

LG Select At-A-Glance

Plan Features	Tier 1 Providers	Tier 2 Providers	Non-Preferred Providers *
Annual Deductible (ded) – Embedded Individual Family	\$250 \$500	\$750 \$1,500	\$900 \$1,800
	In-network Co-payment	In-network Co-payment	Out-of-network Co-Insurance
Physician Services Personal Family Physician Specialist Physician Office Visits*** Personal Family Physician E-Visit Urgent Care Retail Health Care Clinics Penn Medicine OnDemand	\$15 (No ded) \$30 (No ded) \$20 (No ded) \$30 (No ded) \$15 (No ded) \$0 (No ded)	\$40 (No ded) \$50 (No ded) \$20 (No ded) \$50 (No ded) \$40 (No ded) N/A	After Deductible Plan pays 60%* Plan pays 60%* Plan pays 60%* \$50 (No ded) Plan pays 60%* N/A
	In-network Co-payment	In-network Co-payment	Out-of-network Co-Insurance
Inpatient Hospitalization Facility Services Physician Services	100% (after \$200 copay per admission) After ded, Plan pays 90%	After Deductible Plan pays 80%* Plan pays 80%*	After Deductible Plan pays 60%* Plan pays 60%*
Diagnostic Services and Supplies Inpatient or Outpatient Services Independent Lab	Plan pays 100% N/A	After Deductible Plan pays 80% Plan pays 80%	After Deductible Plan pays 60%* Plan pays 60%*
Outpatient Surgery and Clinics Ambulatory or Surgical Center Facility Ambulatory or Surgical Center Services Specialist Physician Office Visits***	Plan pays 100% After ded, Plan pays 90% After ded, Plan pays 90%	After Deductible Plan pays 80% Plan pays 80% Plan pays 80%	After Deductible Plan pays 60%* Plan pays 60%* Plan pays 60%*
Preventive/Wellness Adult and Child Well Exams	Plan pays 100%	Plan pays 100%	After Deductible Plan pays 60%*
Specialty RX Administration Inpatient, Physician Office, Outpatient Hospital or Facility	Plan pays 100%	After Deductible Plan pays 60%	No coverage
Emergency Room Care Emergency Care Non-Emergency Care	After Deductible Plan pays 80% Plan pays 80%	After Deductible Plan pays 80% Plan pays 80%	After Deductible Plan pays 80%* Plan pays 80%*
Rehabilitation Services Physical, Occupational, Speech and Respiratory Therapies	Plan pays 90% (No ded)	After Deductible Plan pays 80%	After Deductible Plan pays 60%*
Behavioral Health Services Outpatient Telemedicine Mental Health/Substance Use Inpatient Emergency Room/Crisis Evaluation	\$15 copay, no deductible \$15 copay, no deductible 100% after \$200 copay Plan pays 80% after ded	\$40 copay, no deductible \$15 copay, no deductible Plan pays 80% after ded* ¹ Plan pays 80% after ded	After Deductible Plan pays 60% Plan pays 60%* Plan pays 60%* Plan pays 80%
	In-network	In-network	Out-of-network
Annual Out of Pocket Limit Embedded Individual Family	\$1,500 \$3,000	\$3,750 \$7,500	\$6,400* \$12,800*

¹ 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. *paid at UCR (Usual, Customary and Reasonable). ***The Plan will apply higher Out-of-Pocket cost to visits with a Specialist in a Hospital Outpatient location ("Outpatient Clinics"; Hospital Provider Based Billing). Deductible and Coinsurance apply to these visits NOT Co-payments. Hospital signage is posted at the entrance of these locations.

This document for summary purposes only, plan document will prevail if any discrepancy between this document and the plan document.