

		<b>In-Network Coverage</b>		
<b>Plan facts</b>	Member services Member services hours Web address Product name	(808) 432-5955 Annual enrollment information: (800) 966-5955 Mon-Fri: 8:00 AM-5:00 PM; Sat: 8:00 AM-12:00 PM HT http://my.kp.org/citigroup Kaiser Permanente		
<b>Your medical expenses</b>	Annual deductible Out-of-pocket maximum 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 department per day* \$50 copay/visit \$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 Routine vision exam Well-child care and immunizations Routine mammography	Covered at 100%. Limit 1 visit per year \$15 copay per visit Covered at 100% Covered at 100%. Limit 1 screening per year		
<b>Mental health</b>	Inpatient Outpatient	Covered at 100% \$15 copay per visit		
<b>Substance abuse</b>	Inpatient detoxification Inpatient rehabilitation Outpatient detoxification Outpatient rehabilitation	Covered at 100% Covered at 100% \$15 copay per visit \$15 copay per visit		
<b>Other professional care</b>	Outpatient physical/speech/occupational therapy	\$15 copay per visit. Restrictions apply. Contact Plan for details		
	Chiropractic care	\$15 copay per visit. Limit 20 visits per year. Must use American Specialty Health Network*		
	Infertility	Diagnosis/Treatment/Artificial Insemination: \$15 copay per visit; In-vitro fertilization: Covered at 80%. Limit one procedure per lifetime. Contact Plan for details		
<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 available:	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.