Kaiser FHP of Georgia - New Plan Design

citi

State: GA **Benefits 2010**

		In-Network Coverage
Plan facts	Member services	(888) 865-5813 Annual enrollment information: (888) 865-5813
	Member services hours	Mon-Fri: 7:00 AM-9:00 PM; Sat-Sun: 8:00 AM-2:00 PM ET
	Web address	http://my.kp.org/citigroup
	Product name	Kaiser Permanente of Georgia HMO Product
Your medical expenses	Annual deductible	$500 (individual) / $1,000 (family max)*
	Out-of-pocket maximum (includes deductible)	$3,000 (individual) / $6,000 (family max) per calendar year*
	Office visits	Covered at 90% after deductible
	Maternity care prenatal office visits	Covered at 90% after deductible
	Inpatient hospitalization	Covered at 90% after deductible
	Outpatient surgical care	Covered at 90% after deductible
	Outpatient lab and X-ray	Covered at 90% after deductible
	Emergency room care	$100 copay/visit (waived if admitted)*
	Urgent care facility	Covered at 90% after deductible
Your prescription drug expenses	Retail	$10 copay (generic), $20 copay (brand name), $40 copay (non-preferred brand) per prescription up to 30-day supply
	Mail order	$20 copay (generic), $40 copay (brand name), $80 copay (non-preferred brand) per prescription up to 90-day supply
Preventive care	Routine physical and GYN exam	Covered at 100%, no deductible
	Routine vision exam	Covered at 100%, no deductible. Services provided by optometrist covered at 90% after deductible*
	Well-child care and immunizations	Covered at 100%, no deductible
	Routine mammography	Covered at 100%, no deductible
Mental health	Inpatient	Covered at 90% after deductible*
	Outpatient	Covered at 90% after deductible*
Substance abuse	Inpatient detoxification	Covered at 90% after deductible
	Inpatient rehabilitation	Covered at 90% after deductible*
	Outpatient detoxification	Covered at 90% after deductible
	Outpatient rehabilitation	Covered at 90% after deductible*
Other professional care	Outpatient physical/speech/ occupational therapy	Covered at 90% after deductible. Limit 20 visits per therapy per calendar year
	Chiropractic care	Covered at 90% after deductible. Limit 20 visits per calendar year
	Infertility	Diagnosis/Treatment/Artificial Insemination: Covered at 50% after deductible within plan guidelines. Contact plan for details
Out-of-network coverage	Out-of-network non-emergency care	Not covered
Key facts	NCQA status:	Excellent
	PCP referral required for specialist:	Yes
	Lifetime maximum benefit:	NA
	Provider network:	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.