

## LG Consumer At-A-Glance

Plan Features	Tier 1 & Tier 2 Providers	Non-Preferred Providers *
Annual Deductible – Embedded Individual Only ** Family - Per Family Member** Family – Total**		\$2,000 \$3,000 \$4,000
	In-network Co-payment	Out-of-network Co-Insurance
<b>Physician Services</b> Personal Family Physician Specialist Personal Family Physician E-Visit Urgent Care Retail Health Care Clinics Penn Medicine OnDemand	After Deductible \$20 \$35 \$20 Plan pays 90% Plan pays 90% \$49 before ded/\$20 after ded	After Deductible Plan pays 60%* Plan pays 60%* Plan pays 60%* Plan pays 90%* Plan pays 90%* N/A
	In-network Co-Insurance	Out-of-network Co-Insurance
<b>Inpatient Hospitalization</b> Facility Services Physician Services	After Deductible Plan pays 90% <sup>1</sup> Plan pays 90%	After Deductible Plan pays 60%* Plan pays 60%*
<b>Diagnostic Services and Supplies</b> Inpatient Services Outpatient Services Independent Lab	After Deductible Plan pays 90% Plan pays 100% Tier 1 – N/A, Tier 2 – Plan pays 90%	After Deductible Plan pays 60%* Plan pays 60%* Plan pays 60%*
<b>Outpatient Surgery</b> Ambulatory or Surgical Center Facility Ambulatory or Surgical Center Services Physician’s Office Services	After Deductible Plan pays 100% Plan pays 100% Plan pays 90%	After Deductible Plan pays 60%* Plan pays 60%* Plan pays 60%*
<b>Preventive/Wellness</b> Adult and Child Well Exams	Plan pays 100%	After Deductible Plan pays 60%*
<b>Emergency Room Care</b> Emergency Care Non-Emergency Care	After Deductible Plan pays 80% Plan pays 80%	After Deductible Plan pays 80%* Plan pays 80%*
<b>Specialty RX Administration</b> Inpatient, Physician Office Outpatient Hospital or Facility	After Deductible Plan pays 60%	No coverage
<b>Outpatient Rehabilitation Services</b> Physical, Occupational, Speech and Respiratory Therapies	After Deductible Plan pays 90%	After Deductible Plan pays 60%*
<b>Behavioral Health Services</b> Outpatient Telemedicine Mental Health/Substance Use Inpatient Emergency Room/Crisis Evaluation	After Deductible \$20 \$15 Plan pays 90% <sup>1</sup> Plan pays 80%	After Deductible Plan pays 60% Plan pays 60% Plan pays 60%* Plan pays 80%
	In-network Co-Insurance	Out-of-network Co-Insurance
Annual Out-of-Pocket Limit – Embedded Individual Only Family - Per Family Member Family - Total	\$4,000 \$4,000 \$8,000	\$6,000* \$12,000*

<sup>1</sup> A \$5,000 copayment will be applied for non-life threatening inpatient visits at the following hospitals: Penn State Milton S. Hershey Medical Center, WellSpan York Hospital, WellSpan Ephrata Community Hospital, Reading Hospital, UPMC Lititz, Penn State Health St. Joseph Medical Center, UPMC Harrisburg, Lebanon VA Medical Center, Nemours Children’s Hospital WellSpan Good Samaritan Hospital and Penn State Health Lancaster Medical Center.

If you do not utilize a LG Health, Penn Care, CHOP, Eliance Health Solutions, Quest, PHC or Capital Preferred Provider, coverage will be reduced to the Non-Preferred Provider level of insurance. Preventive Services must be performed by a personal family physician, 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)

\*\*The Plan begins to make payments for a family member as soon as that family member has reached his/her per family member deductible. Once a per family member deductible is met, as required by the IRS, the family total deductible can be met with combined expenses from all family members.

This document is for summary purposes only. The official plan document will prevail if any discrepancy exists between this document and the plan document.