




## Cornerstone offers a unique approach to Benefit Management:

Exceeding expectations, we provide a full-service solution to employers.

Cornerstone Benefit Plans, Inc. applies creative technology to maximize savings, improve communications and assure compliance through customized employee benefit plans, HR administrative services, public sector and nonprofit retirement plans, and financial strategies. We understand the challenges today's employers face, and we know you're asked to take on more than ever before. Expect more from a broker – expect our full spectrum of solutions.

[www.cornerstonebenefitplans.com](http://www.cornerstonebenefitplans.com)



## Flexible Solutions for Employer Sponsored Benefit Programs

Benefit Plan  
Design

Premium  
Payment  
Development

Benefit  
Admin. &  
Compliance

Benefit  
Communications

Benefit  
Carriers

Benefit  
Networks

# Plan Sponsor Support



**CONSULTING  
SERVICES**



**EMPLOYEE  
EDUCATION**



**BENEFITS  
ADMINISTRATION**



**ONLINE ENROLLMENT**



**PAYMENT  
DEVELOPMENT  
FULLING INSURED/SELF  
INSURED**



**LEGISLATIVE  
UPDATE**



**COMPLIANCE  
REVIEW**



**FEE BENCHMARKING**

# Consulting Services Group Benefit Plans

Large & Small  
Groups

Welfare Benefit  
Plans

Flexible  
Spending  
Accounts

Voluntary  
Employee  
Benefits

Health  
Reimbursement  
Arrangements

Telehealth  
Access  
Programs

Rx Carve Out

Dental  
Insurance

Group Long-  
Term &  
Short-Term  
Disability

Voluntary/Work  
site  
Benefits

Long-Term  
Care

Wellness  
Programs

GAP Insurance  
Funding

Vision  
Insurance

Health Savings  
Accounts

Executive  
Carve Out  
Programs

Group Life,  
AD&D,  
Dependent Life

# Employee Education

Cornerstone Benefit Plans, Inc. is here to help guide your employees through their offered benefits. We are here to answer their questions, provide them with a dedicated Account Manager, and an employee handbook that is designed for your benefit programs.

**Medical & Rx | Option 1 Base Plan**  
**Integrat Blue Simply Blue™ HSA PPO Plan \$6,250/yr LG Effective Date: On or after June 2020 Benefits at a glance**

This is intended as an executive summary and provides only a general overview of your benefits. It is not a contract. Additional benefits and exclusions may apply. Payment amounts are based on 2020/2021 approved amounts. See any applicable deductibles and/or coinsurance. For a complete history of benefit changes see the applicable 2020/2021 certificate and cover. If your group is a member of any other plan, you may have other benefits. If your group is self-funded, if there is a discrepancy between this Benefits at a Glance and any applicable plan document, the plan document will control.

**Prescription Plan for Selected Services:** Services listed in this HSA are covered when provided in accordance with Certificate requirements and, when required, are pre-authorized or approved by 2020/2021 except in an emergency.

**Note:** A list of services that require approval before they are provided is available online at [www.cornerstonebenefits.com](https://www.cornerstonebenefits.com). Select "Approving covered services".

Payment information for various procedures by in-network provider can be obtained by calling the customer service number (based on the back of your 2020/2021 ID card) and providing the procedure code. Your provider can also provide this information upon request.

**Prescription for Specialty Pharmaceuticals:** 2020/2021 will pay for FDA-approved specialty pharmaceuticals that meet 2020/2021's eligibility criteria for treatment of the condition. The prescribing provider must submit 2020/2021 to request pre-authorization of the drug. If pre-authorization is not granted, 2020/2021 will deny the claim and all charges will be the member's responsibility.

Specialty pharmaceuticals are brand-name drugs including high-cost injectable, injectable, oral and other drugs related to specialty disease categories or other categories. 2020/2021 determines which specialty drugs are payable. This may include medications to treat asthma, rheumatoid arthritis, multiple sclerosis, and many other diseases as well as intravitreal drug used in the treatment of cancer. Not all conditions are eligible.

Blue Cross Blue Shield of Michigan is a nonprofit member organization of the Blue Cross and Blue Shield Association. Appeals from a denial here are to the member. For more information on our appeals process, visit [www.bcsbs.com](https://www.bcsbs.com). For more information on our appeals process, visit [www.bcsbs.com](https://www.bcsbs.com). For more information on our appeals process, visit [www.bcsbs.com](https://www.bcsbs.com).

Member's responsibility (deductibles, copays, coinsurance and dollar maximums)	In-network	Out-of-network
Deductible	\$0 for one member \$1,700 for one member \$2,400 for one member (see note)	\$1,700 for one member \$2,400 for one member (see note)
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**Health Savings Account**  
 Your HSA Medical Plan Costs and How it All Works Together

This additional plan allows you to contribute up to \$3,600 per year (or \$4,500 if you are over 50) to your HSA. The deductible does not apply.

After you meet the deductible, the plan pays 100% of eligible expenses (copayments).

The plan's out-of-pocket maximum is \$6,900 per year.

All money in your HSA can be used for eligible expenses. You can use your HSA through your debit card or to pay for eligible expenses. You can also use your HSA to pay for eligible expenses. You can also use your HSA to pay for eligible expenses.

