

Plan facts	Member services Member services hours Web address Product name	(800) 777-7902 Annual enrollment information: (800) 777-7902 Mon-Fri: 7:30 AM-5:30 PM ET http://my.kp.org/citigroup Kaiser Permanente Select		
Your medical expenses	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 for initial visit, thereafter covered at 100% \$500 copay per admission \$100 copay for hospital care. \$25 copay applies in physician's office Covered at 100% \$50 copay/visit (waived if admitted) \$25 copay/visit (waived if admitted)		
Your prescription drug expenses	Retail	\$10 copay (generic), \$20 copay (preferred brand), \$35 copay (non-preferred brand) per prescription up to 60-day supply. Community Pharmacy \$20 (generic), \$40 (brand), \$55 (non-preferred brand)		
	Mail order	\$15.00 copay (generic), \$30.00 copay (preferred brand), \$52.50 copay (non-preferred brand) per prescription up to 90-day supply. Maintenance medication only		
Preventive care	Routine physical and GYN exam Routine vision exam Well-child care and immunizations Routine mammography	Covered at 100%* \$15 copay per visit for screenings only Covered at 100%* Covered at 100%		
Mental health	Inpatient	\$500 copay per admission. Unlimited days		
	Outpatient	\$20 (individual) or \$10 (group) copay per visit. Unlimited visits		
Substance abuse	Inpatient detoxification	\$500 copay per admission. Unlimited days		
	Inpatient rehabilitation	\$500 copay per admission. Unlimited days		
	Outpatient detoxification	\$20 (individual) or \$10 (group) copay per visit. Unlimited visits		
	Outpatient rehabilitation	\$20 (individual) or \$10 (group) copay per visit. Unlimited visits		
Other professional care	Outpatient physical/speech/occupational therapy	\$25 copay per visit. Limit 30 visits (physical), 90 days (speech & occupational) per condition or injury per year		
	Chiropractic care	\$20 copay per visit. Limit 20 visits per year		
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: 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.