QUESTIONS AND ANSWERS

Dependent out-of-area benefit

Under the dependent out-of-area benefit, Kaiser Permanente provides specific coverage for dependent children under the age of 26 who are outside of our service area.[1]

Who is eligible to take advantage of the dependent out-of-area benefit?

Kaiser Permanente provides specific coverage for dependent children under the age of 26 who are outside of our service area.

Do I need to enroll my dependent children to receive this benefit?

No. We no longer have subscribers fill out eligibility requirements, nor will there be a dollar limit on services.[2]

Is emergency and urgent care still covered?

Emergency and urgent care is separate from the dependent out-of-area benefit. If you reasonably believe you have an emergency medical condition, which is a medical or psychiatric condition that requires immediate medical attention to prevent serious jeopardy to your health, call **911** or go to the nearest emergency department. For the complete definition of an emergency medical condition, please refer to your *Evidence of Coverage (EOC)*.

How does the payment work?

You have 2 payment options for services you receive using the out-of-area benefit for dependent children:

- The health care provider can bill Kaiser Permanente directly, and no claim needs to be submitted.
- You can pay out of pocket and submit a Claim Reimbursement form for reimbursement. This form can be found at **kp.org/disclosures**.

Payments for these services count toward your plan's out-of-pocket maximum.

Customer Service contact information:

Oregon and Washington

1-800-813-2000

711 (TTY)

1-800-324-8010
(Interpreter-Assisted Appointing and Advice)

Monday through Friday,
8 a.m. to 6 p.m. PT

[1]The dependent out-of-area benefit does not apply to Added Choice® plans, PPO Plus® plans, Dual Choice PPO® plans, WA Conversion plans, Standard plans, or Cascade plans.

[2]The dependent must be enrolled as a dependent child under the subscriber's plan and is then eligible for this benefit as an enrolled member.

kp.org/travel

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All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest.
500 NE Multnomah St., Ste. 100, Portland, OR 97232

How do I submit a claim for services?

If you receive services from a nonparticipating provider or nonparticipating facility without an authorized referral and you believe Kaiser Foundation Health Plan of the Northwest should cover the services, you need to send a completed medical claim form and the itemized bill to:

Kaiser Permanente
National Claims Administration — Northwest
P.O. Box 370050
Denver, CO 80237-9998

You can request a claim form from Member Services or download it from **kp.org**. When you submit the claim, please include a copy of your medical records from the nonparticipating provider or nonparticipating facility if you have them.

What providers can I see?

We cover certain medically necessary services that a dependent child receives from nonparticipating providers inside the United States.

What happens if my dependent lives outside of the Kaiser Permanente Northwest region, but in a different Kaiser Permanente region? How do they sign up as a visiting member? Does the dependent out-of-area benefit still apply?

The dependent child must be living outside the Kaiser Permanente service area. Dependent children who live in another Kaiser Foundation Health Plan service area must be enrolled as a visiting member and may use their visiting member benefit. You will need to contact the Away from Home Travel Line at **951-268-3900** to get a medical record number to use in that service area.[1] For more information, go to **kp.org/travel**.

What services does this benefit cover?

We will cover limited services, as outlined below, for dependent children outside of our service area but within the United States (which for the purpose of this benefit means the 50 states, the District of Columbia, and the U.S. territories).

Small group plans (50 employees or fewer) **and individual plans**

You will pay 20%[2] of the actual fee charged for the service; allowance of 5 office visits, 5 diagnostic X-rays (excluding specialty scans), and 5 prescription fills per year. Applies to out-of-pocket maximum.

- 5 office visits – includes visits for preventive care, primary care, naturopathic care, specialty care, outpatient mental health and substance use disorder services, and allergy injections.
- 5 diagnostic X-rays – excludes lab tests and specialty scans.
- 5 prescription fills per year – each of the 5 prescription fills can be up to a 90-day supply.

Large group plans (51 or more employees)

You will pay 20%[2] of the actual fee charged for the service; allowance of 10 office visits (including physical therapy), 10 diagnostic X-rays (excluding specialty scans) and lab tests, and 10 prescription fills per year. Applies to out-of-pocket maximum.

- 10 office visits – includes visits for preventive care, primary care, naturopathic care, specialty care, outpatient mental health and substance use disorder services, allergy injections, and outpatient physical therapy.
- 10 diagnostic X-rays and lab tests – covers lab tests and diagnostic X-rays but excludes specialty scans.
- 10 prescription fills per year – each of the 10 prescription fills can be up to a 90-day supply.

[1]This number can be dialed inside and outside the United States. Before the phone number, dial "001" for landlines and "+1" for mobile lines if you're outside the country. Long-distance charges may apply, and we can't accept collect calls. The phone line is closed on major holidays (New Year's Day, Easter, Memorial Day, July Fourth, Labor Day, Thanksgiving, and Christmas). It closes early the day before a holiday at 10 p.m. Pacific time (PT), and it reopens the day after a holiday at 4 a.m. PT.

[2]The cost share is subject to deductible on HSA-qualified high deductible health plans. The cost share is 0% after deductible is met on the 6900/0% HSA plan.

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