

Glatfelter
Benefit Summary
Glatfelter Family Medical Center (GFMC)

| BENEFIT HIGHLIGHTS | IN-NETWORK | OUT-OF-NETWORK |
|--|------------------------------|---|
| <i>Eligibility: Chillicothe Salaried Actives/Retirees, Chillicothe Union Retirees</i> | | |
| Network Name <i>For CIGNA's provider directory, go to http://cigna.com/</i> | Open Access Plus (OAP) | Search on "Network Savings Program" for greater discounts |
| Lifetime Maximum | \$2,000,000 | \$2,000,000 |
| Coinsurance Levels | 80% | 50% of allowed amount |
| Calendar Year Deductible | | |
| <i>Individual</i> | \$300 per person | \$600 per person |
| <i>Two Party</i> | \$600 per 2 party | \$1,200 per 2 party |
| <i>Family Maximum</i> | \$900 per family | \$1,800 per family |
| Out-of-Pocket Maximum | | |
| <i>Individual</i> | \$2,000 per person | \$4,000 per person |
| <i>Family Maximum</i> | \$4,000 per family | \$8,000 per family |
| Office Visit Copays | | |
| <i>Primary Care Physician's Office visit</i> | \$10 PCP copay | 50% after plan deductible |
| <i>Specialty Care Physician's Office Visit</i> | \$40 Specialist copay | 50% after plan deductible |
| <i>GFMC Physician's Office Visit</i> | \$5 copay | |
| Preventive Care | | |
| <i>Standard guidelines and age/frequency limitations apply</i> | No charge | No charge |
| Routine Mammograms, PSA, Pap Smear | | |
| <i>Standard guidelines and age/frequency limitations apply</i> | No charge | No charge |
| Diagnostic Mammograms, PSA, Pap Smear | 80% after plan deductible | 50% after plan deductible |
| Outpatient Facility/Professional Services | 80% after plan deductible | 50% after plan deductible |
| Inpatient Hospital Services | 80% after plan deductible | 50% after plan deductible |
| Emergency and Urgent Care Services | | |
| <i>Hospital Emergency Room</i> | No charge after \$100 copay* | No charge after \$100 copay* |
| <i>Urgent Care Facility or Outpatient Facility</i> | No charge after \$50 copay | No charge after \$50 copay |
| <i>Ambulance</i> | No charge | No charge |
| | *waived if admitted | *waived if admitted |
| Laboratory and Radiology Services <i>(includes pre-admission testing)</i> | | |
| <i>CIGNA Open Access Plus Network</i> | 80% after plan deductible | 50% after plan deductible |
| <i>GFMC</i> | No charge | |
| Home Health Care 90 days maximum per calendar year (includes outpatient private duty nursing when approved as medically necessary) | 80% after plan deductible | 50% after plan deductible |
| Note: The maximum number of hours per day is limited to 16 hours. | | |

| BENEFIT HIGHLIGHTS | IN-NETWORK | OUT-OF-NETWORK |
|--|---|--|
| <i>Outpatient Short-Term Rehabilitative Therapy</i> 90 days combined maximum per calendar year Includes: Physical Therapy Speech Therapy Occupational Therapy Pulmonary Rehab Cognitive Therapy Respiratory Therapy | No charge after the PCP or Specialist copay | 50% after plan deductible |
| <i>Chiropractic Services</i> 20 Days maximum per calendar year | No charge after the PCP or Specialist copay | 50% after plan deductible |
| <i>Mental Health</i> | | |
| <i>Inpatient</i> | 80% after plan deductible | 50% after plan deductible |
| <i>Outpatient (Includes Individual, Group and Intensive Outpatient)</i> Physician's Office Outpatient Facility | No charge after PCP or Specialist copay 80% after plan deductible | 50% after plan deductible 50% after plan deductible |
| <i>Substance Abuse (Alcohol & Drug)</i> | | |
| <i>Inpatient</i> | 80% after plan deductible | 50% after plan deductible |
| <i>Outpatient (Includes Individual and Intensive Outpatient)</i> Physician's Office Outpatient Facility | No charge after PCP or Specialist copay 80% after plan deductible | 50% after plan deductible 50% after plan deductible |
| <i>Prescription – In-Network</i> | | |
| CVS Caremark - Retail Pharmacies (30-day supply) | Generic – \$10 co-pay Preferred – 20% co-insurance (\$15 minimum) Non-preferred – 30% co-insurance (\$30 minimum) | |
| CVS Caremark - Mail Order/CVS Pharmacy Maintenance Drugs (90-day supply) | Generic – \$20 co-pay Preferred – 20% co-insurance (\$30 minimum) Non-preferred – 30% co-insurance (\$60 minimum) <i>Note: Two 30-day fills are allowed at the pharmacy first, and then you are required to use mail order or a CVS Pharmacy</i> | |
| GFMC—30-Day Supply | Generic – \$5 co-pay Preferred – \$15 co-pay Non-preferred – 30% co-insurance (\$30 minimum) | |
| GFMC—90-Day Supply | Generic – \$10 co-pay Preferred – \$30 co-pay Non-preferred – 30% co-insurance (\$60 minimum) | |

This is a brief summary of your benefits. The final interpretation will be governed by Glatfelter's plan documents.