



When you're away from home

Care for you
across America
or around the world

Wherever you travel, you're covered



General information

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Illnesses and injuries happen when you least expect them. It's nice to know you're covered for emergency and urgent care when they are needed, 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 Kaiser Permanente Northwest member when you are temporarily outside our service area. These benefits *do not* apply if you have moved permanently from our area.

Please note: This booklet tells you about away-from-home medical coverage under your Kaiser Permanente medical plan. It does not apply to routine care using the out-of-network benefits of Added Choice® plans. And for information on emergency care under a Kaiser Permanente dental plan, please refer to your dental benefits booklet or contact Kaiser Permanente Northwest Membership Services.

This booklet does not reflect any changes to the health plan, its benefits, regions, or contact information that may have been made after March 30, 2005. Benefits, regions, and contact information may change at any time without notice. Travel services may not be available in subsequent years.

Senior Advantage and Senior Advantage II members: *Travel services, regions, and contact information listed in this booklet may change at any time. Travel services may not be available in subsequent years. However, the benefits offered under your Medicare plan will not be reduced during any calendar year, January 1 through December 31. We will send you a notice if there are any other changes in your Medicare benefit, such as an improvement in your benefits during the calendar year, or changes to your benefits from one calendar year to the next.*

Travel services for specific groups

Kaiser Permanente members from some groups have different travel benefits than those described in this booklet. Check your benefit booklet or ask Membership Services for details of your benefits if you:

- Are a full-time, dependent student registered at a recognized, accredited college or vocational school. (Dependent students covered under the Washington public employees group—PEBB—have different benefits. Most plans have an

additional benefit for nonemergency care for dependent students when they are attending school outside the Kaiser Permanente Northwest service area. Check your benefit materials or contact Membership Services for information about your plan.)

- Are covered under the U.S. Government employees plan (FEHB). Check your FEHB brochure for 2005 (RI-73-004)
- Are a Senior Advantage or Senior Advantage II member: Please refer to the “Medical Care Away From Home (For Kaiser Permanente Senior Advantage Members)” section of this booklet, starting on page 20.

Added Choice members covered under a point-of-service plan or preferred provider plan: Please refer to your copy of *Using Your Added Choice Medical Plan* or your Added Choice benefits materials. Your out-of-network coverage does provide routine care outside the service area. The information in this booklet applies to your in-network benefits.

The information in this booklet does not apply to Medicaid. Contact Kaiser Permanente Northwest Membership Services for more information. Telephone numbers are listed on page 24.



First, a few explanations

Service area

Our service area consists of specific ZIP codes and counties in Oregon and Southwest Washington. Check your benefit book for a list of service area ZIP codes and counties.

Kaiser Permanente facilities

In this booklet, the term “Kaiser Permanente facilities” refers to the medical offices and hospitals owned by or contracted with Kaiser Permanente or its affiliates, including Group Health in Washington and Idaho.

Membership/Member Services

“Membership Services” refers to the Kaiser Permanente Northwest department that responds to member inquiries about benefits and access to care. The departments that have the same functions in other Kaiser Permanente regions are collectively called “Member Services.” Telephone numbers are listed on pages 24–27.

Medically necessary transportation

Medically necessary transportation includes ambulance and other medical transportation when you have a medical condition that would be adversely affected if you used ordinary transportation, such as a car or taxi, or if a Plan physician approves it. (You will be required to pay an ambulance copayment or coinsurance if there is one for your plan.)

We *do not cover* your expenses for transportation by car, taxi, bus, wheelchair car, airline, or any other vehicle that you use because they are convenient or because you have no other means of traveling to our facilities for care.

Urgent care

Urgent care is for problems that come up suddenly and aren't emergencies but need prompt care to keep them from getting worse. Urgent conditions may include:

- Cuts and minor burns.
- Respiratory illnesses.
- Mild reactions to medications.
- Gynecological complaints.
- Infectious illnesses such as the flu.
- Sprains, strains, and minor fractures.

Emergency care

Emergency care is for emergency medical conditions. Emergency medical conditions are conditions in which the immediate onset of symptoms, including severe pain, leads a prudent layperson to believe immediate care is needed:

- To avoid serious impairment of organs or bodily functions, or
- Because there is a serious threat to the health of the person or an unborn baby.

