

TRAVEL COVERAGE

Getting care away from home

Your guide to health care coverage outside
your Kaiser Permanente service area

Life takes you places. That's why you want to know how your health coverage works while you're away from home. Whether you are an eligible dependent under age 26 working or studying away from home, are planning to visit another Kaiser Permanente service area, or are traveling anywhere in the world, read ahead so you can plan ahead for any health care needs.

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The information in this brochure does not apply to Kaiser Permanente Medicare Plus or Medicaid members.

TYPES OF CARE

Anything can come up when you travel, and different health needs require different types of care. Here are some common examples, which don't include all possible symptoms and conditions.

Emergencies can happen anywhere

As a Kaiser Permanente member, you're covered for emergency and urgent care anywhere in the world. Whether you're traveling in the United States or a foreign country, this brochure will explain what to do if you need emergency or urgent care during your trip.

It's important to remember that how you get care can vary depending on where you travel. So plan ahead and find out what emergency and other medical services are available where you'll be visiting.

What is emergency care?

Emergency care is for a medical or psychiatric condition, including severe pain, that requires immediate medical attention to prevent serious jeopardy to your health.*

Examples include:

- Chest pain or pressure that may move out to the arm, neck, back, shoulder, jaw, or wrist
- Severe stomach pain that comes on suddenly
- Severe shortness of breath
- Decrease in or loss of consciousness

*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)*, *Membership Agreement*, *federal brochure RI 73-047* (for federal employees), *Certificate of Insurance (COI)*, or *Summary Plan Description (SPD)*.

What is urgent care?

An urgent care need is an illness or injury that requires prompt medical attention but is not an emergency medical condition.*

Examples include:

- Minor injuries, including sprains and falls
- Minor backaches
- Flu symptoms
- Sore throats, coughs, and earaches

What is routine care?

Routine care is for an expected care need, like a scheduled visit to your doctor or a recommended preventive screening.

Examples include:

- Physical exams
- Adult and well-child checkups
- Pap tests
- Follow-up visits

Routine services aren't covered outside Kaiser Permanente service areas, so make sure to get them before your trip.

Kaiser Permanente service areas include parts of:

- California
- Colorado
- Georgia
- Hawaii
- Maryland
- Oregon
- Virginia
- Washington State
- Washington, DC

Find our locations at kp.org/facilities.

*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)*, *Membership Agreement*, *federal brochure RI 73-047* (for federal employees), *Certificate of Insurance (COI)*, or *Summary Plan Description (SPD)*.

U.S. TRAVEL

Outside Kaiser Permanente service areas

How do I get emergency care in the U.S.?

If you or a family member has a medical emergency, get care right away. You don't have to let Kaiser Permanente know or get approval first. Here's what to do:*

- Call **911** or go to the nearest hospital. Always use the emergency services available where you are.
- Once your condition is stable, call the Away from Home Travel Line at **951-268-3900**, 24 hours a day, 7 days a week (except holidays) or the 24-hour medical advice line at **800-777-7904** or **711** (TTY for the hearing/speech impaired), to let us know you've received emergency care or been admitted to a hospital. If appropriate, the doctor treating you can call instead.

What if I still need care after my emergency condition has been stabilized?

If you've been hospitalized, the doctor treating you may decide you still need care after your condition has been stabilized. This is called post-stabilization care. You'll need to get approval for this kind of care from Kaiser Permanente.

- Call us at **800-777-7904 (TTY 711)** as soon as you can, preferably before you get care. Getting approval helps protect you from financial responsibility, since we may not cover services we don't approve first.

*Emergency services are available at Kaiser Permanente (if you're visiting another Kaiser Permanente service area that has Kaiser Permanente hospitals) or contracted hospitals in states where we offer care. If you're traveling in any Kaiser Permanente service area, we encourage you to go to one of these facilities — but only if this is reasonable based on your condition or symptoms.

- If we agree you need post-stabilization care, we may authorize the doctor treating you to give you this care. Or we may choose a different provider to make sure you get the right care for your condition.
- Ask the doctor treating you if Kaiser Permanente has approved your care, including any transportation. In addition to post-stabilization care, you'll need to get any related transportation approved. In some cases, we may arrange these services for you.

Outpatient follow-up care may not be covered, unless we authorize it or it's considered urgent. This includes any follow-up care you need after an emergency or urgent care visit, like removing stitches or a cast. Call us at **800-777-7904 (TTY 711)** before you get follow-up care to check whether it's covered.

How do I report emergency care?

