



Learn about your out-of-area benefit for dependent children

FOR MEMBERS ON LARGE GROUP PLANS (51+ EMPLOYEES)

Your dependents have access to care beyond urgent and emergency care outside the Kaiser Permanente network. Your out-of-area benefit covers routine, continuing, and follow-up care for dependent children temporarily residing outside the service area.

SERVICES

With this benefit, you will pay 20% coinsurance for the service received. This benefit includes the following services:

- 10 office visits, including preventive care, primary care, specialty care, outpatient mental health care, chemical dependency services, allergy injections, and physical therapy per year
- 10 diagnostic X-rays per year (covers all lab tests and diagnostic X-rays but excludes specialty scans)
- 10 prescription drug fills per year

PAYMENT

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.
- The member can pay out of pocket and submit a Non-Plan Care Information claim 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.



ELIGIBILITY

The following requirements apply:

- The subscriber must live in the service area or physically work in the service area at least 50% of the time.
- The dependent child must meet eligibility requirements and be under the age limit specified in the service agreement.
- The dependent child must be living outside the service area temporarily. Dependent children who temporarily reside in another Kaiser Foundation Health Plan service area or an allied plan's service area may use their visiting member benefit.

PRESCRIPTION DRUG COVERAGE

Out-of-area dependent children may buy prescription drugs from:

- **Mail-order pharmacy.** Dependents temporarily residing outside the service area but within Oregon and Washington may use our mail-order pharmacy. Members will pay their normal copay or coinsurance.
- **Non-participating pharmacies.** Dependents temporarily residing outside the service area may also use a non-participating pharmacy. Members will pay the full cost and get reimbursed 80% for up to 10 prescription fills. We will reimburse only when the drugs are medically necessary.

EXCLUSIONS AND LIMITATIONS

The following services are not covered under the dependent out-of-area benefit but may be covered under another benefit, with applicable copays or coinsurance:

- Emergency services, post-stabilization, and urgent care*
- Alternative care
- Transplant services
- Visiting member services (care received when in another Kaiser Foundation Health Plan); go to kp.org/travel for more information on other service areas

*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*.

This form is available on kp.org/disclosures.