

Out-of-Area Dependent Coverage^{1,2}

We cover your dependents while they're away from home

Routine care for your out-of-area dependent

Kaiser Permanente covers routine, continuing, and follow-up care, outside of any Kaiser Permanente service area, for any out-of-area dependent¹ enrolled in the plan. Out-of-area services are limited to covered, nonurgent medical needs. Medically necessary urgent and emergency care are always covered for dependents while out of the service area.

The out-of-area dependent benefit will cover³

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

Applicable coinsurance/copayments apply. Please refer to page 2 for a list of exclusions.

Out-of-area dependent benefits are subject to all the terms and conditions of your plan.

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:

- If the group has a live-or-work provision that allows you to either live or work in the service area, and the plan is either an HMO, DHMO, or HDHP plan, then your dependent is eligible.
- The dependent must meet group eligibility requirements and be under the age limit specified in your Evidence of Coverage. A dependent may be a spouse or legal dependent up to age 26.
- The dependent must be living outside the Kaiser Permanente Colorado service area while receiving services. Dependents who temporarily live in another Kaiser Permanente service area may use the visiting member program.

Questions? Need assistance?

Call Member Services.

Representatives are available from 8 a.m. to 6 p.m., weekdays.

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.

Emergency and urgent 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. Emergency room cost share is waived if the member is admitted as an inpatient. 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

The out-of-area dependent benefit does not cover the following:

Laboratory and other procedures

Charges for laboratory, procedures, and X-ray special procedures are not covered under this benefit.

Care within home service area

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

Office visit services

Charges for allergy evaluation and testing, routine prenatal and postpartum visits, chiropractic care, acupuncture services, hearing exams, home health visits, hospice services, immunizations, and applied behavior analysis are not covered under this benefit.

Transplant services

Transplant follow-up services are not covered under the out-of-area dependent benefit unless prior authorization is obtained from Kaiser Permanente.

The information provided here is a summary only. For benefit information, see your Evidence of Coverage.

1. The Traditional Preferred Provider Option (PPO) and Point of Service (POS) plans are NOT eligible for Out of Area Dependent 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.
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 or cleft palate can receive unlimited physical, occupational, and speech therapy visits if services are received inside the member's service area.)