If you get a migraine while visiting Baltimore, or come down with the flu in Denver, we’ll be there for you.
A variety of services are available to you when you are temporarily visiting another Kaiser Permanente region or a Group Health Cooperative (Group Health) service area. This brochure is your guide to these services. Please keep it handy for future reference. It will help you get the care you need when you’re in another Kaiser Permanente region or a Group Health service area.

Who can get visiting member care?

You can get visiting member care when temporarily visiting a Kaiser Permanente region or a Group Health service area, other than your home region (the one you are enrolled in), unless your Kaiser Permanente membership is through one of the types listed under “Who cannot get visiting member care?”

Visiting member care is limited to not more than 90 days. This 90-day limit does not apply if you are a dependent child attending an accredited college or an accredited vocational school, but you might have to provide proof of student status.
Note: For members other than Kaiser Permanente Senior Advantage members, if you permanently move to another Kaiser Permanente region or a Group Health service area or visit there for more than 90 days, you might not be eligible to continue your home region membership, but you may be able to enroll as a member of the Kaiser Permanente plan or Group Health plan where you now live. If you are a Kaiser Permanente Senior Advantage member and you permanently move to another Kaiser Permanente region or a Group Health service area or visit there for more than 6 months in a row, you might not be eligible to continue your home region membership, but you may be able to enroll as a member of the Kaiser Permanente plan or Group Health plan where you now live. For more information please refer to your Evidence of Coverage or Member Handbook or contact Member Services in your home region. Phone numbers are listed in the back of this brochure for your convenience.
Who cannot get visiting member care?

You cannot get visiting member care as described in this brochure if your membership is through one of the following:

- The Federal Employees Health Benefits (FEHB) Program—If you’re a Kaiser Permanente member through the FEHB Program, you can receive visiting member care from any Kaiser Permanente region as described in your FEHB brochure. The visiting member program described in this brochure applies to you only if you are also a Kaiser Permanente Senior Advantage, Medicare Plus, or Medicare Cost member or are also enrolled in another Kaiser Permanente plan.

- A government program other than Medicare—If your Kaiser Permanente membership is through Medicaid, Medi-Cal, Quest-Net, or any other government program except Medicare, you might not be eligible for any visiting member care or the care may differ from the care described here. Please call Member Services in your home region for more information.

- A deductible plan for use with a Health Savings Account (sometimes called Kaiser Permanente Custom Care HealthInvestor (HSA)), except that a member enrolled in one of these plans in one California region may receive visiting member care in the other California region.
Where can I receive visiting member care?

You can receive visiting member care in any Kaiser Permanente region or a Group Health service area (other than your home region) when provided or arranged by a Plan physician in the region or service area you are visiting. For information about region, service area, and facility locations, please call Member Services in your home region or in the region or service area you will be visiting. Phone numbers are listed in the back of this brochure for your convenience.

In California, there are two regions: Northern California and Southern California. If you are enrolled in one region but live in the other, please call California Member Services to see if visiting member care applies to you in California.

What care can I receive as a visiting member?

You can receive the following visiting member care when the care is provided or arranged by a Plan physician in the Kaiser Permanente region or Group Health service area you are visiting. The services that are available to you as a visiting member may differ from the services available to you in your home region and are subject to the exclusions listed in this brochure. You may have to pay copayments, coinsurance, and deductibles for visiting member care, which may be different from those you pay in your home region. Please call Member Services in your home region for more information.
Hospital inpatient care (subject to the mental health and chemical dependency limits listed below)

- Physician services
- Prescription drugs

Outpatient care (subject to all of the other limits listed for the services below)

- 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 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
• Part-time or intermittent home health care inside a Kaiser Permanente region or Group Health service area

Hospice care
• Home-based hospice care inside a Kaiser Permanente region or Group Health service area (for Kaiser Permanente Senior Advantage, Medicare Plus, and Medicare Cost members with Medicare Parts A and B, hospice care is covered by Original Medicare and is not available under the visiting member program)
Care requiring preauthorization

The following care requires preauthorization from your home region. If this care is part of your benefits plan in your home region, the care may also be available to you when visiting another Kaiser Permanente region or a Group Health service area. Please contact Member Services in your home region for more information.

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

Also, some care requires preauthorization from the visited region or service area. Please contact Member Services in the visited region or service area for more information.

Visiting member care exclusions

The following services are not available as visiting member care. (“Services” include equipment and supplies.) Some of these services, such as emergency services and referral services, may be covered under your home region coverage even when you receive the services outside your home region. Please call Member Services in your home region 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 (This does not apply to Kaiser Permanente Senior Advantage, Medicare Plus, or Medicare Cost members)
• 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 care
• Complementary and alternative medicine services, such as chiropractic services
• Services you receive as a result of a written referral from a Plan physician in your home region
• Emergency services, including emergency ambulance services
And don’t forget to take your Kaiser Permanente identification card with you when you leave home!

