

Your dependents are covered while away from home

Getting care may look different while traveling

With the out-of-area benefit,^{1,2} your dependents are covered for certain kinds of routine and ongoing care while they're outside a Kaiser Permanente service area. Urgent and emergency care are always covered.

Routine and ongoing care

Starting January 1, 2025, if you renew your plan, the out-of-area benefit covers the following for eligible dependents:³

- Up to 10 office visits
- Up to 10 therapy visits (combined physical, occupational, and speech)
- Up to 10 diagnostic X-rays
- Up to 12 prescription drug fills
- Up to 12 diabetic supplies

You may have to pay a copay or coinsurance, depending on 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's eligible

To be eligible for this benefit, your dependent must:

- Be enrolled in an HMO, deductible HMO, or high deductible health plan (HDHP)¹
- Meet the plan's eligibility requirements and be under the age of 26
- Be outside the Kaiser Permanente Colorado service area and outside any other Kaiser Permanente service area while receiving services

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Emergency care

You're covered for emergency care anywhere in the world. No matter where an emergency occurs, care is always covered under a dependent's primary plan. You may have to pay a copay or coinsurance, depending on your plan. If your dependent is admitted to an out-of-plan hospital, contact Kaiser Permanente Member Services as soon as possible, preferably within 24 hours, for help 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 copays or coinsurance apply to any care your dependent receives in their home service area. Your dependent must get services through Kaiser Permanente or its affiliated providers.

Transplant services

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

Other excluded services

- Office visit services for allergy evaluation, routine prenatal and postpartum visits, chiropractic care, acupuncture services, applied behavioral analysis, hearing tests, home health visits, hospice services, and travel immunizations.⁴
- Services received outside the United States (except emergency services).

Questions?

Call Member Services at **303-338-3800** or **1-800-632-9700 (TTY 711)**. Representatives are available Monday to Friday from 8 a.m. to 6 p.m.

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), Choice PPO, and point-of-service 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. **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.** Prevention immunizations pursuant to the schedule established by the Advisory Committee on Immunization Practices (ACIP) are covered.