

# Out-of-Area Benefit<sup>1,2</sup>



We cover your dependents while they're away from home.

**For eligible dependents (see "Who is eligible"), Kaiser Permanente will cover certain routine, continuing, and follow-up care while the dependent is outside of any Kaiser Permanente service area. The limited out-of-area services an eligible dependent may receive are for covered, nonurgent medical needs. Medically necessary urgent and emergency care are always covered for dependents while outside of the service area.**

## Routine, continuing, and follow-up care for your out-of-area dependent

**For your eligible dependents, the out-of-area benefit covers:<sup>3</sup>**

- Up to 5 office visits
- Up to 5 diagnostic X-rays
- Up to 5 prescription drug fills<sup>4</sup>
- Up to 5 therapy visits  
(combined physical, occupational and speech)

Applicable cost share applies.<sup>4</sup>

Out-of-area benefits are subject to all the terms and conditions of your plan. Please see "Exclusions and Limitations."

Claims for covered services that are medically necessary will be covered.

If the provider bills us directly, you won't need to submit a claim. If the dependent pays out-of-pocket, submit the bill to Kaiser Permanente Claims for reimbursement.

## Who is eligible

To be eligible for this benefit, the following requirements must be met:

- Dependent must be enrolled in a Health Maintenance Organization (HMO), Deductible HMO (DHMO), or High Deductible Health Plan (HDHP).<sup>1</sup>
- The dependent must meet the plan's eligibility requirements and be under the age of 26.
- The dependent must be outside the Kaiser Permanente Colorado service area and outside any other Kaiser Permanente service area while receiving services.

## Emergency care

When it comes to emergency care, you're covered anywhere in Colorado, the nation, and the world. Regardless of where an emergency occurs, this is always covered under a dependent's primary plan with applicable cost share. If an out-of-area dependent is admitted to an out-of-plan hospital, contact Kaiser Permanente Member Services as soon as possible (preferably within 24 hours) for assistance in coordinating care and reducing your risk of incurring noncovered inpatient charges.

## Exclusions and limitations

Coverage under the Out-of-Area Benefit is limited. Some, but not all, services that are excluded or limited are listed below. Please see your Evidence of Coverage for further information.

## Laboratory and other procedures

Coverage for laboratory services, office procedures, tests, and X-ray special procedures is not provided under this benefit.

## Care within home service area

Regular plan copayments/coinsurance apply to any care received within the dependent's home service area, and services must be obtained through Kaiser Permanente or its designated network providers.

## Transplant services

Transplant follow-up services are not covered under this benefit unless prior authorization is obtained from Kaiser Permanente.

## Other excluded services

- Office visit services for allergy evaluation, routine prenatal and postpartum visits, chiropractic care, acupuncture services, applied behavioral analysis (ABA), hearing tests, home health visits, hospice services, and travel immunizations.<sup>5</sup>
- Services received outside the United States (except emergency services).

## Questions?

Call Member Services. Representatives are available Monday-Friday, from 8 a.m. to 6 p.m.

- Denver/Boulder: **303-338-3800**
- Mountain Colorado: **1-844-837-6884**
- Northern Colorado: **1-844-201-5824**
- Southern Colorado: **1-888-681-7878**

TTY users may call **711** for assistance with any phone number above.

Information provided here is a summary only. For a list of services available with your plan, refer to your Summary of Benefits and Coverage. Upon enrollment, your Evidence of Coverage will contain a description of your coverage, including benefits, exclusions, and limitations. Your Evidence of Coverage will prevail over this or any other plan summary.

1. The Preferred Provider Organization (PPO) and Point of Service (POS) plans are NOT eligible for the Out-of-Area Benefit coverage.
2. Colorado state law requires that an Access Plan be available that describes Kaiser Foundation Health Plan of Colorado's network provider services. To obtain a copy, please call Member Services or visit [kp.org](https://www.kp.org).
3. Dependents may receive unlimited or additional visits within their home service area, subject to their plan requirements. (For example, members with a diagnosis of autism can receive unlimited speech therapy visits if services are received inside the member's service area.)
4. Beginning in 2019 upon renewal, the cost share for prescription drugs for most plans will be 50%. (Check your EOC for your specific plan details.)
5. Prevention immunizations pursuant to the schedule established by the Advisory Committee on Immunization Practices (ACIP) are covered.

Kaiser Foundation Health Plan of Colorado

10350 E. Dakota Ave., Denver, CO 80247

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