- Services that are excluded or limited in your home region as described in your Evidence of Coverage or Member Handbook

- Durable medical equipment, orthotics and external prosthetics, eyeglasses, and hearing aids. If you buy these items from designated providers in another Kaiser Permanente region or a Group Health service area and the item would be part of your benefits plan in your home region, you should contact Member Services in your home region to see if you can be reimbursed

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 Permanente region or Group Health service area you are visiting and tell them that you are a visiting member. Member Services will then give you the information you need to make an appointment (Plan facility or physician name, phone number, location).
Kaiser Permanente may change the visiting member program at any time, including the Kaiser Permanente regions and Group Health service areas where you may obtain visiting member care. If you have any questions, please call Member Services in your home region.

**Kaiser Permanente Member Services**

If you would like more information about visiting member care, please call Member Services in your home region. If you would like to make an appointment for care in the Kaiser Permanente region or Group Health service area you will be visiting, please call Member Services in that area. You will receive services directly from Group Health when visiting a Group Health service area.
Regions and Service Areas

California
(Northern California Region)
1-800-464-4000 • 1-800-777-1370 (TTY)
Mon.–Fri., 7 a.m.–7 p.m.
Sat.–Sun., 7 a.m.–3 p.m.

(Southern California Region§)
1-800-464-4000 • 1-800-777-1370 (TTY)
Mon.–Fri., 7 a.m.–7 p.m.
Sat.–Sun., 7 a.m.–3 p.m.

Colorado Region
(Denver/Boulder/Longmont)
303-338-3800
(from Denver Metro area)

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

303-338-3820 (TTY)
Mon.–Fri., 8 a.m.–5 p.m.

(Colorado Springs)**
1-888-681-7878 • 719-867-2132 (TTY)
Mon.–Fri., 8 a.m.–5 p.m.

District of Columbia
(Mid-Atlantic States Region)
1-800-777-7902 • 301-879-6380 (TTY)
Mon.–Fri., 7:30 a.m.–5:30 p.m.

Georgia Region
(metro Atlanta area)
404-261-2590 • 1-800-255-0056 (TTY)
Mon.–Fri., 8:30 a.m.–9 p.m.
Sat.–Sun., 8 a.m.–2 p.m.
Hawaii Region
(Oahu, Maui, Hawaii, and Kauai)
1-800-966-5955 • 1-877-447-5990 (TTY)
Mon.–Fri., 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)
Mon.–Fri., 7:30 a.m.–5 p.m.

Maryland
(Mid-Atlantic States Region)
(Baltimore area)
1-800-777-7902 • 301-879-6380 (TTY)
Mon.–Fri., 7:30 a.m.–5:30 p.m.

Ohio Region
(northeast)
1-800-686-7100 • 1-877-676-6677 (TTY)
Mon.–Thu., 8:15 a.m.–5 p.m.
Fri., 9:30 a.m.–5 p.m.

Oregon
(Northwest Region)
(northwest)
503-813-2000

(Portland area)
1-800-813-2000

(all other areas)
1-800-735-2900 (TTY)
Mon.–Fri., 8 a.m.–6 p.m.
Virginia
(Mid-Atlantic States Region)
(northern)
1-800-777-7902 • 301-879-6380 (TTY)
Mon.–Fri., 7:30 a.m.–5:30 p.m.

Washington
(southwest)
Kaiser Permanente (Northwest Region)
1-800-813-2000 • 1-800-735-2900 (TTY)
Mon.–Fri., 8 a.m.–6 p.m.
(western/central/eastern)

Group Health
1-888-901-4636 • 1-800-833-6388 (TTY)
Mon.–Fri., 7:30 a.m.–5 p.m.

Note: TTY numbers are for the deaf, hard of hearing, or speech impaired.
† Mid-Atlantic States members:
If your Kaiser Permanente membership is through a Maryland-based contract, care for mental health, chemical dependency, and physical, occupational, and speech therapy is different from the care described here. Please call Mid-Atlantic States Member Services for more information.

§ Coachella Valley (Palm Springs area), Southern California
Visiting member care is 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 care is not available in Western Ventura County to Group and Individual Plan (nongroup) Kaiser Permanente Senior Advantage members, except for outpatient prescription drugs (if you have an outpatient prescription drug benefit).

**Colorado Springs
You need a Colorado Springs identification (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 or 1-800-521-4874 (TTY) for more information.