



WHEN YOU'RE AWAY FROM HOME

Care for you across America
and around the world



All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest.
500 NE Multnomah St., Suite 100, Portland, OR 97232.

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WHEREVER YOU TRAVEL, YOU'RE COVERED



Illnesses and injuries happen when you least expect them. It's nice to know you're covered for emergency and urgent care when you need it, anywhere in the world.

If you're thinking about a trip, plan what to do in case of an emergency. And keep your Kaiser Permanente identification (ID) card with you at all times.

This booklet is a summary of your medical emergency benefits and visiting member services as a member of Kaiser Foundation Health Plan of the Northwest (KFHPNW) when you are temporarily outside our service area.

The benefits and services do not apply if you have moved permanently to another Kaiser Foundation Health Plan service area.

Please note: This booklet tells you about away-from-home medical coverage under your KFHPNW medical plan. It does not apply to routine care using the PPO or out-of-network benefits of Added Choice® plans. For information on dental emergency care, please refer to your *Evidence of Coverage (EOC)* or contact KFHPNW Membership Services at 503-813-2000 or 1-800-813-2000.

This booklet does not reflect any changes to the health plan, its benefits, regions, or contact information that may have been made after the printing of this document. Benefits, regions, and contact information in this brochure may change at any time without notice.

When you travel out of our service area, your medical care is covered under three separate benefits:

- Visiting member services when you receive nonemergency care from Kaiser Permanente in other states or Group Health in Washington or northern Idaho.
- Urgent and emergency care anywhere in the world.
- Travel benefits for routine and follow-up care (FEHB and Senior Advantage members only*).

TRAVEL SERVICES FOR SPECIFIC GROUPS

Your benefit booklet is always your best source of information about your benefits. Members from some groups have services available outside the service area that are different from the services described in this booklet. Please check your *Evidence of Coverage* or ask Membership Services about your benefits and services if you are a KFHPNW member and one of these classifications applies to you:

*Travel benefits do not apply to Senior Advantage Basic members.

- **You are a dependent student** registered at a recognized, accredited college or vocational school. Most plans have a student out-of-area benefit for nonemergency care for dependent, college-age students when they are attending school outside the KFHPNW service area. Dependent students covered under the Washington public employees group—PEBB—have different benefits.
- **You are covered under the U.S. government employees plan (FEHB).** Check your FEHB brochure.
- **You have a High Deductible Health Plan with health savings account option.** You may not use the services described in the “Visiting member overview” section starting on page 5.
- **You are an Added Choice point-of-service plan member.** The information in this booklet applies to your in-network benefits. The PPO or out-of-network coverage of your plan covers routine care you receive from non-Kaiser Permanente providers in the United States. Please refer to your *Evidence of Coverage* or your copy of *Using Your Added Choice Medical Plan* for information about getting out-of-network care.
- **You are a Medicaid member.** The information in this booklet does not apply to Medicaid members (Oregon Health Plan and Healthy Options).
- **You are a Medicare member.** Please contact Membership Services.

For all plans, ask Membership Services if you have questions about your benefits, travel services, or getting care. Contact information is on page 17. For plan-specific definitions, please see your member materials.

INTERNATIONAL TRAVEL CLINIC

The Kaiser Permanente International Travel Clinic can help you with vaccinations, travel-related medications, and travel-related health information.

A phone call is all it takes to get personalized recommendations to prepare for international travel. We'll arrange for you to receive your recommended travel medications and vaccines at your medical office. Check your *Evidence of Coverage* for copayment or coinsurance information for vaccinations you receive at the Nurse Treatment Room, and for coverage for services such as travel-only vaccinations.

To use the International Travel Clinic, call 1-800-888-8540 Monday through Friday, 8 a.m. to 4 p.m. Pacific Time. Call 1-800-735-2900 for TTY from Oregon and Washington.

When you call, be ready with your Kaiser Permanente health record number (shown on your ID card), travel dates, and destinations. Also be ready with any medical problems, allergies to medications, current medications (including over-the-counter), and recent immunizations.

When to call

- You should call eight weeks before departure.
- If you will be gone longer than three months or doing any medical work abroad, you should call about four months before you leave.

A tip regarding air travel

Many airports ask to see a letter from a doctor if you need to carry syringes (for insulin and other medications) aboard airlines. It's a good idea to call before you travel to confirm your airline's requirements.

