

Glatfelter Benefit Summary PPO Plan

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<i>Eligibility: US Salaried Actives/Retirees, Fremont Non-Union Actives/Retirees, Chillicothe Union Retirees, Ecusta Salaried/Hourly Retirees, Neenah Salaried 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</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</i>	\$4,000 per family	\$8,000 per family
Office Visit Copays		
<i>Primary Care Physician's (PCP) Office visit</i>	\$10 PCP copay	50% after plan deductible
<i>Specialty Care Physician's Office Visit</i>	\$45 Specialist copay	50% after plan deductible
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>	80% after plan deductible	50% after plan deductible
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 – CVS Caremark</i>		
Retail Pharmacies (30-day supply)	Generic – \$10 co-pay Preferred – 20% co-insurance (\$15 minimum) Non-preferred – 30% co-insurance (\$30 minimum)	
Mail Order/CVS 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>	

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