

# Kaiser Permanente of the Mid-Atlantic States – New Plan Design



State:MD/VA/DC

Benefits 2010

		<b>In-Network Coverage</b>	
<b>Plan facts</b>	Member services Member services hours Web address Product name	(301) 468-6000 Mon-Sun: 7:30 AM-5:30 PM ET http://my.kp.org/citigroup Kaiser Permanente Select	Annual enrollment information: (800) 777-7902
<b>Your medical expenses</b>	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	\$500 (individual) / \$1,000 (family max)* \$3,000 (individual) / \$6,000 (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 \$100 copay/visit (waived if admitted)* Covered at 90% after deductible	
<b>Your prescription drug expenses</b>	Retail	\$10 copay (generic), \$20 copay (preferred brand), \$40 copay (non-preferred brand) per prescription up to 30-day supply at Kaiser Pharmacy* \$20 copay (generic), \$40 copay (preferred brand), \$50 copay (non-preferred brand) per prescription up to 30-day supply at participating community pharmacy*	
	Mail order	\$20 copay (generic), \$40 copay (preferred brand), \$80 copay (non-preferred brand) per prescription up to 90-day supply	
<b>Preventive care</b>	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. Services provided by optometrist covered at 90% after deductible* Covered at 100%, no deductible Covered at 100%, no deductible	
<b>Mental health</b>	Inpatient Outpatient	Covered at 90% after deductible Covered at 90% after deductible*	
<b>Substance abuse</b>	Inpatient detoxification Inpatient rehabilitation Outpatient detoxification Outpatient rehabilitation	Covered at 90% after deductible Covered at 90% after deductible Covered at 90% after deductible* Covered at 90% after deductible*	
<b>Other professional care</b>	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	
<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: 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.