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| <b>Plan facts</b>                      | Member services<br>Member services hours<br>Web address<br>Product name  | (808) 432-5955 Annual enrollment information: (808) 432-5955<br>Mon-Fri: 8:00 AM-5:00 PM; Sat: 8:00 AM-12:00 PM HT<br>http://my.kp.org/citigroup<br>Kaiser Permanente  |
| <b>Your medical expenses</b>           | Office visits<br>Maternity care prenatal office visits<br><br>Inpatient hospitalization<br>Outpatient surgical care<br><br>Outpatient lab and X-ray<br>Emergency room care<br>Urgent care facility | \$15 copay per visit (PCP or specialist)*<br>\$15 copay for initial visit, thereafter covered at 100%*<br><br>Covered at 100%<br>\$15 copay per visit*<br><br>\$15 copay per visit*<br>\$25 copay/visit. Out-of-area: \$50 copay/visit<br>\$15 copay/visit. Out-of-area: Covered at 80%*                         |
| <b>Your prescription drug expenses</b> | Retail   | \$10 copay (generic), \$20 copay (preferred brand) per prescription up to 30-day supply. Non-preferred brand drugs not covered   |
|  | Mail order   | \$20 copay (generic), \$40 copay (preferred brand) per prescription up to 90-day supply. Non-preferred brand drugs not covered   |
| <b>Preventive care</b>                 | Routine physical and GYN exam<br>Routine vision exam<br>Well-child care and immunizations<br>Routine mammography   | Physical: \$15 copay per visit. GYN: \$15 copay per visit. Limit 1 visit per year*<br>\$15 copay per visit. Limit 1 visit per year*<br>\$15 copay per visit*. Immunizations covered at 100% through age 18; for those 19 and older, \$10 copay per immunization<br>\$15 copay per visit. Limit 1 visit per year* |
| <b>Mental health</b>                   | Inpatient<br>Outpatient  | Covered at 100%. Limit 30 days per year<br>\$15 copay per visit. Limit 24 visits per year*   |
| <b>Substance abuse</b>                 | Inpatient detoxification<br>Inpatient rehabilitation<br>Outpatient detoxification<br>Outpatient rehabilitation   | Covered at 100%. Unlimited days<br>Covered at 100% . Unlimited days<br>\$15 copay per visit*<br>\$15 copay per visit*  |
| <b>Other professional care</b>         | Outpatient physical/speech/occupational therapy<br>Chiropractic care   | \$15 copay per visit. Restrictions apply. Contact plan for details*<br>\$15 copay per visit. Limit 20 visits per year*   |
| <b>Out-of-network coverage</b>         | Out-of-network non-emergency care  | Not covered  |
| <b>Key facts</b>                       | NCQA status:<br>PCP referral required for specialist:<br>Lifetime Maximum Benefit:<br>Provider Network:  | Excellent      Domestic partner coverage available:<br>Yes              Domestic partner children coverage avail.:<br>NA<br>See website for details  |

\* Indicates a benefit change

The information contained in this summary is for comparative purposes and does not include all benefits, limitations, and exclusions.