**Health Savings Account**  
 Like the tax-free money in your Health Savings Account (HSA) for eligible expenses, your deductible and coinsurance.

Use your HSA for qualified medical expenses. HSA funds can be used for a variety of qualified medical, dental and vision expenses, including:

- Prescription eyeglasses
- Family enhancement
- Hearing aids
- Long-term care
- Prescriptions
- Orthodontia
- Reflexology
- Long-term care
- Surgery (non-cosmetic)
- Therapy
- For more qualified expenses go to [www.bcsbs.com](https://www.bcsbs.com) and look for publications list.

**HSA CONTRIBUTION LIMITS**

Year	Individual	Family
2020	\$3,550	\$7,100
2021	\$3,600	\$7,200

At age 55, an additional \$1,000 is allowed annually.

**Health Savings Account**  
 Health Equity

**GETTING STARTED**  
 If you are new to HSA, follow these steps to optimize your account and put you on the pathway to building health savings.

**START SAVING**  
 Decide how you will begin building your health savings:

- Paycheck contributions: If your account is offered through your employer, you may make regular pre-tax contributions from your paycheck. Talk to your benefits department for assistance.
- Transfer an existing HSA: If you already have an HSA with another administrator, transfer your existing HSA balance to HealthEquity to consolidate your savings while taking advantage of other incentives. For more information, visit [www.healthequity.com](https://www.healthequity.com).
- Electronic funds transfer (EFT): Using EFT, you can make a one-time, post-tax contribution or schedule automatic HSA contributions from your personal bank account. To set up an EFT, log in to your HealthEquity account. From the "My Account" tab, select "EFT" and select "Make Contributions."

**ACTIVATE YOUR DEBIT CARD**  
 Once your HSA is opened, you will receive a member-issued HealthEquity Virtual Health Account Card. Activate instructions are included in the envelope. You can also speak to one of our account managers to activate your card and receive additional insight into your account.

**HEALTH EQUITY**  
 4000 3234 5476 3030  
 WSA

**SIGN ON**  
 Sign in to the member portal by visiting [www.healthequity.com](https://www.healthequity.com). If it is your first time logging in, select "Create user name and password" and follow the step-by-step process to verify your account. Once you are logged in, complete the following:

- Add a beneficiary to ensure your HSA benefits your loved ones in the event of your death.
- Start to receive statements to avoid a monthly statement fee.
- Navigate the portal and familiarize yourself with its features and capabilities. For a comprehensive portal guide, visit [www.healthequity.com](https://www.healthequity.com).

**HOW IT WORKS**  
**AT THE DOCTOR:**

- Remember members with an HSA, qualified plan, or other account are not typically required at the time of service, be sure to present your insurance ID card.
- If your healthcare provider requires a deposit, it will be applied to your invoice.
- Provider bills health plan: Provider submits a claim to your health plan for services provided.
- Health plan sends EOB: An explanation of benefits (EOB) is sent to you outlining the negotiated or allowed charges and summarizes your year-to-date deductible and co-insurance total. In some cases, your health plan may send a view of your claim file.

**URGENT ROOM VS. EMERGENCY ROOM**  
 A visit to the emergency room can cost up to 5 times more than a visit to an urgent care facility that offers provider-led urgent treatment. You should consider only going to the emergency room in a potentially life-threatening situation. An appointment made with your primary care physician will typically be less expensive than a visit to the urgent care.

## Benefits Administration & Online Enrollment

We have teamed up with carriers that will provide online enrollment and tracking of your employer sponsored benefits. Most payroll systems are supported as well. Your employees will be able to submit open enrollment elections, provide change of status changes, view their benefit selection and payroll deduction amounts, from any laptop, tablet or even cellphone.



## Legislative & Compliance

With continues changes in the world, we are here to help mitigate all the continues moving parts in legislative and compliance sectors. We will provide you with up-to-date information that will allow you as an employer to make delicate decisions for you and your employees.

### **Cornerstone Benefit Plans, Inc. provides:**

Educational material and support on a vast range of compliance topics, including:

- ▶ COBRA
- ▶ HIPAA
- ▶ FMLA
- ▶ SPD, Section 125, and Health Savings Accounts (HSA)
- ▶ Health Care Reform/Affordable Care Act
- ▶ Medicare Part D
- ▶ I-9 Regulations, and more
- ▶ Testing, 5500 Support

Plus, we offer notices, forms, employee communications, and other materials to support compliance.



## Professionalism

Cornerstone Benefit Plans, Inc. is large enough to deliver the services you need, but small enough to provide you with the attention you deserve. Since 1982, founder Jerry Ciaramitaro has strived to provide industry leadership and utilize advances in technology for the benefit of his clients.

Our deep knowledge of the benefits industry, technology, and a quality service team brings solutions that are designed to optimize value for your company's employee benefit needs. Cornerstone Benefit Plans, Inc. supports employers of all types and sizes to assist in overcoming challenges by customizing benefits and simplifying benefit administration.

As a Cornerstone client, your account is assigned to a dedicated Account Manager. This single contact point is available to you, your employees, and their families. Our Account Managers are knowledgeable, experienced, and can identify the correct questions to ask to resolve most situations. This will allow you as an employer to focus on your business, rather than the hassles and complexities of benefit requirements.

