

<b>Plan facts</b>	Member services Member services hours Web address Product name	(800) 632-9700 Annual enrollment information: (800) 632-9700 Mon-Fri: 8:00 AM-5:00 PM MT http://my.kp.org/citigroup HMO	
<b>Your medical expenses</b>	Office visits Maternity care prenatal office visits  Inpatient hospitalization Outpatient surgical care  Outpatient lab and X-ray Emergency room care Urgent care facility	\$15 (PCP) or \$25 (specialist) copay per visit \$15 copay per visit  \$500 copay per admission \$200 copay for hospital care. Office visit copay applies in physician's office  Covered at 100%. \$25 copay for therapeutic x-rays \$50 copay/visit (waived if admitted) \$25 copay/visit. Out-of-area: \$50 copay/visit*	
<b>Your prescription drug expenses</b>	Retail	\$10 copay (generic), \$20 copay (preferred brand) per prescription up to 60-day supply. Non-preferred brand drugs not covered	
	Mail order	\$10 copay (generic), \$20 copay (preferred brand) per prescription up to 60-day supply. Non-preferred brand drugs not covered	
<b>Preventive care</b>	Routine physical and GYN exam Routine vision exam Well-child care and immunizations Routine mammography	\$15 copay per visit. Limit 1 visit per year \$15 copay per visit \$15 copay per visit Covered at 100%. Limit 1 visit per year	
<b>Mental health</b>	Inpatient	\$500 copay per admission. Limit 45 days per calendar year	
	Outpatient	\$15 (individual) or \$7 (group) copay per visit. Limit 40 visits per calendar year	
<b>Substance abuse</b>	Inpatient detoxification	\$500 copay per admission. Unlimited days	
	Inpatient rehabilitation	\$500 copay per admission. Limit 30 days per calendar year	
	Outpatient detoxification	\$15 (individual) or \$7 (group) copay per visit	
	Outpatient rehabilitation	\$15 (individual) or \$7 (group) copay per visit. Limit 40 visits per calendar year	
<b>Other professional care</b>	Outpatient physical/speech/occupational therapy	\$15 copay per visit. Limit 20 visits per year	
	Chiropractic care	\$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: PCP referral required for specialist: Lifetime Maximum Benefit: Provider Network:	Excellent    Domestic partner coverage available: No            Domestic partner children coverage avail.: NA See website for details	Yes Yes

\* Indicates a benefit change

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