

**Glatfelter**  
**Benefit Summary**  
**Glatfelter Family Medical Center (GFMC) Plan**

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<i>Eligibility: Chillicothe Union Actives</i>		
<b>Network Name</b> <i>For CIGNA's provider directory, go to <a href="http://cigna.com/">http://cigna.com/</a></i>	Open Access Plus (OAP)	Search on "Network Savings Program" for greater discounts
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Coinsurance Levels</b>	80%	70%
<b>Calendar Year Deductible</b> <i>Individual</i> <i>Family Maximum</i>	\$250 per person \$500 per family	\$500 per person \$1,000 per family
<b>Out-of-Pocket Maximum</b> <i>Individual</i> <i>Family Maximum</i>	\$1,500 per person \$3,000 per family	\$2,000 per person \$4,000 per family
<b>Office Visit Copays</b> <i>Primary Care Physician's (PCP) Office visit</i>	\$15 PCP copay	70% after plan deductible
<i>Specialty Care Physician's Office Visit</i>	\$30 Specialist copay	70% after plan deductible
<i>GFMC Physician's Office Visit</i>	\$5 Copay	
<b>Preventive Care</b> <i>Standard guidelines and age/frequency limitations apply</i>	No charge	70% after plan deductible
<b>Routine Mammograms, PSA, Pap Smear</b> <i>Standard guidelines and age/frequency limitations apply</i>	No charge	70% after plan deductible
<b>Diagnostic Mammogram, PSA, Pap Smear</b>	80% after plan deductible	70% after plan deductible
<b>Outpatient Facility/Professional Services</b>	80% after plan deductible	70% after plan deductible
<b>Inpatient Hospital Services</b>	80% after plan deductible	70% after plan deductible
<b>Emergency and Urgent Care Services</b> <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>	80% after plan deductible	80% after plan deductible
	*waived if admitted	*waived if admitted
<b>Laboratory and Radiology Services</b> <i>(includes pre-admission testing)</i>	80% after plan deductible	70% after plan deductible
<b>Home Health Care</b> Unlimited days maximum per calendar year (includes outpatient private duty nursing when approved as medically necessary)	80% after plan deductible	70% after plan deductible
<b>Note:</b> The maximum number of hours per day is limited to 16 hours.		

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<b><i>Outpatient Short-Term Rehabilitative Therapy</i></b> Includes: Physical Therapy – 30 days per year Speech Therapy – 30 days per year Occupational Therapy – 30 days per year Pulmonary Rehab – unlimited days per year Cognitive Therapy – unlimited days per year Respiratory Therapy – unlimited days per year	No charge after the PCP or Specialist copay	70% after plan deductible
<b><i>Chiropractic Services</i></b>  30 Days maximum per calendar year	No charge after the PCP or Specialist visit copay	70% after plan deductible
<b><i>Mental Health</i></b>		
<i>Inpatient</i>	80% after plan deductible	70% after plan deductible
<b><i>Outpatient (Includes Individual, Group and Intensive Outpatient)</i></b>  Physician's Office  Outpatient Facility	No charge after PCP or Specialist copay  80% after plan deductible	70% after plan deductible  70% after plan deductible
<b><i>Substance Abuse (Alcohol &amp; Drug)</i></b>		
<i>Inpatient</i>	80% after plan deductible	70% after plan deductible
<b><i>Outpatient (includes Individual and Intensive Outpatient)</i></b>  Physician's Office  Outpatient Facility	No charge after PCP or Specialist copay  80% after plan deductible	70% after plan deductible  70% after plan deductible
<b><i>Prescription Drugs</i></b>		
<b>CVS Caremark Retail Drugs (34-day supply)</b>	Generic – \$10 co-pay Preferred – \$15 co-pay Non-preferred – \$30 co-pay	
<b>CVS Caremark - Mail-Order/CVS Pharmacy Maintenance Drugs (90-day supply)</b>  <i>Note: Two 34-day fills are allowed at retail pharmacy; then you must use mail order or a CVS Pharmacy for maintenance drugs.</i>	Generic – \$20 co-pay Preferred – \$30 co-pay Non-preferred – \$60 co-pay	
<b>GFMC—34-Day Supply</b>	Generic – \$5 co-pay Preferred – \$10 co-pay Non-preferred – \$15 co-pay	
<b>GFMC—90-Day Supply</b>	Generic – \$10 co-pay Preferred – \$20 co-pay Non-preferred – \$30 co-pay	

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