

**Glatfelter**  
**Benefit Summary**  
**Primary Care Plan (PCP)**  
**(formerly Keystone HMO)**

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<i>Eligibility: Spring Grove/Pulpwood Salaried Actives/Retirees</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>	\$2,000,000	\$2,000,000
<b>Coinsurance Levels</b>	100%	50% of allowed amount
<b>Calendar Year Deductible</b>		
<i>Individual</i>	None	None
<i>Family</i>	None	None
<b>Out-of-Pocket Maximum</b>		
<i>Individual</i>	None	None
<i>Family</i>	None	None
<b>Office Visit Copays</b>		
<i>Primary Care Physician's (PCP) Office visit</i>	\$10 PCP copay	50% coinsurance
<i>Specialty Care Physician's Office Visit</i>	\$35 Specialist copay	50% coinsurance
<b>Preventive Care</b> <i>Standard guidelines and age/frequency limitations apply</i>	No charge	50% coinsurance
<b>Routine Mammograms, PSA, Pap Smear</b> <i>Standard guidelines and age/frequency limitations apply</i>	No charge	50% coinsurance
<b>Diagnostic Mammograms, PSA, Pap Smear</b>	No charge	50% coinsurance
<b>Outpatient Facility Services</b>	No charge after \$50 copay	50% coinsurance
<b>Inpatient Hospital Services</b>	No charge after \$100 copay	50% coinsurance
<b>Emergency and Urgent Care Services</b>		
<i>Hospital Emergency Room</i>	No charge after \$75 copay*	No charge after \$75 copay*
<i>Urgent Care Facility or Outpatient Facility</i>	No charge after \$40 copay	No charge after \$40 copay
<i>Ambulance</i>	No charge	No charge
	*waived if admitted	*waived if admitted
<b>Laboratory and Radiology Services</b> <i>(includes pre-admission testing)</i>	No charge	50% coinsurance
<b>Home Health Care</b> 100 days maximum per calendar year	No charge	50% coinsurance
<b>Note:</b> The maximum number of hours per day is limited to 16 hours.		

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<b>Outpatient Short-Term Rehabilitative Therapy</b> 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% coinsurance
<b>Chiropractic Services</b> 20 Days maximum per calendar year	No charge after the PCP or Specialist copay	50% coinsurance
<b>Mental Health</b>		
<b>Inpatient</b>	No charge after \$100 copay	50% coinsurance
<b>Outpatient (Includes Individual, Group and Intensive Outpatient)</b>  <i>Physician's Office</i>  <i>Group Therapy</i>  <i>Outpatient Facility</i>	No charge after the PCP or Specialist copay  No charge after \$5 copay  No charge	50% coinsurance  50% coinsurance  50% coinsurance
<b>Substance Abuse (Alcohol &amp; Drug)</b>		
<b>Inpatient</b>	No charge after \$100 copay	50% coinsurance
<b>Outpatient (Includes Individual and Intensive Outpatient)</b>  <i>Physician's Office</i>  <i>Outpatient Facility</i>	No charge after the PCP or Specialist copay  No charge	50% coinsurance  50% coinsurance
<b>Prescription – CVS Caremark</b>		
<b>Retail Pharmacies (30-day supply)</b>	Generic – \$10 co-pay Preferred – 20% co-insurance (\$15 minimum) Non-preferred – 30% co-insurance (\$30 minimum)	
<b>Mail Order/CVS Maintenance Drugs (90-day supply)</b>	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>	

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