

Kaiser Permanente Member Service Contact Center

Open 24 hours a day, seven days a week.

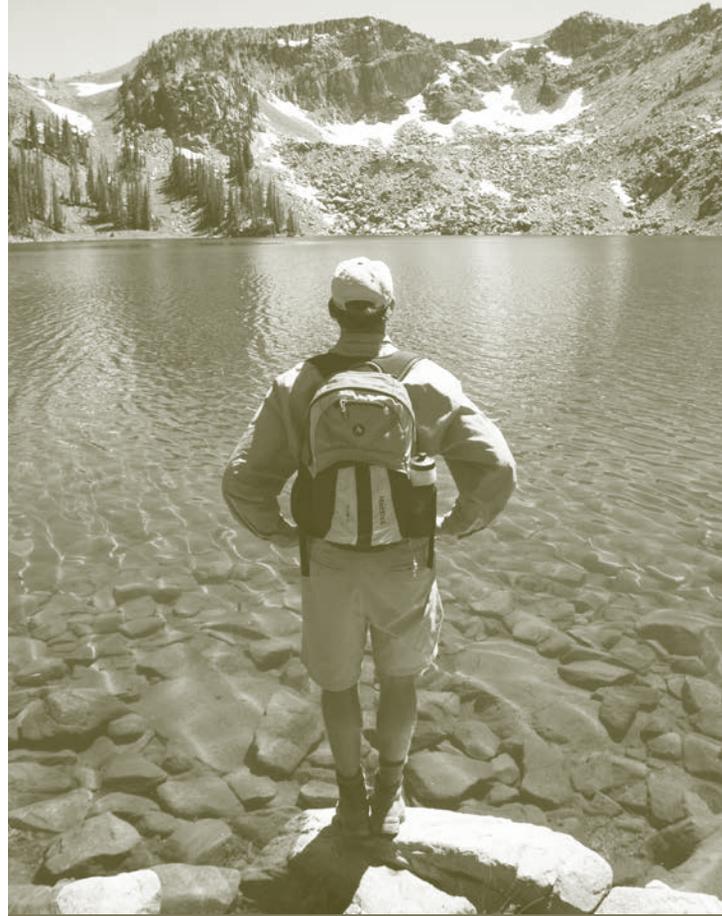
Closed holidays and at 5 p.m. on
Christmas Eve, New Year's Eve, and the
day after Thanksgiving.

1-800-464-4000 English

1-800-788-0616 Spanish

1-800-757-7585 Chinese dialects

1-800-777-1370 TTY



WE'RE THERE FOR YOU

Emergency medical services
information for California members

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In an emergency

When you're away from home,* you shouldn't have to worry about what to do if you have a medical emergency. We cover emergency services from Plan providers and non-Plan providers anywhere in the world.

If you experience a medical emergency while traveling, contact us as soon as reasonably possible. Let us know if you are hospitalized, receiving emergency services from a non-Plan provider, or need follow-up care. (Follow-up care from a non-Plan provider is not covered unless we authorize it.)

If you have an emergency medical condition, call **911** (where available) or go to the nearest hospital emergency department.



An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a reasonable person would have believed that the absence of immediate medical

attention would result in any of the following: (1) placing the person's health

*Always carry your Kaiser Permanente ID card with you when traveling in case of an emergency.

(or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; (2) serious impairment to bodily functions; or (3) serious dysfunction of any bodily organ or part.

A mental health condition is an emergency medical condition when it meets the requirements of the paragraph above or, for members who are not enrolled in Kaiser Permanente Senior Advantage, when the condition manifests itself by acute symptoms of sufficient severity such that either of the following is true: The person is an immediate danger to himself or herself or to others, or the person is immediately unable to provide for or use food, shelter, or clothing due to the mental disorder.

Note: Emergency services are available at Plan hospital emergency departments listed in *Your Guidebook to Kaiser Permanente Services*. For continuity of care, we encourage you to go to a Plan hospital emergency department, but only if it is reasonable to do so, considering your condition or symptoms.

