

Large group

Out-of-area benefit for dependent children

Kaiser Foundation Health Plan of the Northwest (KFHPNW) covers routine, continuing, and follow-up care for dependent children temporarily residing outside the KFHPNW service area. We also cover urgent and emergency care.

With the dependent out-of-area benefit, you pay 20 percent of the actual fee the provider, facility, or vendor charges for the service. Services are limited to ten

office visits, ten lab and X-rays, and ten prescription fills. Payments for these services count toward your plan's out-of-pocket maximum. If the health care provider bills us, no claim needs to be submitted. If the dependent child pays out of pocket, the dependent child will need to submit a Non-Plan Care Information Form. This form is available at kp.org/formsandpubs.

Detach here. For additional security, fold and seal all sides with tape. Do not staple.

ELIGIBILITY

The following requirements apply:

- The subscriber must live in the KFHPNW service area or physically work in the service area at least 50 percent of the time.
- The dependent child must meet eligibility requirements and be under the age limit specified in the service agreement.
- The dependent child must be living outside the KFHPNW service area **temporarily**. Dependent children who temporarily reside in another Kaiser Foundation Health Plan service area or an allied plan's service area use their visiting member benefit.



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

124LBG-15/7-15

Subscriber name

Subscriber health record number

Address

City

State

ZIP

Dependent child name

Dependent child health record number

Dependent child date of birth

Subscriber signature

Date

IF YOU HAVE PRESCRIPTION DRUG COVERAGE

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

- **Participating pharmacies or our Mail-Delivery Pharmacy (for dependents temporarily residing outside the KFHPNW service area, but within the states of Oregon or Washington).** Students will pay their normal copayment or coinsurance.
- **Non-participating pharmacies outside our service area. Students will pay the full cost and get reimbursed 80 percent for up to ten prescription fills.** We will reimburse only when the drugs are medically necessary.

SERVICE AREA ZIP CODES

In order to be eligible to enroll with KFHPNW, you must live or work within the ZIP codes listed below.

IN OREGON

Benton: 97330, 97331, 97333, 97339, 97370

Clackamas: 97004, 97009, 97011, 97013, 97015, 97017, 97022, 97023, 97027, 97034, 97035, 97036, 97038, 97042, 97045, 97049, 97055, 97067, 97068, 97070, 97086, 97089, 97222, 97267, 97268, 97269

Columbia: All ZIP codes

Hood River: 97014

Linn: 97321, 97322, 97335, 97348, 97355, 97358, 97360, 97374, 97377, 97389

Marion: 97002, 97020, 97026, 97032, 97071, 97137, 97301, 97302, 97303, 97305, 97306, 97307, 97308, 97309, 97310, 97311, 97312, 97313, 97314, 97317, 97325, 97342, 97346, 97352, 97362, 97373, 97375, 97381, 97383, 97384, 97385, 97392

Multnomah: All ZIP codes

Polk: All ZIP codes

Washington: All ZIP codes

Yamhill: All ZIP codes

IN WASHINGTON

Clark: All ZIP codes

Cowlitz: All ZIP codes

EXCLUSIONS AND LIMITATIONS

The out-of-area benefit for dependent children does not cover the following:

- **Emergency and urgent care.** These services are covered under your emergency and urgent care benefits, with applicable copayments or coinsurance.
- **Care inside the service area.** The out-of-area benefit for dependent children does not apply to care received within the service area. Plan copayments or coinsurance apply when care is received inside the service area from participating providers or facilities.
- **Transplant services.** Transplant services require prior authorization.

Online services and information

kp.org



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PORTLAND OR 97232-9814

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