

		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	Covered at 100%, no deductible. Limit 1 visit per year*		
	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. Limit 1 visit per year*		
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 Fertilization: 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.