

Kaiser FHP of the Mid-Atlantic States - New Plan Design



State:MD/VA/DC

Benefits 2009

		In-Network Coverage	
Plan facts	Member services Member services hours Web address Product name	(800) 777-7902 Mon-Fri: 7:30 AM-5:30 PM ET http://my.kp.org/citigroup Kaiser Permanente Select	Annual enrollment information: (800) 777-7902
Your medical expenses	Annual Deductible Out-of-pocket maximum (includes deductible) Office visits Maternity care prenatal office visits Inpatient hospitalization Outpatient surgical care Outpatient lab and X-ray Emergency room care Urgent care facility	\$100 (individual) / \$200 (family max)* \$2,000 (individual) / \$4,000 (family max) per calendar year* Covered at 90% after deductible* Covered at 90% after deductible for initial visit, thereafter covered at 100%* Covered at 90% after deductible* Covered at 90% after deductible* Covered at 90% after deductible* Covered at 90% after deductible (waived if admitted)* Covered at 90% after deductible*	
Your prescription drug expenses	Retail	\$10 copay (generic), \$20 copay (preferred brand), \$40 copay (non-preferred brand) per prescription up to 30-day supply*	
	Mail order	\$20 copay (generic), \$40 copay (preferred brand), \$80 copay (non-preferred brand) per prescription up to 90-day supply*	
Preventive care	Routine physical and GYN exam Routine vision exam Well-child care and immunizations Routine mammography	Covered at 100%, no deductible* Covered at 100%, no deductible* Covered at 100%, no deductible* Covered at 100%, no deductible*	
Mental health	Inpatient Outpatient	Covered at 90% after deductible. Unlimited days* \$20 (individual) or \$10 (group) copay per visit. Unlimited visits	
Substance abuse	Inpatient detoxification Inpatient rehabilitation Outpatient detoxification Outpatient rehabilitation	Covered at 90% after deductible. Unlimited days* Covered at 90% after deductible. Unlimited days* \$20 (individual) or \$10 (group) copay per visit. Unlimited visits \$20 (individual) or \$10 (group) copay per visit. Unlimited visits	
Other professional care	Outpatient physical/speech/occupational therapy Chiropractic care Infertility	Covered at 90% after deductible. Limit 30 visits (physical), 90 visits (speech & occupational) per condition or injury per year* Covered at 90% after deductible. Limit 20 visits per year* Diagnosis/Treatment: covered at 50%, Artificial insemination: covered at 50%; In vitro fertilization: covered at 50% up to \$100,000 maximum/lifetime; limited to three attempts per live birth*	
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: 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.