

Kaiser FHP of California Southern - New Plan Design



State: CA

Benefits 2009

		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	\$100 (individual) / \$200 (family max)* \$2,000 (individual) / \$4,000 (family max) per calendar year* Covered at 90% after deductible* Covered at 90% after deductible* Covered at 90% after deductible* Covered at 90% after deductible* Covered at 90% after deductible* Covered at 90% after deductible* Covered at 90% after deductible* 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 Routine vision exam Well-child care and immunizations Routine mammography	Covered at 100%, no deductible* Covered at 100%, no deductible* Covered at 100%, no deductible* Covered at 100%, no deductible*
Mental health	Inpatient Outpatient	Covered at 90% after deductible. Limit 30 days per calendar year* Covered at 90% after deductible. Limit 20 visits per calendar year*
Substance abuse	Inpatient detoxification Inpatient rehabilitation Outpatient detoxification Outpatient rehabilitation	Covered at 90% after deductible. Limit 30 days per calendar year* Covered at 90% after deductible. Limit 30 days per calendar year* Covered at 90% after deductible. Limit 20 visits per calendar year* Covered at 90% after deductible. Limit 20 visits per calendar year*
Other professional care	Outpatient physical/speech/occupational therapy Chiropractic care Infertility	Covered at 90% after deductible. Limit 20 visits per calendar year* \$15 copay per visit. Limit 20 visits per year 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: PCP referral required for specialist: Lifetime maximum benefit: Provider network:	Excellent Domestic partner coverage available: Yes Yes Domestic partner children coverage avail.: Yes NA 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.