Call **800-777-7904 (TTY 711)**, 24 hours a day, 7 days a week, to let Kaiser Permanente know you've been admitted to a hospital with an emergency condition, or to ask for approval for post-stabilization care.

How do I get urgent care?

If you need urgent care outside a Kaiser Permanente service area in the United States, you can visit an urgent care clinic instead of a hospital emergency department. We'll cover urgent care at non-Kaiser Permanente facilities as long as it can't wait until you get back to a Kaiser Permanente service area.

What if I'm not sure what kind of care I need?

If you have an illness or injury and you're not sure what kind of care you need, our advice nurses can help. With access to your health information, they can assess your problem and help you decide what to do. Call **800-677-1112** 24 hours a day, seven days a week, to speak with specially trained nurses who will direct you to the most appropriate places to receive care.

How do I submit a claim?

When you receive emergency or urgent care in the United States, the provider may bill Kaiser Permanente directly. If so, you won't need to submit a claim.

But you'll still have to make sure we get everything we need to process the request for payment. It's always a good idea to ask the provider for copies of all receipts.

- If you're billed directly by the provider, you'll need to send a claim asking us to pay the provider.
- If you paid out of pocket for any services, prescription drugs, or medical equipment, you'll need to send a claim asking us to reimburse you.

Make sure to keep these documents:

- An itemized bill for services
- A copy of medical records
- Proof of payment (if you paid for the care yourself)

For instructions on submitting a claim, call the Away from Home Travel Line at **951-268-3900**, 24 hours a day, 7 days a week (except holidays).

FEDERAL MEMBER TRAVEL COVERAGE*

Federal members have additional travel benefits beyond emergency services/accident coverage. They can receive outpatient follow-up and/or continuing medical and mental health and substance abuse care when they are temporarily outside their home service area by more than 100 miles and outside any other Kaiser Permanente service area (for example, on a temporary work assignment or attending school). These benefits are in addition to emergency services/accident benefit and include:

- Outpatient follow-up care necessary to complete a course of treatment after a covered emergency. Services include removal of stitches, a catheter, or a cast.
- Outpatient continuing care for covered services for conditions diagnosed and treated within the previous 12 months by a Kaiser Permanente health care provider or affiliated plan provider. Services include dialysis and prescription drug monitoring.

You pay \$25 for each follow-up or continuing care office visit. This amount will be deducted from the reimbursement we make to you or to the provider. Our payment of the travel benefit is limited to no more than \$1,200 each calendar year. For more information about this benefit, contact the dedicated Kaiser Permanente Federal Member Services Department at **877-KP4-FEDS (877-574-3337) (TTY 711)** or refer to your federal brochure *RI 73-047*.

*This is a summary of the features of the Kaiser Permanente Health Plan. Before making a final decision, please read the Plan's federal brochure *RI 73-047*. All benefits are subject to the definitions, limitations, and exclusions set forth in the federal brochure.

Examples of services not included in your travel benefits coverage:

- Non-emergency hospitalization
- Infertility treatments
- Medical and hospital costs resulting from a normal full-term delivery of a baby outside the service area
- Transplants
- Durable medical equipment
- Prescription drugs
- Home health services

You may need to file a claim when you receive a service or item from a non-plan provider or at a non-plan facility. This includes services such as out-of-network emergency services, out-of-area urgent care, and services covered under the travel benefit. Check with the provider to determine if they can bill us directly. Filing a claim does not guarantee payment.

INTERNATIONAL TRAVEL

How do I get emergency or urgent care outside the U.S.?

If you or a family member has an emergency or urgent medical situation,* get care right away. You don't have to let Kaiser Permanente know or get approval first. Here's what to do:

- Immediately go to the nearest hospital or any facility that can give you the care you need. Kaiser Permanente won't be able to help manage your care until your emergency or urgent care need is under control or is being managed by a doctor.
- If you get emergency care, call the Away from Home Travel Line at **951-268-3900** when your condition is stable to let us know you've been treated for an emergency or admitted to a hospital. You may request the doctor treating you to call on your behalf. If you're calling from outside the United States, you must dial the U.S. country code (001 or +1) first.

What if I still need care after my emergency condition has been stabilized?

If you've been hospitalized, the doctor treating you may decide you still need care after your condition has been stabilized. This is called post-stabilization care. You'll need to get approval for this kind of care from Kaiser Permanente.

- Call us at **800-777-7904** or **703-359-7878** as soon as you can, preferably before you get care. Getting approval helps protect you from financial responsibility, since we may not cover services we don't approve first.

