

		In-Network Coverage	
Plan facts	Member services Member services hours Web address Product name	(808) 432-5955 Mon-Fri: 8:00 AM-5:00 PM; Sat: 8:00 AM-12:00 PM HT http://my.kp.org/citigroup Kaiser Permanente	Annual enrollment information: (808) 432-5955
Your medical expenses	Annual deductible Out-of-pocket maximum (includes deductible) Office visits Maternity care prenatal office visits Inpatient hospitalization Outpatient surgical care Outpatient lab and X-ray Emergency room care Urgent care facility	None \$2,000 (individual) / \$6,000 (family max) per calendar year* \$15 copay per visit (PCP or specialist) \$15 copay for initial visit, thereafter covered at 100% Covered at 100% \$15 copay per visit \$15 copay per visit \$50 copay/visit* \$15 copay/visit. Out-of-area: Covered at 80%	
Your prescription drug expenses	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	
Preventive care	Routine physical and GYN exam Routine vision exam Well-child care and immunizations Routine mammography	Physical: \$15 copay per visit. GYN: \$15 copay per visit \$15 copay per visit Well-child care: covered at 100%. Immunizations: covered at 100% through age 18, \$10 copay per immunization for those 19 and older* Covered at 100%, screenings only*	
Mental health	Inpatient Outpatient	Covered at 100%. Limit 30 days per calendar year \$15 copay per visit. Limit 24 visits per calendar year	
Substance abuse	Inpatient detoxification Inpatient rehabilitation Outpatient detoxification Outpatient rehabilitation	Covered at 100%. Unlimited days Covered at 100%. Unlimited days \$15 copay per visit \$15 copay per visit	
Other professional care	Outpatient physical/speech/occupational therapy Chiropractic care Infertility	\$15 copay per visit. Restrictions apply. Contact plan for details \$15 copay per visit. Limit 20 visits per year Diagnosis/Treatment/Artificial Insemination: \$15 copay; In-vitro fertilization: Covered at 80%. Limit one procedure per lifetime. Contact plan for details	
Out-of-network coverage	Out-of-network non-emergency care	Not covered	
Key facts	NCQA status: PCP referral required for specialist: Lifetime maximum benefit: Provider network:	Excellent Yes NA See website for details	Domestic partner coverage available: Yes Domestic partner children coverage avail.: Yes

* Indicates a benefit change

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