

		In-Network Coverage	
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	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%, no deductible Covered at 90% after deductible 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	
Your prescription drug expenses	Retail	\$10 copay (generic), \$20 copay (preferred brand) 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 Routine vision exam Well-child care and immunizations Routine mammography	Covered at 100%, no deductible. Limit 1 visit per year Covered at 100%, no deductible. Services provided by optometrist covered at 90% after deductible Covered at 100%, no deductible (Through age 23 months) Covered at 100%, no deductible. Limit 1 visit per year	
Mental health	Inpatient Outpatient	Covered at 90% after deductible Covered at 90% after deductible	
Substance abuse	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	
Other professional care	Outpatient physical/speech/occupational therapy Chiropractic care Infertility	Covered at 90% after deductible \$15 copay per visit. Limit 20 visits per year 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 Fertilization: Not covered. Contact Plan for details	
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.