

Visiting Member Program

A photograph of a man and two young children sitting on a thick tree branch. The man is in the center, smiling broadly. The child on the left is also smiling and looking towards the camera. The child on the right is looking off to the side. The background shows more of the tree and some foliage. The entire image has a blue tint.

Your benefits



KAISER PERMANENTE®

Our Visiting Member Program is one more way Kaiser Permanente cares for you. Your visiting member benefits 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 Portland, or come down with the flu in Denver, we'll be there for you.

Who is a visiting member?

The Visiting Member Program applies to Kaiser Permanente group members, individual plan members, and members with Medicare. You are a visiting member if you are temporarily in another Kaiser Permanente or Group Health service area. You may receive visiting member benefits for up to 90 days. If you are a dependent child and you attend an accredited college or accredited vocational school, the 90-day limit on visiting member benefits does not apply to you. Proof of student status may be requested by the other service area.

If you will be moving permanently to another Kaiser Permanente or Group Health service area or visiting for more than 90 days, please contact Member Services in your home service area. Phone numbers are listed in the back of this brochure for your convenience.

Federal employees group

If your Kaiser Permanente membership is through the Federal Employees Health Benefit Program (FEHBP), 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.

Government programs other than Medicare

If your Kaiser Permanente membership is through a government program other than Medicare, such as Medicaid, Medi-Cal, or Quest-Net, your visiting member benefits may be different from those described here. Please call Member Services in your home service area for information.



Where are visiting member benefits available?

Visiting member benefits are available to you from Kaiser Permanente in our service areas nationwide when they are provided or arranged by a Plan physician 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 Member Services in your home service area or in the service area you will be visiting. Phone numbers are listed in the back of this brochure.

In California, there are two service areas: Northern California and Southern California. If you are enrolled in one service area but live in the other, please call California Member Services to see if visiting member benefits apply to you in California.

Your visiting member benefits

The following visiting member benefits 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 and are subject to the exclusions listed on page 6. Except for outpatient prescription drugs, these benefits are provided at no charge to you.

Benefits

Hospital inpatient care

(subject to the mental health and chemical dependency benefits on next page)

- Physician services
- Prescription drugs

Outpatient care

(subject to all of the other benefits 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 copayments, 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



**Mid-Atlantic States members: If your Kaiser Permanente membership is through a Maryland-based contract, your mental health, chemical dependency, and physical, occupational, and speech therapy benefits are different from those described here. Please call Mid-Atlantic States Member Services for more information.*

***Hospice care for Kaiser Permanente Senior Advantage, Medicare Plus, or Medicare Cost members with Medicare Parts A and B is covered directly by Medicare, not Kaiser Permanente.*

Other benefits

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 benefits plan in your home service area, Kaiser Permanente in your home service area will reimburse you for their cost according to your benefits coverage. Specific benefits information and instructions for filing a claim are available from Member Services in your home service area.



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 Member Services in your home service area for more information.

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



Visiting member benefits exclusions

The following services are not covered under your visiting member benefits. (“Services” include equipment and supplies.) However, some of these services, such as emergency services, may be covered under your home service area benefits, and copays will apply. Please call Member Services in your home service area 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 disorders
- 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



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.

To arrange for care, call Member Services in the service area you are visiting, speak directly to a representative, 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 Health Plan ID card with you when you leave home!

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



Kaiser Permanente Member Services

If you would like more information about your visiting member benefits, please call Member Services in your home service area. If you would like to make an appointment for care in the service area you will be visiting, please call Member Services in that area.

We look forward to meeting your health care needs.

*** Coachella Valley (Palm Springs area), Southern California** Visiting member benefits are not available in the Coachella Valley to Kaiser Permanente Senior Advantage Individual Plan (nongroup) members, except for outpatient prescription drugs (if you have an outpatient prescription drug benefit).

*** Western Ventura County (Oxnard/Ventura area), Southern California** Visiting member benefits are not available in Western Ventura County to Kaiser Permanente Senior Advantage Group and Individual Plan (nongroup) members, except for outpatient prescription drugs (if you have an outpatient prescription drug benefit).

**** Colorado Springs** You need a Colorado Springs ID number and primary care physician assignment to receive routine, follow-up, or nonemergency care. Please call Colorado Springs Customer Service at **1-888-681-7878** for more information.

California*

1-800-464-4000

1-800-777-1370 (TTY)

M–Sun., 7 a.m.–7 p.m.

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.

District of Columbia

1-800-777-7902

(301) 879-6380 (TTY)

M–F, 7:30 a.m.–5:30 p.m.

Georgia

(Metro-Atlanta area)

(404) 261-2590

1-800-255-0056 (TTY)

M–F, 8:30 a.m.–9 p.m.

Sat.–Sun., 8 a.m.–2 p.m.

Hawaii

*(Oahu, Maui, Hawaii,
and Kauai)*

(808) 432-5955

(from Oahu)

1-800-966-5955

(from outside Oahu)

(808) 643-8833 (TTY)

M–F, 8 a.m.–5 p.m.

Sat., 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.

Note:

TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking.

Maryland

*(Baltimore and Suburban
D.C.)*

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.

Oregon

(northwest)

(503) 813-2000

(from Portland)

1-800-813-2000

(from other areas)

1-800-735-2900 (TTY)

M–F, 8 a.m.–6 p.m.

Virginia

(northern)

1-800-777-7902

(301) 879-6380 (TTY)

M–F, 7:30 a.m.–5:30 p.m.

Washington

(southwest)

Kaiser Permanente

1-800-813-2000

1-800-735-2900 (TTY)

M–F, 8 a.m.–6 p.m.

(western/central/eastern)

Group Health

1-888-901-4636

1-800-833-6388 (TTY)

M–F, 7:30 a.m.–5 p.m.



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