

## Glatfelter Benefit Summary PPO Plan

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<i>Eligibility: Spring Grove Union &amp; Pulpwood Non-Union Actives and 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>	80%	60%
<b>Calendar Year Deductible</b>		
<i>Individual</i>	None	\$300 per person
<i>Family</i>	None	\$600 per family
<b>Out-of-Pocket Maximum</b>		
<i>Individual</i>	\$1,205 per person	\$1,500 per person
<i>Family</i>	\$1,640 per family	\$3,000 per family
<b>Office Visit Copays</b>		
<i>Primary Care Physician's(PCP) Office Visit</i>	\$20 PCP copay	60% after plan deductible
<i>Specialty Care Physician's Office Visit</i>	\$45 Specialist copay	60% after plan deductible
<b>Preventive Care</b> <i>Standard guidelines and age/frequency limitations apply</i>	No charge	No charge
<b>Routine Mammograms, PSA, Pap Smear</b> <i>Standard guidelines and age/frequency limitations apply</i>	No charge	No charge
<b>Diagnostic Mammograms, PSA, Pap Smear</b>	80%	60% after plan deductible
<b>Outpatient Facility/Professional Services</b>	80%	60% after plan deductible
<b>Inpatient Hospital Services</b>	80%	60% after plan deductible
<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>	80%	60% after plan deductible
	*waived if admitted	*waived if admitted
<b>Laboratory and Radiology Services</b> <i>(includes pre-admission testing)</i>	80%	60% after plan deductible
<b>Home Health Care</b> 40 days maximum per calendar year (includes outpatient private duty nursing when approved as medically necessary)	80%	60% after plan deductible
<b>Note:</b> The maximum number of hours per day is limited to 16 hours.		

<b>BENEFIT HIGHLIGHTS</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b><i>Outpatient Short-Term Rehabilitative Therapy</i></b> Unlimited days combined maximum per calendar year Includes: Physical Therapy Speech Therapy Occupational Therapy Pulmonary Rehab Cognitive Therapy Respiratory Therapy	80%	60% after plan deductible
<b><i>Chiropractic Services</i></b> 15 Days maximum per calendar year	80%	60% after plan deductible
<b><i>Mental Health</i></b>		
<i>Inpatient</i>	80%	60% after plan deductible
<i>Outpatient (Includes Individual, Group and Intensive Outpatient)</i>  <i>Physician's Office</i>  <i>Outpatient Facility</i>	No charge after PCP or Specialist per visit copay  80%	60% after plan deductible  60% after plan deductible
<b><i>Substance Abuse (Alcohol &amp; Drug)</i></b>		
<i>Inpatient</i>	80%	60% after plan deductible
<i>Outpatient (Includes Individual and Intensive Outpatient)</i>  <i>Physician's Office</i>  <i>Outpatient Facility</i>	No charge after PCP or Specialist per visit copay  80%	60% after plan deductible  60% after plan deductible
<b>Prescription Drugs – CVS Caremark</b>		
<b>Retail Drugs (34-day supply)</b>	Generic – 0% Preferred – 20% Non-preferred – 30%	
<b>Mail-Order/CVS 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 – 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.*