VISITING MEMBER OVERVIEW

Your services

Visiting member services ensure that you can receive a variety of services when **temporarily** visiting another Kaiser Foundation Health Plan service area or Group Health Cooperative (Group Health) service area. If you get a migraine in Baltimore, need physical therapy in Pasadena, or develop a disease in Denver, we'll be there for you. Your benefits out of our service area may be different from those you receive in our service area.

Who can get visiting member care?

You can get visiting member care when you are **temporarily** visiting a Kaiser Foundation Health Plan service area or a Group Health service area, other than the Northwest Region. Please see "Travel services for specific groups," starting on page 2, for information about members who cannot get the visiting member care described in this section, or members who have additional benefits.

Visiting member care is limited to not more than 90 days. This 90-day limit does not apply if you are a member attending an accredited college or an accredited vocational school. You might have to show proof of student status.

If you **permanently** move to another Kaiser Foundation Health Plan or a Group Health service area or visit there for more than 90 days, you might not be eligible to continue your KFHPNW membership. You may be able to enroll as a member of the Kaiser Foundation Health Plan or Group Health service area where you now live.

For more information, please refer to your *Evidence of Coverage* or *Medical Directory* or contact Membership Services. Contact information is on page 17.

Where can I receive visiting member care?

You can receive visiting member services in any Kaiser Foundation Health Plan service area or a Group Health service area if a Kaiser Foundation Health Plan physician provides or arranges for them. For information about service areas and facility locations, please call Membership Services here in the Northwest Region. You may also contact Member Services in the region you will be visiting. The listing of phone numbers for other regions starts on page 18.

What care can I receive as a visiting member?

Your visiting member services may be different from the services available to you in the Northwest Region. They are also subject to the exclusions listed in this brochure. You may have to pay copayments, coinsurance, and deductibles for visiting member services that are different from those you pay in your home region. Please call Membership Services for more information.

The following visiting member services are available to you if a Kaiser Permanente physician in our service areas nationwide provides or arranges for them (subject to the exclusions and prior authorization requirements listed on pages 7–9):

Inpatient services

Hospitalization, including inpatient surgery and other services you receive while admitted.

Outpatient services

- Office visits.
- Outpatient surgery.
- Physical, occupational, and speech therapy (up to two months per condition).
- Allergy tests and allergy injections.
- Prenatal and postnatal care.
- Dialysis care.

X-ray and laboratory

- In or out of the hospital.

Outpatient prescription drugs

- Available if outpatient prescription drugs are included in your benefits plan in your home region.

Mental health and chemical dependency services

Available under the same terms and conditions as in your home region.

Skilled nursing facility services

- Up to 100 days per calendar year for most plans at designated facilities.

Hospice services

- Home-based hospice services.

Services requiring prior authorization

Some services require prior authorization from your home region. If the service is part of your benefits plan, it may also be available to you when visiting another Kaiser Foundation Health Plan service area or a Group Health service area. Please contact Membership Services for more information on which services may be subject to prior authorization.

Also, some services require prior authorization from the visited service area. Please contact Member Services in the visited service area for more information.

How do I get care?

It's a good idea to make your appointment as far ahead of time as possible if you know you're going to need routine or follow-up care, such as blood tests or a prenatal checkup.

To arrange for care, call Member Services in the Kaiser Foundation Health Plan service area or Group Health service area you are visiting and tell them that you are a visiting member. Member Services will give you the information you need to make an appointment (designated facility or physician name, phone number, location).

And don't forget to take your Kaiser Permanente ID card with you when you leave home!

Visiting member exclusions

The following services are not available as visiting member services. ("Services" include equipment and supplies.) Some of these services, such as emergency care and referrals, are covered under your plan even when you receive the services outside the Northwest service area. Please call Membership Services for more information.

- Services that are not medically necessary.
- Physical examinations and related services for insurance, employment, or licensing.
- Drugs to treat or prevent sexual dysfunction.
- Dental care and dental X-rays.
- Infertility services.
- Services related to conception by artificial means, such as in vitro fertilization (IVF) and gamete intrafallopian transfer (GIFT).
- Experimental services and all clinical trials.
- Cosmetic surgery and other services primarily to change appearance.
- Custodial care and care provided in an intermediate care facility.

