LG Consumer At-A-Glance

Plan Features	Tier 1 & 2 Providers	Non-Preferred Providers *
Annual Deductible Individual** Family**	$2,000 $4,000	
	In-network Co-payment	**Out-of-network Co-insurance**
Physician Services Primary Care Provider Specialist Primary Care Provider E-Visit Urgent Care Retail Health Care Clinics Penn Medicine OnDemand	**After Deductible** $20 $35 $20 Plan pays 90% Plan pays 90% $49 / $20 after ded	**After Deductible** Plan pays 60%* Plan pays 60%* Plan pays 60%* Plan pays 90%* Plan pays 90%*
	In-network Co-insurance	**Out-of-network Co-insurance**
Hospitalization Facility Services Provider Services	**After Deductible** Plan pays 90% Plan pays 90%	**After Deductible** Plan pays 60%* Plan pays 60%*
Outpatient Diagnostic Tests Facility Services Provider Services	**After Deductible** Plan pays 100% Plan pays 100%	**After Deductible** Plan pays 60%* Plan pays 60%*
Outpatient Surgery Facility Services Provider Services	**After Deductible** Plan pays 100% Plan pays 100%	**After Deductible** Plan pays 60% Plan pays 60%
Preventive/Wellness Gynecological Exam Well Child Care Adult Physical Routine Mammogram	Plan pays 100% Plan pays 100% Plan pays 100% Plan pays 100%	**After Deductible** Plan pays 60%* Plan pays 60%* Plan pays 60%* Plan pays 60%*
Emergency Room Care Facility Services Provider Services	**After Deductible** Plan pays 80% Plan pays 80%	**After Deductible** Plan pays 80%* Plan pays 80%*
Outpatient Specialty RX Administration Facility Services Physician Office Outpatient Hospital	**After Deductible** Plan pays 60% Plan pays 60% Plan pays 60%	**No coverage**
Rehabilitation Services Physical/Speech/Occupational Therapy Hospitalization Outpatient	**After Deductible** Plan pays 90% Plan pays 90%	**After Deductible** Plan pays 60%* Plan pays 60%*
	In-network	**Out-of-network**
Annual Out-of-Pocket Limit Individual*** Family***	$4,000 $8,000	$6,000* $12,000*

UPMC Pinnacle Lititz has a $1500 co-payment for a hospitalization stay or for any outpatient services performed at these facilities. If you do not utilize a LG Health, Penn Care, CHOP, Eliance Health Solutions, Quest, PHC or Highmark Preferred Provider, coverage will be reduced to the Non-Preferred Provider level of insurance. Preventive Services must be performed by a primary care provider, obstetrics/gynecology, internist, or pediatrician; otherwise coverage will be reduced to the Non-Preferred Provider level of insurance, after deductible.

*paid at UCR (Usual, Customary and Reasonable)
** when the entire annual deductible has been satisfied, co-payment or co-insurance will apply
*** when the entire annual out-of-pocket maximum has been satisfied, 100% coverage will apply