Examples of emergency conditions:

- Suspected heart attack or stroke.
- Sudden or extreme difficulty breathing.
- Sudden loss of consciousness.
- Severe bleeding.
- Severe abdominal pain.

International Travel Clinic

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

A phone call is all it takes to order travel-related medications you'll need while you're away, or to arrange for any immunizations recommended for the areas you plan to visit. In most cases, you can just tell us which Kaiser Permanente facility you use and we'll take care of the details. You'll just stop in before your trip to pick up any prescriptions at the pharmacy, and to get any shots you need at the Nurse Treatment Room. (There is no office visit copayment or coinsurance for immunizations you receive at the Nurse Treatment Room.)

To use the International Travel Clinic, call 1-800-888-8540 Monday through Friday, 7 a.m. to 4 p.m. Pacific Time. After hours and on weekends, you can leave a message, and we'll call you back as soon as possible. (For TTY from Oregon and Washington, call 1-800-735-2900.)

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

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 now require a letter from a doctor for travelers who need to carry syringes (for insulin and other medications) aboard airlines. It's a good idea to call your airline before you travel to confirm its requirements.

Visiting member services

Your services

Visiting member services ensure that you can receive a variety of services when temporarily visiting another Kaiser Permanente or Group Health Cooperative service area. If you get a migraine in Baltimore, need physical therapy in Pasadena, or come down with the flu in Denver, we'll be there for you.

Who is a visiting member?

Visiting member services are available to Kaiser Permanente group members, individual and family plan members, and members with Medicare. *It does not apply to Medicaid. It does not apply to members with a deductible health plan with Health Savings Account (HSA) option.*

You may receive visiting member services for up to 90 days. If you are a dependent and you attend an accredited college or accredited vocational school, the 90-day limit on visiting member services does not apply to you. The other service area may ask for proof that you are a student.

If you relocate permanently to another Kaiser Permanente or Group Health service area, your coverage will be terminated. You will need to determine your eligibility for health plan coverage in your new region. Please contact Member Services in your home service area. Phone numbers are listed in the back of this brochure.

Federal employees group

If your Kaiser Permanente membership is through the Federal Employees Health Benefit Program, you have different travel benefits from those described here. For more information, please see our brochure, *Kaiser Permanente Travel Benefits for Federal Employees*, available from Member Services.

Medicare exceptions in Southern California

Except for outpatient prescription drugs (if you have an outpatient prescription drug benefit), visiting member services are not available in:

- The Coachella Valley to Kaiser Permanente Senior Advantage individual plan (nongroup) members.
- Western Ventura County (Oxnard/Ventura area) to Kaiser Permanente Senior Advantage group and individual plan (nongroup) members.

Government programs other than Medicare

If your Kaiser Permanente membership is through a government program other than Medicare, such as the Oregon Health Plan or the Washington Basic Health Plan, visiting member services are not available. There is an exception for medical emergencies. Please call Kaiser Permanente Northwest Membership Services for information.

Where are visiting member services available?

Visiting member services are available to you:

- in our service areas nationwide, and
- when they are provided or arranged by a Plan physician who practices in the service area you are visiting.

They are also available to you in the service areas of our allied health plan, Group Health. For information about service area and facility locations, please call Membership Services in the Northwest or Member Services in the service area you will be visiting. Phone numbers are listed in this brochure.

COBRA members

Beginning January 1, 2006, Kaiser Permanente members who are covered

under a COBRA plan must have a contract with the Kaiser Permanente region where they permanently reside. Northwest COBRA memberships will be terminated if the member moves permanently outside the Northwest service area.

Your visiting member services

The following visiting member services are covered when they are provided or arranged by a Plan physician in the service area you are visiting. The benefits may not be the same as those you receive in your home service area. They are also subject to the exclusions listed on page 11. You will be charged your home region copayment or coinsurance for prescription drugs, and you may be charged your usual copayment or coinsurance for other services.

Services

Hospital inpatient care

See limit on inpatient mental health and chemical dependency services on next page.

- Physician services.
- Prescription drugs.