- Services related to sexual reassignment.
- Transplants and related services.
- Complementary and alternative medicine services, such as chiropractic services.
- Services you receive as a result of a written referral from a Kaiser Permanente physician in your home region.
- Emergency services, including emergency ambulance services. *Please note:* Emergency services are covered under your emergency care benefits even when you are away from our service area.
- Services that are excluded or limited in your home region as described in your *Evidence of Coverage* and/or *Member Agreement*.

Other services

When visiting another service area, you may purchase items such as those listed below through Kaiser Permanente or Group Health.

- Eyeglasses.
- Durable medical equipment.
- Prosthetics and orthotics.
- Hearing aids.

If these items are included in your health plan, Kaiser Foundation Health Plan in your home service area may reimburse you for some or all of the cost according to your benefits coverage. Specific benefits information and instructions for filing a claim are available from Membership Services here in the Northwest.

Please note: We may change the visiting member program at any time, including the service areas where you may obtain visiting member services. If you have any questions, please call Membership Services in the Northwest.

CARE AT GROUP HEALTH

Most members can now get routine, urgent, and follow-up care through Group Health, at locations within the states of Washington and Idaho. This care is available when you travel outside our service area, as long as your permanent residence remains in our service area. Your primary care provider at Kaiser Permanente will coordinate follow-up care or additional treatment after you return home.

To find out about Group Health locations in Washington and northern Idaho, or to request medical advice, see page 20 for the appropriate phone numbers.

What you pay and what is covered at Group Health facilities

When you receive care under this arrangement, your usual medical coverage and charges apply, and there are no claim forms to fill out. Some special types of care require advance authorization. Organ transplants and dental care are excluded.

Emergency care and emergency ambulance service at Group Health and Group Health-affiliated facilities are provided under your base medical coverage. You will be billed for the charges specified in your plan.



URGENT AND EMERGENCY MEDICAL SERVICES AWAY FROM HOME

There are two ways care is covered outside the service area.

- You can receive care under your emergency and urgent care benefit.
- You can receive visiting member services at Kaiser Permanente facilities and the facilities of Group Health in Washington and northern Idaho.

Emergency and urgent care benefit

You are covered for emergency and urgent care at facilities outside the service area. You do not have to receive care in an emergency department for your benefit to apply. You are not covered for routine care or follow-up care, unless you get it from a Kaiser Permanente or affiliate care provider as a visiting member service (see page 5).

If you have an unforeseen illness or injury while traveling outside the service area, call 911 or go to the nearest health care facility. (Ambulance service is covered if we determine that medical transportation was medically necessary. You pay your ambulance copayment or coinsurance, if any.)

It's important to remember that you will pay your emergency or emergency ambulance charge no matter where you receive such services. This is in addition to other charges such as X-ray or lab. Urgent care will also require coinsurance or a copayment.

If you are admitted to a non-Kaiser Permanente hospital while you are traveling, notify our patient transfer coordinator within 24 hours or as soon as you can, but while you are still an inpatient. (The telephone number is listed on page 17.)



We may move you to a designated hospital that is part of our network when you are medically stable. If you are transferred, ambulance transportation to take you to a Kaiser Permanente hospital is also covered when it's approved ahead of time and arranged by a KFHPNW physician.

If you are treated in a non-Kaiser Permanente emergency department or another outpatient setting and are not admitted to the hospital, please call Membership Services and ask for a *Non-Plan Care Information* form. Membership Services and TTY numbers are listed on page 17. You can also go to **kp.org** and find the form in the member portion of the site.

Please remember that your emergency benefit does not cover the following:

- Follow-up visits, such as cast or suture removal, even if the visits are medically necessary.
- Routine or continuing care, such as allergy shots or blood pressure checks, even if the care is medically necessary.
- Care you were aware you needed and could have received at a Kaiser Permanente facility before you left the service area.

Emergencies outside the United States

You are covered for unforeseen illness and injury anywhere in the world. It's a good idea to take a *Non-Plan Care Information* form with you when you travel abroad.

If you need emergency medical attention, call an ambulance or go to the nearest medical facility. If you need urgent care, contact the American Consulate or ask your hotel receptionist or the police for a physician location.

If you are admitted to a hospital overseas, you still must notify our patient transfer coordinator within 24 hours after care begins (or as soon as reasonably possible). Ask the U.S. operator to connect you to the patient transfer coordinator at the number listed on page 17. If you call after office hours, leave a message on the 24-hour answering machine, or contact a friend or family member in the United States who can let us know you are hospitalized.

