$100 Co-pay Telehealth - Ded/\$0 Co-pay	Facility - Ded/\$80 Co-pay Telehealth - Ded/\$0 Co-pay	Facility - Ded/\$85 Co-pay Telehealth - Ded/\$0 Co-pay	Facility - Ded/\$80 Co-pay Telehealth - Ded/\$0 Co-pay
Adult Vision Exams	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
Pediatric Glasses/Contacts	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/\$25 Co-pay	Ded/Co	Ded/\$50 Co-pay

Large Group In-Network Prescription Plan Options

	Rx 1		Rx 2	
	Retail (30-day supply)	Mail Order (90-day supply)	Retail (30-day supply)	Mail Order (90-day supply)
Tier 1	Ded/\$5	Ded/\$10	Ded/\$0	Ded/\$0
Tier 2	Ded/\$25	Ded/\$50	Ded/\$10	Ded/\$20
Tier 3	Ded/\$50	Ded/\$100	Ded/\$45	Ded/\$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 \$500 max	20% Co-insurance limited to \$400 max	20% Co-insurance limited to \$400 max

Note: Most large group plans bypass the deductible for prescription drug benefits. HSA plans have a deductible before the drug benefit applies. Some HSA plans have different prescriptions drug plan options including co-insurance for all tiers.

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



Cornerstone Plans with Unique Prescription Drug Benefits

Plan Name	Cornerstone PPO \$5000 50% \$7900	Cornerstone PPO HSA Plus \$3000 0% \$3000	Cornerstone PPO HSA Plus \$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	\$0 Co-pay	\$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	\$0 Co-pay	\$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 In-Network 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

Note: Most large group plans bypass the deductible for prescription drug benefits. HSA plans have a deductible before the drug benefit applies. Some HSA plans have different prescriptions drug plan options including co-insurance for all tiers.

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