Outpatient care

(Subject to any limitations described below and on next page)

- 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

- Covered only if you have an outpatient prescription drug benefit (regular home service area charges, exclusions, and limitations apply).

Mental health services

- Up to 20 outpatient visits per calendar year for short-term therapy.
- Up to 10 hospital inpatient days per calendar year for crisis intervention.

Chemical dependency services

- Medical detoxification (inpatient or outpatient).
- Outpatient services (up to 20 visits per calendar year).

Skilled nursing facility care

- Up to 100 days per calendar year.

Home health care

- Home health care services inside a Kaiser Permanente or Group Health service area.

Hospice care

- Home-based hospice inside a Kaiser Permanente or Group Health service area. (Hospice care for Kaiser Permanente Senior Advantage, Senior Advantage II, or Medicare Cost members with Medicare Parts A and B is covered directly by Medicare, not Kaiser Permanente.)

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 Permanente in your home service area will 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.

Services requiring preauthorization

The following services require preauthorization from your home service area. If these services are part of your benefits plan in your home service area, they may also be available to you when visiting another Kaiser Permanente or Group Health service area. Please contact Membership Services in the Northwest for more information.

- Inpatient physical rehabilitation.
- Mental health hospital services beyond 10 days.
- Residential facility admissions for chemical dependency.
- Outpatient mental health or chemical dependency benefits beyond 20 visits.

Visiting member exclusions

The following services are not provided as a visiting member service. (“Services” include equipment and supplies.) However, some services listed here, such as emergency services, may be covered under your home service area benefits. If so, you will need to submit a claim for what you’ve paid for these services. The exclusions, limitations, and coverage requirements of your plan will apply. Please call Membership Services for more information.

- Services that are not medically necessary.
- Physical examinations and related services for insurance, employment, or licensing.
- Drugs for the treatment of sexual dysfunction.
- Dental care and dental X-rays.
- Services to reverse voluntary infertility.
- Infertility services.
- Services related to conception by artificial means, such as IVF and GIFT.
- Experimental services and all clinical trials.

- Cosmetic surgery or other services primarily to change appearance.
- Custodial care and care provided in an intermediate care facility.
- Services related to sexual reassignment.
- Transplants and related care.
- Complementary and alternative medicine services, such as chiropractic services.
- Services received as a result of a written referral from a Plan provider in your home service area.
- Emergency services, including emergency ambulance services.
- Services that are excluded or limited in your home service area.

Kaiser Permanente may change visiting member services at any time. The Kaiser Permanente or Group Health service areas where you may receive visiting member services may change at any time. If you have any questions, please call Member Services in your home service area.



Care at Group Health

Most members* of Kaiser Permanente 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 Kaiser Permanente's service area, as long as your permanent residence remains in our service area. Your personal 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 North Idaho, or to request medical advice, see page 27 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 Kaiser Permanente medical coverage and charges apply (except for Medicare members), and there are no claim forms to fill out. Some special types of care require advance authorization from Kaiser Permanente. Organ transplants and dental care are not included.

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

* Members of the TriCare Supplement Plan are not eligible to use their Kaiser Permanente plan outside the Northwest service area or at Group Health.

Medical care away from home (for non-Medicare members)

There are two ways care is covered outside the service area. You can receive care under your emergency and urgent care benefit, or as a visiting member at Kaiser Permanente facilities and the facilities of Group Health in Washington and North 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 7).

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 unless it is provided at a Kaiser Permanente or Group Health facility. (See "Visiting Member Services," page 7.)

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 24.)

We may move you to a hospital that is part of the Kaiser Permanente 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 Kaiser Permanente 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 Kaiser Permanente Northwest Membership Services and ask for a Kaiser Permanente *Non-Plan Care Information* form. Membership Services and TTY numbers are listed on page 24. You can also go to **kaiserpermanente.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 it 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 Kaiser Permanente *Non-Plan Care Information Form* with you when you travel abroad.

If you need urgent or emergency medical attention, contact the American Consulate or ask your hotel receptionist or the police for a physician referral.

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 24. 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 outside Kaiser Permanente, you must pay any copayments or coinsurance that apply under your plan. For questions about copayments, coinsurance, or deductibles, check your service agreement or summary of benefits, or call Kaiser Permanente Northwest Membership Services at one of the numbers listed on page 24.

