

QUESTIONS AND ANSWERS

Dependent out-of-area benefit

Under the dependent out-of-area benefit, Kaiser Permanente provides specific coverage for dependent children under the age of 26 who are temporarily outside of our service area. Before 2016 contracts, this was known as the student out-of-area benefit.

Who is eligible to take advantage of the dependent out-of-area benefit?

Kaiser Permanente provides specific coverage for dependent children under the age of 26 who are temporarily outside of our service area.

How do I enroll my dependent to receive this benefit?

The dependent out-of-area benefit becomes effective as contracts renew on or after January 1, 2016. We are no longer requiring dependents to be registered college students, nor will there be a dollar limit on services.

What services does this benefit cover in 2016?

We will cover limited services, as outlined below, for dependent children outside of 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).

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Member Services contact information:

Oregon and Washington

503-813-2000
(from Portland)

1-800-813-2000
(from all other areas)

711 (TTY)

1-800-324-8010
(language interpretation)

Monday through Friday,
8 a.m. to 6 p.m.



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Small-group plans (50 employees or fewer) and individual plans

20% coinsurance of the actual fee charged for the service; allowance of 5 office visits, 5 diagnostic X-rays (excluding specialty scans), and 5 prescriptions per calendar year. Applies to out-of-pocket maximum.

- 5 office visits – includes visits for preventive care, primary care, specialty care, mental health, and chemical dependency.
- 5 diagnostic X-rays – excludes lab tests and specialty scans.
- 5 prescriptions – covers any tier of prescription; each of the 5 prescriptions can be up to a 90-day supply.

Large-group plans (51 or more employees)

20% coinsurance of the actual fee charged for the service; allowance of 10 office visits (including physical therapy), 10 diagnostic X-rays (excluding specialty scans) and lab tests, and 10 prescriptions per calendar year. Applies to out-of-pocket maximum.

- 10 office visits – includes visits for preventive care, primary care, specialty care, mental health, chemical dependency, and physical therapy.
- 10 diagnostic X-rays and lab tests – covers all lab tests and diagnostic X-rays but excludes specialty scans.
- 10 prescriptions – covers any tier of prescription; each of the 10 prescriptions can be up to a 90-day supply.

Is emergency and urgent care still covered?

Emergency and urgent care are always covered, and are separate from the dependent out-of-area benefit. For more information, please call Member Services or refer to your *Evidence of Coverage (EOC)*.

How does the billing work?

Each plan is a little different. To be sure you have the correct billing information, you should look at your *Evidence of Coverage*. You can access your *EOC* either on kp.org or by calling Member Services at **1-800-813-2000**. They can help answer this question as it specifically pertains to you.

What happens if my dependent lives outside of the Kaiser Permanente Northwest region, but in a different Kaiser Permanente region (such as California, Colorado, or Hawaii)? How do they sign up as a visiting member? Does the dependent out-of-area benefit still apply?

They will be enrolled as a visiting member. You will need to contact Member Services in that region to get a health record number to use in that region. The 90-day limit for visiting members will be lifted after 2016 (except for Group Health Cooperative); however, members still have to meet criteria to be members in their home region.

The dependent out-of-area benefit still applies.