In many foreign countries, you must pay in full when you receive care. In order for your claim to be reviewed, we must have itemized bills, receipts, and copies of medical records. Submit a claim for reimbursement when you return home.

What you pay for urgent or emergency care at non-Kaiser Permanente facilities

When you receive care from a non-Kaiser Permanente facility, you must pay any copayments or coinsurance that apply under your plan. For questions about copayments, coinsurance, or deductibles, check your *Evidence of Coverage, Member Agreement, or benefit summary*, or call KFHPNW Membership Services at one of the numbers listed on page 17.

Most emergency department copayments or coinsurance are higher than your office visit charge. Urgent care you receive outside the service area at non-Kaiser Permanente facilities will be covered. You will be responsible for the same copayment

or coinsurance as an urgent care office visit in our service area. If you pay for the care you receive and file a claim, we will subtract your copayment or coinsurance from your reimbursement. You are responsible for medical supplies and services not covered by your plan.

Non-Kaiser Permanente facilities may require you to pay the full cost of your care at the time you receive it. We will reimburse you for the cost of care covered by your plan when your claim has been approved (see page 15).

Please note: We will pay only what we determine to be usual, customary, and reasonable charges for care you receive from non-Kaiser Permanente providers. You must pay any amount that is more than what we consider reasonable.

We will not pay costs covered by any other insurance or government program. If you are involved in a motor vehicle accident, for example, you are responsible for billing the other insurance carrier or carriers.

Coinsurance or copayments you pay in another service area do not apply to any deductible or out-of-pocket maximum under your plan.



HOW TO FILE A CLAIM

Before you travel, ask for a *Non-Plan Care Information* form. These forms are available at Membership Services in our medical facilities, or by downloading from **kp.org**.

When you have a claim, complete and sign the form. By signing, you agree to provide us with any additional medical records, forms, or releases that we may request.

Include copies of your itemized bills and receipts. Keep a copy for your records. Please indicate if you have paid these bills. If you have a copy of your medical record from a non-Kaiser Permanente facility, include it too.

Submit the claim form within 90 days after first receiving care at non-Kaiser Permanente facilities, or as soon as reasonably possible.

Mail the completed form and accompanying documents to:

Claims Administration
KFHPNW
500 NE Multnomah St., Suite 100
Portland, OR 97232

Your non-Kaiser Permanente provider may bill us directly for your care. We accept the CMS 1500 claim form for professional services and UB-92 for hospital claims. Forms should be sent to the address for Claims Administration listed above.

You will still need to complete the *Non-Plan Care Information* form, even if your non-Kaiser Permanente provider bills us directly.

If you have any questions about emergency claims, please call Membership Services.



We will contact you if we need more information to process your claim. When we receive all pertinent information, we will review your claim, reach a decision, and reimburse any covered charges, minus any coinsurance, copayments, or deductibles under your plan.

If we deny your claim either partially or completely, we will send you a written decision that will include:

- The specific reasons why we denied your claim.
- The provisions of your plan on which we based our denial.
- Information on your right to file a grievance or appeal.

YOUR KAISER PERMANENTE RESOURCES

KFHPNW telephone numbers

Patient transfer coordinator

If you are admitted to a non-Kaiser Permanente facility, call within 24 hours:

Portland area 503-571-4540

All other areas 1-877-813-5993

Membership Services

For more information or questions about your benefits or a claim, call KFHPNW Membership Services. Hours are 8 a.m. to 6 p.m. Monday through Friday. You may also sign on to **kp.org** and e-mail us.

Portland area 503-813-2000

All other areas 1-800-813-2000

Language interpretation services 1-800-324-8010

TTY 1-800-735-2900

KFHPNW Membership Services

If you would like more information about services available to you while traveling, call KFHPNW Membership Services. If you would like to make an appointment for care in the service area to which you will be traveling, call Member Services for that area.

How to arrange for care

It's a good idea to make your appointment as far ahead of time as possible if you know you're going to need routine or follow-up care, such as blood tests or a prenatal checkup. Call Member Services in the service area you are visiting, and explain that you are a visiting member.

Telephone numbers for other regions

California

1-800-464-4000

1-800-777-1370 (TTY)

Mon.–Fri., 7 a.m.–7 p.m.
Weekends, 7 a.m.–3 p.m.