Most members pay an emergency department charge that is higher than their 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 a primary 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 want you to pay the full cost of your care at the time you receive it. We will reimburse you the cost of care covered by your plan when your claim has been approved (see page 18).

Please note: We will pay only what we determine to be 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 governmental program, except Medicaid. 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 paid by you in another service area do not apply to any deductible or out-of-pocket maximum under your plan.

How to file an emergency claim

Before you travel, ask for a Kaiser Permanente *Non-Plan Care Information* form. These forms are available at Membership Services in our medical facilities, or by downloading from **kaiserpermanente.org**. Look for forms in the “Your Plan” section of the member portion of the site.

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
Kaiser Permanente
500 NE Multnomah St., Suite 100
Portland, OR 97232

Your non-Kaiser Permanente provider may bill us directly for care they have provided for you. 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 as soon as possible, and reimburse any covered charges, minus any coinsurance, copayments, or deductibles.

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 have a denial reconsidered.

Medical care away from home (for Senior Advantage and Senior Advantage II members)

This section tells you about away-from-home medical coverage that is unique to Kaiser Permanente's Senior Advantage plans.

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 North Idaho.
- Urgent and emergency care anywhere in the world.
- Travel benefits for routine and follow-up care.

Getting care as a visiting member

You may get services for nonemergency care from providers in another Kaiser Permanente health plan if you are visiting for less than 90 days. For details, please see "Visiting Member Services" on page 7 (After 90 days, you may be eligible for additional travel benefits through your Senior Advantage plan, described on page 22.).

Exceptions in California

Visiting member services are not available to members with certain Medicare Advantage plans in two California areas. Except for outpatient prescription drug benefits (if your plan has an outpatient drug benefit), these exclusions apply:

- In the Coachella Valley/Palm Springs area for Senior Advantage and Senior Advantage II Individual Plan (nongroup) members.
- In Western Ventura County (Oxnard/Ventura area) for Senior Advantage or Senior Advantage II members (both group and individual plans).

Getting emergency and urgent care

You are covered for emergency and urgent care.

When you need emergency care outside our service area, call the emergency access number (911 in most areas) or go to the nearest emergency medical facility. You do not need prior authorization for treatment of emergency medical conditions.

Your emergency care and emergency ambulance charges apply whether you receive emergency care at a Kaiser Permanente, affiliated, or non-Kaiser Permanente facility.



In an emergency, a doctor may admit you to a hospital that is not part of our network. If this happens, you must tell us as soon as you reasonably can. When you are medically stable, we may move you to a Kaiser Permanente network hospital.

When you need urgent care outside our service area, go to any medical facility that provides urgent care.

Additional travel benefit

As a member of Senior Advantage or Senior Advantage II, when you travel outside the service area, you have limited coverage (\$1,000 per calendar year) for routine and follow-up care from non-Kaiser Permanente providers if that care normally would be covered at Kaiser Permanente. You pay 20 percent of charges, and Kaiser Permanente pays 80 percent. After your payments and Kaiser Permanente's payments total \$1,000 in a calendar year, you pay 100 percent of charges you incur for the rest of that year.

Prescription drugs are not covered under this travel benefit. However, you can use our mail-delivery service for prescriptions and refills prescribed by your Kaiser Permanente health care provider. These can be delivered to you anywhere in the United States, whether you are in or out of the service area.

Refunds for emergency or urgently needed services

Providers who have treated you should submit bills to Kaiser Permanente for payment. However, if you paid for any emergency or urgent care services, routine care covered under your travel services, or out-of-area dialysis services, you should submit your bills to Kaiser Permanente for reimbursement.

To be reimbursed, please fill out a Kaiser Permanente *Non-Plan Care Information Form* and send it to us as soon as possible after you've received care. You may request the form from Kaiser Permanente Northwest Membership Services.

Complete and sign the form and attach itemized bills and receipts for any payments you made. If you have copies of your medical records from the non-Kaiser Permanente provider, attach them to the form. Send your completed form to:

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

If you need help completing the form, contact Membership Services. You may also ask your non-Plan provider to submit a claim for you. Be sure the provider mails the claim to the address above, not to Medicare.