*Kaiser Permanente will cover urgent care you get when you're temporarily outside the country — as long as it can't be delayed until you get back home.

- If we agree you need post-stabilization care, we may authorize the doctor treating you to give you this care. Or we may choose a different provider to make sure you get the right care for your condition.
- Ask the doctor treating you if Kaiser Permanente has approved your care, including any transportation. In addition to post-stabilization care, you'll need to get any related transportation approved. In some cases, we may arrange these services for you.

Outpatient follow-up care may not be covered, unless we authorize it or it's considered urgent. This includes any follow-up care you need after an emergency or urgent care visit, like removing stitches or a cast. Call us at **800-777-7904** or **703-359-7878** before you get follow-up care to check whether it's covered.

How do I report emergency care if I'm outside the U.S.?

Call **951-268-3900**, 24 hours a day, 7 days a week, to let Kaiser Permanente know you've been admitted to a hospital with an emergency condition, or to ask for approval for post-stabilization care. If you're calling from outside the United States, you must dial the U.S. country code (001 or +1) first.

International calls to the Away from Home Travel Line aren't toll free. You'll be charged at local international rates for your call.

You should always have a plan for calling Kaiser Permanente. Get ready before you leave. Find out if your cell phone service includes international calling, or get an international calling card.

Is transportation covered?

Kaiser Permanente covers emergency medical transportation to get you to the nearest hospital, or another facility if we decide it was necessary. However, we can't arrange this transportation for you during an emergency. You'll need to work with emergency transportation providers wherever you are.

We usually don't cover or arrange other transportation, unless we decide it's needed to manage your care. Consider getting extra travel insurance to cover services that aren't covered by your Kaiser Permanente plan.

How do I submit a claim?

Kaiser Permanente usually doesn't pay providers outside the United States directly. If you get emergency or urgent care, you'll need to pay the bill yourself. Then you'll have to submit a claim for reimbursement when you get home.

In many countries, providers require payment before giving care. Costs can be high, so be ready to cover any unexpected costs. You may want to get extra travel insurance for your trip.

Make sure to keep these documents:

- An itemized bill or other documentation for services
- A copy of medical records
- Proof of payment
- Proof of travel — like travel tickets, boarding passes, and a copy of passport stamps

For instructions on submitting a claim, call the Away from Home Travel Line at **951-268-3900**, 24 hours a day, 7 days a week (except holidays).

GETTING CARE IN ANOTHER KAISER PERMANENTE SERVICE AREA AS A VISITING MEMBER

A wide range of care may be available to you at Kaiser Permanente facilities in other Kaiser Permanente service areas, which include all or parts of:

- California
- Colorado
- Georgia
- Hawaii
- Oregon
- Washington State

You also may be able to get care through Group Health Cooperative (GHC), a nonprofit group that offers care to Kaiser Permanente members in:

- East and northwest Washington
- Northern Idaho

You can get certain covered services in these Kaiser Permanente service areas* at Kaiser Permanente facilities, including routine, urgent, or emergency care. Emergency care services are available at Kaiser Permanente facilities in service areas that have Kaiser Permanente hospitals. Find Kaiser Permanente locations at [kp.org/kpfacilities](https://www.kp.org/kpfacilities). You're also covered for urgent and emergency care from any non-Kaiser Permanente provider.

*Please refer to your *Evidence of Coverage, Membership Agreement, federal brochure RI 73-047* (for federal members), *Certificate of Insurance*, or *Summary Plan Description* for details.

Do you have one of these plans?

If you have a type of plan described below, you may not be covered for routine care in other Kaiser Permanente service areas, or your benefits may be different than what's described. If you aren't sure if you have one of these plans, check your *Evidence of Coverage (EOC)*, *Membership Agreement*, *Certificate of Insurance (COI)*, or *Summary Plan Description (SPD)*, or call the Away from Home Travel Line at **951-268-3900**, and let them know that you're a visiting member.

- **HSA-qualified deductible plans.** If you have an HSA-qualified deductible plan, visiting member benefits are not covered.
- **Medicaid and Medicare plans.** The services in this brochure do not apply to you. Please call Member Services for details.
- **Preferred provider organization (PPO) and out-of-area plans.** These plans offer nationwide access to care. Please see your *COI* for additional information.

Flexible Choice plan members can get care from Kaiser Permanente-contracted Private Health Care System (PHCS) or MultiPlan network providers when using their Option 2 PPO benefits. They can also get care from any licensed provider as part of their Option 3 out-of-network benefits.

