Kaiser FHP of California Northern - New Plan Design

citi

State: CA

Benefits 2009

		In-Network Coverage
Plan facts	Member services	(800) 464-4000 Annual enrollment information: (800) 464-4000
	Member services hours	Mon-Fri: 7:00 AM-7:00 PM; Sat-Sun: 7:00 AM-3:00 PM PT
	Web address	http://my.kp.org/citigroup
	Product name	Kaiser Permanente
Your medical expenses	Annual deductible	$100 (individual) / $200 (family max)*
	Out-of-pocket maximum (includes deductible)	$2,000 (individual) / $4,000 (family max) per calendar year*
	Office visits	Covered at 90% after deductible*
	Maternity care prenatal office visits	Covered at 90% after deductible*
	Inpatient hospitalization	Covered at 90% after deductible*
	Outpatient surgical care	Covered at 90% after deductible*
	Outpatient lab and X-ray	Covered at 90% after deductible*
	Emergency room care	Covered at 90% after deductible*
	Urgent care facility	Covered at 90% after deductible*
Your prescription drug expenses	Retail	$5 copay (generic), $30 copay (brand name) per prescription up to 30-day supply
	Mail order	$10 copay (generic), $60 copay (brand name) per prescription up to 100-day supply
Preventive care	Routine physical and GYN exam	Covered at 100%, no deductible*
	Routine vision exam	Covered at 100%, no deductible*
	Well-child care and immunizations	Covered at 100%, no deductible*
	Routine mammography	Covered at 100%, no deductible*
Mental health	Inpatient	Covered at 90% after deductible. Limit 30 days per calendar year*
	Outpatient	Covered at 90% after deductible. Limit 20 visits per calendar year*
Substance abuse	Inpatient detoxification	Covered at 90% after deductible. Limit 30 days per calendar year*
	Inpatient rehabilitation	Covered at 90% after deductible. Limit 30 days per calendar year*
	Outpatient detoxification	Covered at 90% after deductible. Limit 20 visits per calendar year*
	Outpatient rehabilitation	Covered at 90% after deductible. Limit 20 visits per calendar year*
Other professional care	Outpatient physical/speech/ occupational therapy	Covered at 90% after deductible. Limit 20 visits per calendar year*
	Chiropractic care	$15 copay per visit. Limit 20 visits per year
	Infertility	Diagnosis/Treatment: Covered at 50%; Artificial insemination: Covered at 50% except for donor semen and donor eggs and services related to their procurement and storage. Contact plan for details
Out-of-network coverage	Out-of-network non-emergency care	Not covered

Key facts	NCQA status:	Excellent	Domestic partner coverage available:	Yes
	PCP referral required for specialist:	Yes	Domestic partner children coverage avail.:	Yes
	Lifetime maximum benefit:	NA		
	Provider network:	See website for details		

*** Indicates a benefit change**

The information contained in this summary is for comparative purposes and does not include all benefits, limitations, and exclusions.