After an emergency— post-stabilization care

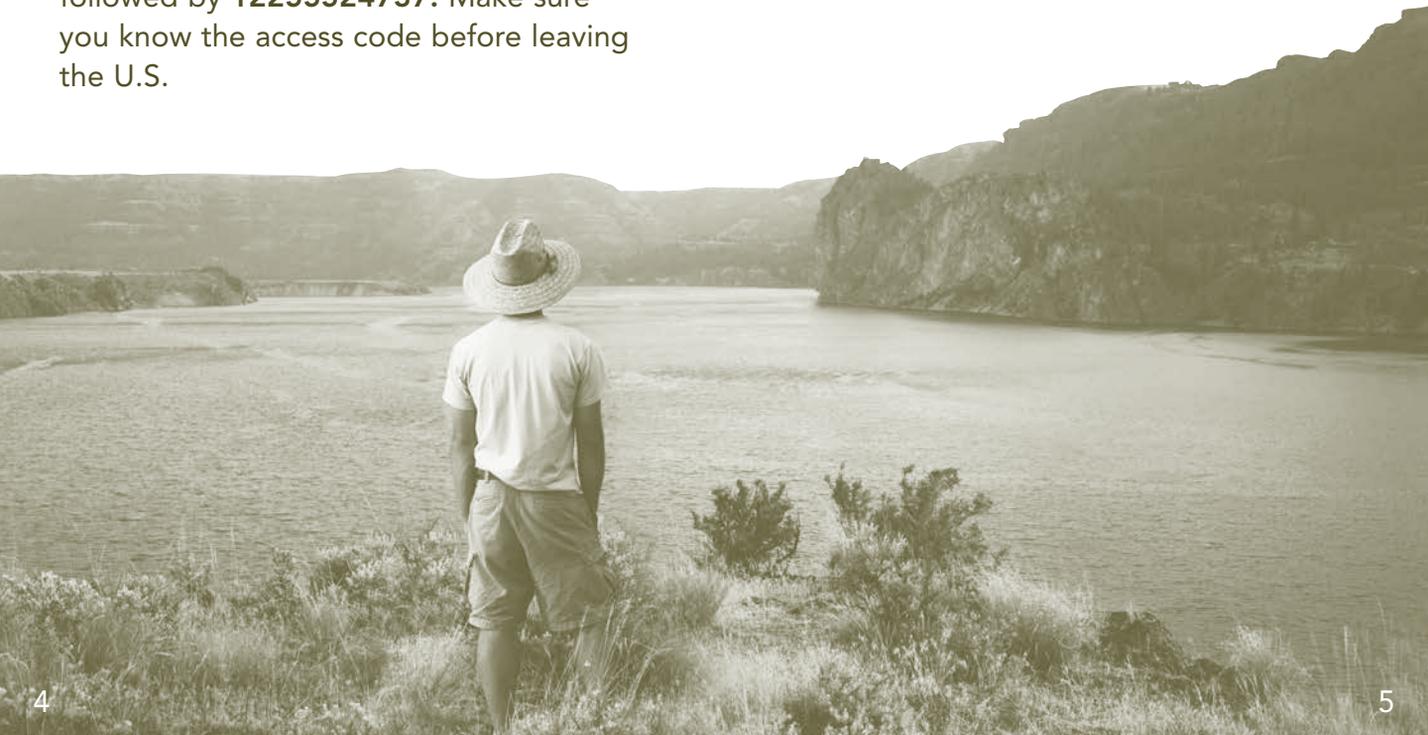
Post-stabilization care is medically necessary care related to your emergency medical condition that you receive after your treating physician determines that your condition is stabilized. Kaiser Permanente covers post-stabilization care from a non-Plan provider, including

inpatient care at a non-Plan hospital, only if we provide prior authorization for the care or if otherwise required by applicable law. (“Prior authorization” means that we must approve services in advance.) To request authorization for post-stabilization care from a non-Plan provider, you must call us before you receive the care or as soon as it is reasonably possible to do so.

For non-Plan admissions or post-stabilization care authorization, call us 24 hours a day, seven days a week at **1-800-225-8883**. (You can find this telephone number on your Kaiser Permanente identification card.) For the deaf, hard of hearing, or speech impaired, call **711**.

When calling from outside the United States, dial the international access code followed by **12255524737**. Make sure you know the access code before leaving the U.S.

After we are notified, we will discuss your condition with the non-Plan provider. If we decide you require post-stabilization care, and the care would be covered if you received it from a Plan provider, we will authorize your care from that provider or arrange to have a Plan provider or other designated provider administer care. Be sure to ask the non-Plan provider to tell you what care (including any transportation) we have authorized because we will not cover unauthorized post-stabilization care or related transportation provided by non-Plan providers, except as otherwise described in the *Evidence of Coverage, Certificate of Insurance, or Summary Plan Description*.



Out-of-area urgent care

An urgent care need is one that requires prompt medical attention but is not an emergency medical condition. If you are temporarily outside of the Kaiser Permanente service area and have an urgent care need due to an unforeseen illness, injury, or complication of an existing condition (including pregnancy), we cover medically necessary services you receive from a non-Plan provider if a reasonable person would have believed that your (or your unborn child's) health would seriously deteriorate if you delayed treatment until you returned to our service area.

Reimbursement and claims

If you receive out-of-area urgent care or emergency services from a non-Plan provider, submit a claim to request that we pay the provider unless the provider has agreed to bill us. If you're billed directly by a non-Plan provider for urgent care or emergency services, remember to file a claim for payment or reimbursement once you return home.

For instructions on how to submit a claim, call our Member Service Contact Center at one of the numbers on the back of this brochure.



Note: If the non-Plan provider submits a claim, you're still responsible for making sure we receive everything needed to process the request for payment.

This emergency and out-of-area urgent care information is an overview of information contained in one of the following documents, depending upon your coverage:

- *Evidence of Coverage (EOC)*, if your coverage is directly with Kaiser Foundation Health Plan
- *Certificate of Insurance (COI)*, if your coverage is directly with Kaiser Permanente Insurance Company
- *Summary Plan Description (SPD)*, if your coverage is with your employer's self-funded plan

The information in this brochure is subject to change without notice. Please refer to your *EOC*, *COI*, or *SPD* for complete and current coverage information, including exclusions and limitations. This brochure is not intended to be used by Medicare members.

Please contact our Member Service Contact Center at one of the numbers on the back of this brochure to request a current copy of your *EOC* or *COI*. To request a current copy of your *SPD*, contact your employer.