

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

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<i>Eligibility: Spring Grove Union & Pulpwood Non-Union Actives and 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	100%	70% of allowed amount
Calendar Year Deductible		
<i>Individual</i>	None	None
<i>Family</i>	None	None
Out-of-Pocket Maximum		
<i>Individual</i>	None	None
<i>Family</i>	None	None
Office Visit Copays		
<i>Primary Care Physician's (PCP) Office Visit</i>	\$10 PCP copay	70% coinsurance
<i>Specialty Care Physician's Office Visit</i>	\$25 Specialist copay	70% coinsurance
Preventive Care		
<i>Standard guidelines and age/frequency limitations apply</i>	No charge	Not covered; in-network coverage only
Routine Mammograms, PSA, Pap Smear		
<i>Standard guidelines and age/frequency limitations apply</i>	No charge	Not covered; in-network coverage only
Diagnostic Mammograms, PSA, Pap Smear	No charge	70% coinsurance
Outpatient Facility Services	No charge	70% coinsurance
Inpatient Hospital Facility Services	No charge	Not covered; in-network coverage only
Inpatient Hospital Physician's Visits/Consultations/Professional Services	No charge	70% coinsurance
Emergency and Urgent Care Services		
<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

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Laboratory and Radiology Services (includes pre-admission testing)	No charge	70% coinsurance
Home Health Care 100 days maximum per calendar year Unlimited days per calendar year outpatient private duty nursing when approved as medically necessary Note: The maximum number of hours per day is limited to 16 hours.	No charge	Not covered; in-network coverage only
Outpatient Short-Term Rehabilitative Therapy 90 days combined maximum per calendar year Includes: Physical Therapy Speech Therapy Occupational Therapy Pulmonary Rehab Cognitive Therapy Respiratory Therapy	No charge	70% coinsurance
Chiropractic Services 20 Days maximum per calendar year	No charge	70% coinsurance
Mental Health		
<i>Inpatient</i>	No charge	Not covered; in-network coverage only
<i>Outpatient (Includes Individual, Group and Intensive Outpatient)</i>		
Physician's Office	No charge after PCP or Specialist copay	70% coinsurance
Group Therapy	No charge after \$5 copay	70% coinsurance
Outpatient Facility	No charge	70% coinsurance
Substance Abuse (Alcohol & Drug)		
<i>Inpatient</i>	No charge	Not covered; in-network coverage only
<i>Outpatient (Includes Individual and Intensive Outpatient)</i>		
Physician's Office	No charge after PCP or Specialist copay	70% coinsurance
Outpatient Facility	No charge	70% coinsurance
Prescription Drugs – CVS Caremark		
Retail Drugs (34-day supply)	Generic – 0% Preferred – 20% Non-preferred – 30%	
Mail-Order/CVS Maintenance Drugs (90-day supply) <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 – 0% Preferred – 20% Non-preferred – 30%	

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