



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

FOR MEMBERS ON SMALL GROUP (1–50 EMPLOYEES) AND INDIVIDUAL AND FAMILY PLANS¹

Your dependent children 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 residing outside the service area.

SERVICES

With this benefit, you will pay 20% of the charges for the service received.² This benefit includes the following services:³

- 5 office visits per year, including preventive care, primary care, naturopathic care, specialty care, outpatient mental health and substance use disorder services, and allergy injections
- 5 diagnostic X-rays per year (excludes CT, MRI, PET, and other specialty scans)
- 5 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.
- You can pay out of pocket and submit a Claim Reimbursement form for reimbursement. This form can be found at [kp.org/disclosures](https://www.kp.org/disclosures).

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

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

²The 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.

³Any other services not specifically listed as covered are excluded under this out-of-area benefit.



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



KAISER PERMANENTE®

ELIGIBILITY

The following requirements apply:

- Dependent children must meet eligibility requirements and be under the age limit specified in the *Evidence of Coverage*.
- Dependent children must be living outside the service area. Dependent children who reside in another Kaiser Foundation Health Plan service area may use their visiting member benefit.

PRESCRIPTION DRUG COVERAGE

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

- **Mail-order pharmacy.** Dependent children residing outside the service area but within Oregon and Washington may use our mail-order pharmacy. Members will pay their normal copay or coinsurance.
- **Nonparticipating pharmacies.** Dependent children residing outside the service area may also use a nonparticipating pharmacy. Members will pay 20% and Kaiser Permanente will pay 80% for up to 5 prescription fills per year.¹ 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 care²
- 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

WHAT SERVICES DOES THIS BENEFIT COVER?

We will cover limited services for dependent children outside 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).

¹The 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.

²Emergency 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.