Kaiser FHP of California Northern – New Plan Design

citi

State: CA **Benefits 2010**

		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	$500 (individual) / $1,000 (family max)*		
	Out-of-pocket maximum (includes deductible)	$3,000 (individual) / $6,000 (family max) per calendar year*		
	Office visits	Covered at 90% after deductible		
	Maternity care prenatal office visits	Covered at 90%, no 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	$100 copay/visit (waived if admitted)*		
	Urgent care facility	Covered at 90% after deductible		
Your prescription drug expenses	Retail	$10 copay (generic), $20 copay (brand name) per prescription up to 30-day supply*		
	Mail order	$20 copay (generic), $40 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. Services provided by optometrist covered at 90% after deductible*		
	Well-child care and immunizations	Covered at 100%, no deductible (Through age 23 months)		
	Routine mammography	Covered at 100%, no deductible		
Mental health	Inpatient	Covered at 90% after deductible*		
	Outpatient	Covered at 90% after deductible*		
Substance abuse	Inpatient detoxification	Covered at 90% after deductible*		
	Inpatient rehabilitation	Covered at 90% after deductible*		
	Outpatient detoxification	Covered at 90% after deductible*		
	Outpatient rehabilitation	Covered at 90% after deductible*		
Other professional care	Outpatient physical/speech/ occupational therapy	Covered at 90% after deductible		
	Chiropractic care	$15 copay per visit. Limit 20 visits per year		
	Infertility	Diagnosis/Treatment: Covered at 50% for approved treatment; Artificial insemination: Covered at 50% except for donor semen and donor eggs and services related to their procurement and storage; In Vitro Fertalization: Not covered. 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.