

Plan facts	Member services Member services hours Web address Product name	(800) 464-4000 Annual enrollment information: (800) 464-4000 Mon-Fri: 7:00 AM-7:00 PM; Sat-Sun: 7:00 AM-3:00 PM PT http://my.kp.org/citigroup Kaiser Permanente		
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 copay per visit (PCP or specialist) \$15 copay per visit \$500 copay per admission \$250 copay per visit; office visit copay applies in physician's office \$10 copay per visit \$50 copay/visit (waived if admitted) \$15 copay/visit (waived if admitted). Out-of-area: Not covered		
Your prescription drug expenses	Retail	\$10 copay (generic), \$20 copay (brand name) per prescription up to 100-day supply		
	Mail order	\$10 copay (generic), \$20 copay (brand name) per prescription up to 100-day supply		
Preventive care	Routine physical and GYN exam Routine vision exam Well-child care and immunizations Routine mammography	\$15 copay per visit \$15 copay per visit Well Child Care: \$15 copay per visit (up to age 2). Immunizations: Covered at 100% \$10 copay per visit		
Mental health	Inpatient Outpatient	\$500 copay per admission. Limit 30 days per year. Unlimited days if covered under Mental Health Parity \$15 (individual) or \$7 (group) copay per visit. Limit 20 visits per year. Unlimited visits if covered under Mental Health Parity		
Substance abuse	Inpatient detoxification Inpatient rehabilitation Outpatient detoxification Outpatient rehabilitation	\$500 copay per admission. Unlimited days \$100 copay per admission. Limit 60 days per calendar year, up to 120 days per consecutive five-year period \$15 (individual) or \$5 (group) copay per visit \$15 (individual) or \$5 (group) copay per visit		
Other professional care	Outpatient physical/speech/occupational therapy Chiropractic care	\$15 copay per visit. Limited to medically necessary therapy authorized by a plan physician \$15 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.