If you're in one of the following types of plans, your coverage is the same in another Kaiser Permanente service area as in your home area:

- Self-funded exclusive provider (EPO) plans
- Point-of-service (POS) plans

POS plan members are able to get routine care in any other Kaiser Permanente service area and also have access to providers nationwide. See your *EOC* or *COI* for additional details.

For plan details

You'll find more detailed, up-to-date information about getting care in the document below that applies to your health coverage:

- *Evidence of Coverage (EOC)*
- *Membership Agreement*
- *Federal brochure RI 073-047*
- *Certificate of Insurance (COI)*
- *Summary Plan Description (SPD)*

If you are unsure what type of plan you have and want to request a copy of your *EOC*, *Membership Agreement*, federal brochure *RI 73-047*, or *COI*, call Member Services at **800-777-7902 (TTY 711)**. To request a copy of your *SPD*, contact your employer.

What types of care can I get in other Kaiser Permanente service areas?

As a member, you can get most of the same services you would in your home service area when visiting another Kaiser Permanente service area.

You can get these services as long as they're provided or referred by a Kaiser Permanente doctor in the service area you're visiting. Call Member Services in the Kaiser Permanente service area you're visiting and let them know you're a visiting member. For additional questions, call the Away from Home Travel Line at **951-268-3900**, and let them know that you're a visiting member.

If you're in a Group Health Cooperative (GHC) service area, you'll need to get services from a GHC doctor. For specific GHC locations, visit **ghc.org/about_gh**.

WHAT SERVICES MAY BE COVERED?*

Inpatient services

- Physician services
- Room and board
- Necessary services and supplies
- Maternity services
- Prescription drugs

Outpatient services

- Office visits
- Outpatient surgery
- Allergy tests and allergy injections
- Physical, occupational, and speech therapy (up to 20 visits for physical therapy per incident; up to two months for occupational and speech therapy)[†]
- Dialysis care

X-ray and laboratory services

Includes services received in the hospital or at one of our medical centers

Prescription drugs

Covered only if you have an outpatient prescription drug benefit (with regular home service area copays, coinsurance, or deductibles; exclusions and limitations apply)

Mental health/chemical dependency services

Outpatient visits and inpatient hospital days

Skilled nursing facility services

Up to 100 days per calendar year

Home health care services

Home health care services inside the visited service area

Hospice services

Home-based hospice services inside the visited service area

* Services may vary by area. Please refer to your *Evidence of Coverage*, *Membership Agreement*, federal brochure *RI 73-047*, *Certificate of Insurance*, or *Summary Plan Description* for details.

[†] For members in Maryland, coverage for physical, occupational, and speech therapy is different. Call Member Services to learn more.

WHAT SERVICES AREN'T COVERED?

These services, equipment, and supplies aren't available to you in other Kaiser Permanente service areas:

- Services that aren't medically necessary
- Physical exams for insurance, employment, or licensing, and any related services
- Dental services and dental X-rays
- Drugs for the treatment of sexual dysfunction disorders
- Services to reverse voluntary infertility
- Infertility services
- Services related to conception by artificial means, such as in vitro fertilization and gamete intrafallopian tube transfer
- Experimental services and all clinical trials
- Cosmetic surgery and other services performed mainly to change appearance
- Custodial ("at home") care and care provided in a nursing home
- Services related to sexual reassignment surgery and treatment
- Services related to bariatric surgery and treatment
- Organ transplants and related services
- Alternative medicine and complementary care, like chiropractic care
- Services that require a referral from a Kaiser Permanente or GHC doctor in your home service area
- Services that aren't covered in your home service area as described in your *EOC*, *Membership Agreement*, federal brochure *RI 73-047*, *COI*, or *SPD*

CARE WHERE YOU NEED IT

How do I get care in other Kaiser Permanente service areas?*

Call the Away from Home Travel Line at **951-268-3900**, and let them know you're a visiting member:

- You'll get a new medical record number (MRN) or health record number (HRN) and information on making an appointment.
- You'll only use your new MRN or HRN in the service area you're visiting.
- When you get back home, you'll use your home MRN or HRN to get care.

If you're in a self-funded EPO plan, call the Customer Service number on your Kaiser Permanente ID card.

Do I need approval first?

For some services, you need approval from your home service area. For other services, you may also need approval from the area you're visiting.

Call the Away from Home Travel Line at **951-268-3900** for more information.

How long are services available?

When you're visiting another Kaiser Permanente area, services will be available as defined in your home-region *EOC*. You'll be covered for as long as your benefits remain active.

