

<b>Plan facts</b>	Member services Member services hours Web address Product name	(888) 865-5813 Annual enrollment information: (888) 865-5813 Mon-Fri: 8:30 AM-9:00 PM; Sat-Sun: 8:00 AM-2:00 PM ET http://my.kp.org/citigroup Kaiser Permanente of Georgia 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 \$25 copay for initial visit, thereafter covered at 100%  \$500 copay per admission \$250 copay for hospital care. Office visit copay applies in physician's office  Covered at 100% \$75 copay/visit (waived if admitted) \$30 copay/visit. Out-of-area: \$75 copay/visit*		
<b>Your prescription drug expenses</b>	Retail	\$10 copay (generic), \$20 copay (preferred brand) per prescription up to 30-day supply. Other network pharmacy: \$16 copay generic, \$26 copay preferred brand. Non-preferred brand drugs not covered		
	Mail order	\$30 copay (generic), \$60 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 Routine vision exam Well-child care and immunizations Routine mammography	Physical: \$15 copay per visit. Limit 1 visit per year. GYN: \$25 copay per visit. Limit 1 visit per year* \$25 copay per visit Covered at 100% (up to age 2); \$15 copay per visit thereafter Covered at 100%. Limits apply per plan guidelines		
<b>Mental health</b>	Inpatient	\$500 copay per admission. Limit 30 days per year		
	Outpatient	\$25 (individual) or \$12 (group) copay per visit. Limit 40 visits per year		
<b>Substance abuse</b>	Inpatient detoxification	\$500 copay per admission. Unlimited days		
	Inpatient rehabilitation	Not covered		
	Outpatient detoxification	\$25 copay per visit. Unlimited visits		
	Outpatient rehabilitation	\$25 copay per visit. Limit 40 visits per year		
<b>Other professional care</b>	Outpatient physical/speech/occupational therapy	\$25 copay per visit. Limit 20 visits per year. PT/OT limits combined		
	Chiropractic care	\$25 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 Yes NA See website for details	Domestic partner coverage available: Domestic partner children coverage avail.:  	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.