Note: If you are seeking services from a contracted non-Kaiser Permanente provider in Coachella Valley (Palm Desert, Palm Springs, Desert Hot Springs, Indio) in California, you may be required to contact your primary care physician in your home region to obtain an approved referral.

Colorado

Denver/Boulder area

303-338-3800 (from Denver metro area)

1-800-632-9700 (from other areas)

303-338-3820 (TTY, from Denver metro area)

1-800-521-4874 (TTY, from other areas)

Mon.–Fri., 8 a.m.–5 p.m.

Southern Colorado area (including Colorado Springs, Pueblo, and Cañon City metro areas)

1-888-681-7878

1-800-521-4874 (TTY)

Mon.–Fri., 8 a.m.–5 p.m.

Note: You need a Southern Colorado ID number and primary care physician assignment to receive routine, follow-up, or non-emergency care in the Southern Colorado service area. Please call Southern Colorado Member Services for more information.

District of Columbia

Mid-Atlantic States Region

301-468-6000 (from D.C. metro area)

1-800-777-7902 (from other areas)

301-879-6380 (TTY)

Mon.–Fri., 7:30 a.m.–5:30 p.m.

Georgia

Atlanta metro area

404-261-2590 (from Atlanta metro area)

1-888-865-5813 (from other areas)

1-800-255-0056 (TTY)

Mon.–Fri., 7 a.m.–7 p.m.

Hawaii

Oahu, Maui, Hawaii, Kauai, Lanai, and Molokai areas

808-432-5955 (from Oahu area)

1-800-966-5955 (from other areas)

1-877-447-5990 (TTY)

Mon.–Fri., 8 a.m.–5 p.m.

Sat., 8 a.m.–noon

Note: The Hawaii Region excludes ZIP codes 96718, 96772, and 96777.

Maryland

Mid-Atlantic States Region Baltimore and suburban D.C. area

1-800-777-7902

301-879-6380 (TTY)

Mon.–Fri., 7:30 a.m.–5:30 p.m.

Ohio

Northeast area

1-800-686-7100

1-877-676-6677 (TTY)

Mon.–Thu., 8:15 a.m.–5 p.m.

Fri., 9 a.m.–5 p.m.

Virginia

Mid-Atlantic States Region Northern area

1-800-777-7902

301-879-6380 (TTY)

Mon.–Fri., 7:30 a.m.–5:30 p.m.

Washington and Northern Idaho

Group Health Cooperative (GHC)

Customer service (all areas)

1-888-901-4636

1-800-833-6388 (TTY)

Mon.–Fri., 8 a.m.–5 p.m.

Note: Phone numbers beginning with 1-800, 1-866, 1-877, or 1-888 are toll free. Kaiser Permanente may change the terms, conditions, and eligible service areas of visiting member services at any time. If you have any questions, please call Member Services in your home region. If you are enrolled in an employer's self-funded plan, please call the Customer Service number on the back of your plan ID card.

COMMONLY ASKED QUESTIONS ABOUT THE EMERGENCY AND URGENT CARE BENEFIT

Q. If I am traveling out of the KFHPNW service area and sprain my ankle, will you cover the cost of the office visit?

A. A sprain qualifies as an urgent condition. We will cover the initial visit, less any copayment, coinsurance, or deductible you may have.

Q. What about if I am hospitalized with a heart attack when I'm traveling in Europe?

A. Emergency medical and hospital care are covered. Be sure to call the patient transfer coordinator (see page 17). Follow-up office visits will not be covered except at Kaiser Permanente.

Q. My doctor says that my blood pressure should be checked every month. What are my benefits for the 10 weeks I spend in Arizona every year?

A. You are covered for unforeseen urgent and emergency care only, not treatment for chronic conditions, routine care, or follow-up care. For instance, the cost of follow-up care for an ankle sprain is your responsibility unless you go to a Kaiser Permanente facility. Kaiser Permanente has no facilities in Arizona, so a blood pressure check there is your responsibility.

Q. When I was in New York, I injured my arm and an emergency room physician put on a splint. Is the splint covered?

A. Medical equipment such as temporary orthopedic aids—including splints, braces, and elastic bandages—are not covered under most plans outside of the service area. The splint is covered if your group's plan includes the durable medical equipment (DME) benefit.



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