*When you get care in other Kaiser Permanente service areas, your home-area claims and grievance processes still apply. See your *Evidence of Coverage, Membership Agreement, federal brochure RI 73-047, Certificate of Insurance, or Summary Plan Description* for details.

If you move permanently to another Kaiser Permanente or GHC service area, you may not be able to keep your current membership. You may be able to enroll in a Kaiser Permanente or GHC plan in the service area you've moved to.†

There is no time limit on services for those in a self-funded plan.

What costs should I expect?

You may have to pay out of pocket for services. These payments may be different from the copays, coinsurance, or deductible payments you would pay at home. To find out if you'll need to pay the full cost up front for any services, call Member Services in your home service area.

If you pay the full cost for any services upfront, you may be eligible for a reimbursement.‡ To get reimbursed, you'll need to submit a claim in your home service area. Make sure you ask for copies of all receipts.

† This does not apply to Federal Employee Health Benefits Program members.

‡ Reimbursement amount will be subject to member's deductible status, cost-share amounts, and other plan limitations.

AWAY FROM HOME TRAVEL LINE

For travel outside of your home region, including international, call **951-268-3900 (TTY 711)**, 24 hours a day, 7 days a week (except holidays).

COVERING ELIGIBLE DEPENDENTS UNDER AGE 26 (including students)

Before they leave

- Update medications and immunizations.
- Have medications refilled. Medications can also be mailed by the Kaiser Permanente pharmacy to your eligible dependent under age 26 at school or another temporary location away from home.
- Make sure required vaccinations are up-to-date as required by many schools and employers.
- Eligible dependents under age 26 should sign up on **kp.org** to communicate with their doctors.
- Eligible dependents under age 26 should carry their Kaiser Permanente ID card with them.
- Eligible Dependents under age 26 should save the Away from Home Travel Line number: **951-268-3900**, and website: **kp.org/travel**.

Review your health plan

Your Kaiser Permanente membership plan's *Evidence of Coverage, Membership Agreement*, federal brochure *RI 73-047, Certificate of Insurance* or *Summary Plan Description* provide specific information about receiving health care when outside the Kaiser Permanente service area.

Routine and nonemergency care

- If an eligible dependent under age 26 is seen by a student health center or any other medical center for an issue that isn't urgent, the plan may not cover those services.

Urgent and emergency care

- You have coverage for emergency care out of the service area. If you go to an emergency room while you're away, call the Away from Home Travel Line at **951-268-3900**.
- Remember that medical advice is available for Kaiser Permanente members 24 hours a day, 7 days a week. If you have a medical emergency, get care right away. You don't have to let Kaiser Permanente know or get approval first.
- Often, a follow-up appointment is needed after you visit the emergency room. If so, you'll need authorization for that appointment and any additional lab or imaging services. The Advice Line can either approve the follow-up appointment or arrange for you to have the follow-up in a Kaiser Permanente service area.

Many schools and universities offer student health insurance policies that cover routine, nonemergency services that your health plan may not cover.

CHECKLIST: BEFORE YOU GO ...

A little planning makes a big difference. Plan now for a healthy trip.

- Register on kp.org** to see your health information and email your Kaiser Permanente doctor or health care team.
- Get our KP app** to stay connected when you're on the go.
- See your doctor** if you need to manage a condition during your trip.
- Refill your prescriptions** to have enough while you're away.
- Print a summary of your online medical record** in case you don't have Internet access.
- Make sure your immunizations are up-to-date**, including your yearly flu shot.

Don't forget

- Bring your Kaiser Permanente ID card.** It has important phone numbers on the back.
- Take this brochure on your trip.** It explains what to do if you need care.
- Save the Away from Home Travel Line number: 951-268-3900, and website: kp.org/travel.**

FOR MORE INFORMATION

You'll find more information about getting care away from home in the document that applies to your health coverage:

- *Evidence of Coverage (EOC)*
- *Membership Agreement*
- *Federal brochure RI 073-047*
- *Certificate of Insurance (COI)*
- *Summary Plan Description (SPD)*

Contact Member Services to request a copy of your *EOC*, *Membership Agreement*, federal brochure *RI 73-047*, or *COI*. To request a copy of your *SPD*, contact your employer.

For Member/Customer Services

Call the Away from Home Travel Line at **951-268-3900**.

NOTE: International calls won't be toll free, and you'll be charged local international rates.

Visit **kp.org/travel** for helpful resources to help you plan for your trip, and claim forms, in case you need to file a claim for reimbursement after your trip.

NOTES:

kp.org/travel



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