ROUTINE CARE FOR YOUR OUT-OF-AREA STUDENT

Kaiser Permanente now covers routine, continuing, and follow-up care for out-of-area students. While we've always covered urgent and emergency care for all of our members, including out-of-area students, this new benefit means they'll also have coverage for non-urgent medical needs too.

This new out-of-area student benefit pays 80 percent of the billed charges for covered services. The student is responsible for paying the remaining 20 percent. The benefit is limited to \$1,200 per year.2

If the provider bills us, no claim needs to be submitted. If the student pays out-of-pocket, then you or your student will need to submit the bill for reimbursement

Kaiser Permanente Claims Department P.O. Box 373510 Denver, CO 80237

To secure this benefit, you need to register each out-of-area student(s) on an annual basis. To do so, please complete, sign, and mail a certification form for each out-of-area student in your household. To obtain certification forms, please contact Member Services at 303-338-3800, or TTY for the deaf, hard of hearing, or speech impaired at 303-338-3820, or visit kaiserpermanente.org.

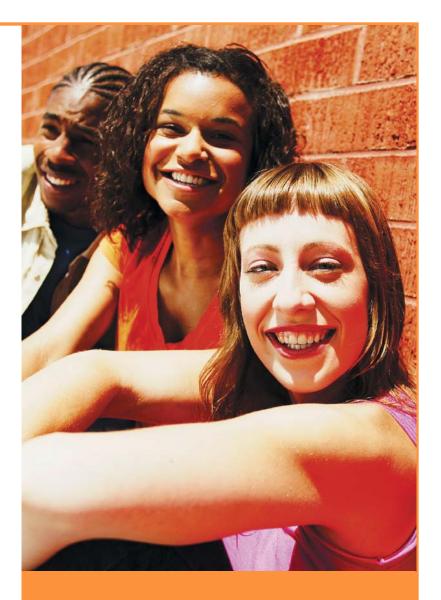
Please Note: This certification is different than the overage dependent student certification. Both certifications are required if your student is over your group's dependent age

WHO'S ELIGIBLE FOR THIS BENEFIT?

The following requirements apply:

- The health plan subscriber must live in a Kaiser Permanente Colorado Region service area. If your group has a live-or-work provision (i.e. you live or work in a Kaiser Permanente Colorado service area) and you are an HMO member, your dependent is eligible.
- The dependent student must meet group eligibility requirements and be under the age limit specified in the service agreement.
- The student must be registered full-time at a recognized accredited college or vocational school, and the school must be outside any Kaiser Permanente service area. He or she must carry at least 12 credit hours per semester or term.
- The student must be living outside of the Colorado service area while at school. However, full-time students who temporarily live in another Kaiser Permanente service area may use the visiting member program and are NOT subject to the 90-day limit for the visiting member program.

- continued on reverse



Have a kid away at school? WE'VE GOT 'EM COVERED.



MAISER PERMANENTE Thrive

PRESCRIPTION DRUG COVERAGE

Eligible out-of-area students can get medically necessary prescription drugs at Kaiser Permanente pharmacies or through our mail-order pharmacy at your plan's copayment/coinsurance³ level. We will also reimburse 80 percent of the cost of medically necessary prescription drugs purchased at non-Kaiser Permanente pharmacies outside of our service area.

1. Effective with contract renewal on or after January 1, 2006, for large and small commercial HMO group and Kaiser Permanente for Individuals and Families plans.

The plans listed below are NOT eligible for this benefit:

- Out-of-Area Preferred Provider Option (PPO)
- Out-of-Area Indemnity
- Colorado Springs PPO
- Point-of-Service Plans (e.g., Added Choice® or Added Choice® Triple Option)
- Deductible Plans with Health Savings Account (HSA) Option
- Standard and Basic Small Group HMO Plans
- 2. Coverage may be based on calendar or contract year, depending on what your plan is based on. Please consult your Evidence of Coverage Summary Chart to determine which applies to your coverage.
- **3**. The amount you must pay for a covered service may be a specific dollar amount (copayment) or percentage of charges (coinsurance), depending on what your plan is based on. Please consult your Evidence of Coverage Summary Chart to determine which applies to a particular service.

EXCLUSIONS AND LIMITATIONS

The student out-of-area benefit does NOT cover the following:

Emergency and urgent care

Regardless of where an emergency occurs, it is always covered under regular HMO benefits with applicable copayment/coinsurance. Emergency room copayment/coinsurance is waived if a member is admitted as an inpatient. Don't forget, if your student is admitted as an inpatient to an out-of-plan hospital, please contact us as soon as possible at 1-800-632-9700 so we may assist in coordinating care and reducing your risk of incurring noncovered inpatient charges.

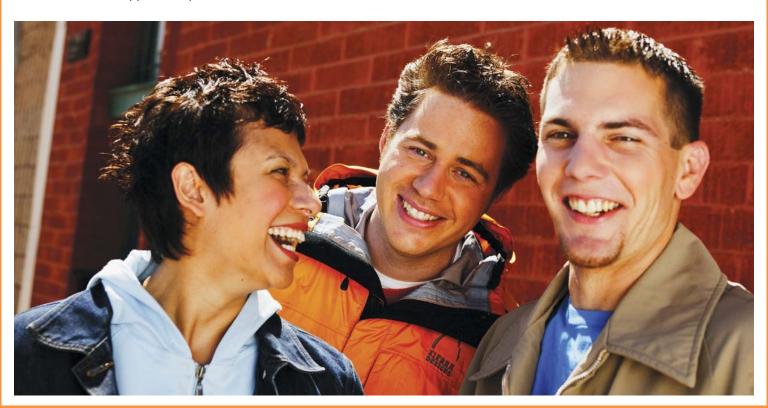
Care inside home service area

The student out-of-area benefit does not apply to care received within their home service area. Regular plan copayments/coinsurance apply and services must be obtained through Kaiser Permanente or its designated providers (whichever applies) when the student is inside their home service area.

Transplant services

Transplant follow-up services are not covered under the student out-of-area benefit unless prior authorization is obtained from Kaiser Permanente.

Services obtained outside the United States Semesters abroad, semesters at sea, missionary work abroad, etc., are not covered.





Out-of-area Student Benefit Certification Form

| Please complete this form and sign below. Submit one form for each eligible student. Please print. | | |
|-----------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------|
| Subscribing Member Name | | Member ID/Health Record Number |
| Street Address | | |
| City | State | Zip Code |
| Student Name | | Student Member ID/Health Record Number |
| Student Date of Birth (month/day/year) | | |
| Name of School Attending | | |
| Student's In-school Address | Street | |
| City | State | Zip Code |
| By signing below, I hereby certify that my deper | ndent student is attending | school at least 12 hours or more per semester or term. |
| Subscribing Member Signature | | Date Signed |

Please submit completed form to:

Kaiser Permanente Membership Accounting Waterpark 2 2530 S. Parker Rd., Suite 350 Aurora, CO 80014