

Out-of-Area Dependent Coverage

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 for anyone enrolled in the plan who is an out-of-area dependent¹. Therefore, out-of-area services will be covered for nonurgent medical needs. Medically necessary urgent and emergency care are covered for dependents while out of the service area.

The out-of-area dependent benefit will cover up to:

- 5 office visits
- 5 diagnostic X-rays
- 5 prescription drug fills

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

In order 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 the service agreement. A dependent may be a subscriber, spouse, or legal dependent up to age 26.
- The dependent must be living outside the Kaiser Permanente Colorado service area while receiving services. However, dependents who temporarily live in another Kaiser Permanente service area may use the visiting member program.

How to enroll

To obtain more *out-of-area dependent benefit* information, please contact Member Services, weekdays, 8 a.m. to 6 p.m.

Denver/Boulder: **303-338-3800**

Northern Colorado: **1-844-201-5824**

Southern Colorado: **1-888-681-7878**

Mountain Colorado: **1-844-837-6884**

711 (TTY)

Or visit **kp.org**.

1. The plans listed below are NOT eligible for this benefit:

- Traditional Preferred Provider Option (PPO)
- Point of Service (POS) plans

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Important coverage information

If out-of-area dependent members are living in another Kaiser Permanente service area, they may access Kaiser Permanente facilities/providers as they would in their home service area according to the specifics of their plan, as detailed in the applicable *Evidence of Coverage*.



Emergency and urgent care

When it comes to emergency care, you're covered anywhere in Colorado, the nation, and the world. Emergency care copayments are waived if you are directly admitted to a hospital as an inpatient. Regardless of where an emergency occurs, this is always covered under a dependent's primary plan with applicable copays/coinsurance. Emergency room copayments/coinsurance 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 as soon as possible (preferably within 24 hours) at **1-800-632-9700 / 711** (TTY), 8 a.m. to 5 p.m., weekdays, 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 high-cost X-rays (MRI/CT/PET or nuclear medicine) are not covered under this benefit.

Care with in-home service area

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

Office visit services

Charges for allergy testing, and physical, occupational, and speech therapy 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.