If you move

If you permanently move out of our service area, or if you are absent from our service area for six consecutive months, you cannot continue your Senior Advantage membership. Please review your benefit book for information about your plan when you move.

Your Kaiser Permanente resources

Kaiser Permanente Northwest telephone numbers

Patient transfer coordinator

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

Portland area503-571-4540

All other areas1-877-813-5993

Membership Services

For more *information or questions about your benefits or a claim*, call Kaiser Permanente Northwest Membership Services. Membership Services hours are 8 a.m. to 6 p.m., Monday through Friday.

Portland area 503-813-2000

All other areas 1-800-813-2000

Language interpretation services..... 1-800-324-8010

TTY 1-800-735-2900

Kaiser Permanente Member Services

If you would like more information about services available to you while traveling, please call Kaiser Permanente Northwest Membership Services. If you would like to make an appointment for care in the service area to which you will be traveling, please 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. Member Services will then give you the information you need (Plan facility or physician name, phone number, location) to make an appointment. And don't forget to take your Kaiser Permanente ID card with you when you leave home!

California*

1-800-464-4000

1-800-777-1370 (TTY)

M-Sun., 7 a.m.-7 p.m.

* Medicare exclusions

Most visiting member services are not available to members with certain Medicare Advantage plans in the Coachella Valley (Palm Springs) and Western Ventura County. See "Exceptions in California" on page 20. Visiting member services are available for all other members in these areas.

Colorado

(Denver, Boulder, Longmont)

303-338-3800

(from Denver-metro area)

1-800-632-9700

(from other areas)

303-338-3820 (TTY)

M-F, 8 a.m.-5 p.m.

Colorado Springs*

1-888-681-7878

719-867-2132 (TTY)

M-F, 8 a.m.-5 p.m.

* Colorado Springs

You must be assigned a Colorado Springs primary care physician and ID number before you can receive routine, follow-up, or nonemergency care. Please call Colorado Springs Customer Service at 1-888-681-7878 for more information.

District of Columbia

1-800-777-7902

301-879-6380 (TTY)

M-F, 7:30 a.m.-5:30 p.m.

Georgia

(Atlanta area)

404-261-2590

1-800-255-0056 (TTY)

M-F, 8:30 a.m.-9 p.m.

Weekends, 8 a.m.-2 p.m.

Hawaii

(Oahu, Hawaii, Kauai, and Maui)

1-800-966-5955

1-877-447-5990 (TTY)

M-F, 8 a.m.-5 p.m.

Saturday, 8 a.m.-noon.

Idaho

(northern only)

Group Health

1-888-901-4636

1-800-377-3529 (TTY)

M-F, 7:30 a.m.-5 p.m.

Maryland

(Baltimore area)

1-800-777-7902

301-879-6380 (TTY)

M-F, 7:30 a.m.-5:30 p.m.

Ohio

(northeast)

1-800-686-7100

1-877-676-6677 (TTY)

M-Th, 8:15 a.m.-5 p.m.

F, 9:30 a.m.-5 p.m.

Virginia

(northern)

1-800-777-7902

301-879-6380 (TTY)

M-F, 7:30 a.m.-5:30 p.m.

Washington

(western, central, eastern)

Group Health

1-888-901-4636

1-800-833-6388 (TTY)

M-F, 7:30 a.m.-5 p.m.

Regions and contact information may change at any time without notice. If you have questions, call Membership Services in the Northwest (see page 24).

Commonly asked questions

- Q.** If I am traveling out of our 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.
- 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 24). 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. A blood pressure check in Arizona, where there are no Kaiser Permanente facilities, is also 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.** Temporary orthopedic aids such as splints, braces, and ace bandages are not covered under most plans. The splint is covered if you have Senior Advantage or Senior Advantage II or if your group's plan includes the durable medical equipment (DME) benefit.

* Senior Advantage and Senior Advantage II members, please read "Additional Travel Benefit" on page 22, for information about routine and follow-up care outside our service area and under your Medicare plan.



500 NE Multnomah St., Ste. 100
Portland, OR 97232