



Choose the Kaiser Permanente difference



Get care anywhere

The Out-of-Area plan (OOA) provides covered services received from participating providers (PPO) as well as non-participating providers. OOA-PPO allows you to use services outside the Kaiser Permanente coverage area.

And you can move among both options at any time, so you can always make the best decisions for your health and your wallet.



Choose from two care options

OOA-PPO offers two provider options for you to receive care—in-network and out-of-network.

Out-of-pocket costs are generally lowest when using in-network providers. And all inpatient services and certain outpatient services provided by PPO or out-of-network providers require precertification.

CHOOSE YOUR CARE WITH OUT-OF-AREA PPO

Every time you get care outside of our service area, you have two options: an **in-network provider** from one of our participating provider organizations (PPO), or an **out-of-network provider**.



IN-NETWORK PPO PROVIDERS¹

Get care from a **participating provider organization (PPO)**. When getting care outside of a Kaiser Permanente state, you have access to the Cigna PPO Network of participating providers and facilities.² When getting care in the District of Columbia or a Kaiser Permanente state (California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, and Washington), you have access to participating providers in the PHCS and MultiPlan networks. Search providers and facilities at kp.org/ooappo/mas.

- Usually lower out-of-pocket costs.
- Some services are subject to a deductible, then a copay or coinsurance. Certain services are covered before the deductible at a copay.
- Providers generally complete and submit claim forms.
- Providers' fees are subject to negotiated rates. They are not allowed to balance bill members for covered services.
- All inpatient and certain outpatient services require precertification.
- No referral required to see specialists.

OUT-OF-NETWORK PROVIDERS¹

Get care from any licensed provider, pharmacy, or hospital outside of our network.

To learn about your deductible and other health care terms, visit kp.org/healthcoverageterms/mas.

- Usually higher out-of-pocket costs.
- Most services are subject to a deductible, then coinsurance.
- You may need to pay the full cost of each visit and submit claims for reimbursement. Balance billing may occur.
- All inpatient and certain outpatient services require precertification.
- No referral required to see specialists.

Prescriptions made easy

You can fill prescriptions at any pharmacy, whether prescribed by an in-network or out-of-network provider. In-network pharmacies usually have lower out-of-pocket costs. Out-of-network pharmacies require you to pay full out-of-pocket costs for prescriptions and submit claims for reimbursement.

Explore all your benefits at kp.org/ooappo/mas.

¹ Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc. (KFHP), underwrites the In-Network PPO Tier (Option 1) and Out-of-Network Tier (Option 2).

² KPIC's network access agreement does not include all PHCS™ and MultiPlan® physicians, health care practitioners, and facilities. For a list of network participants, visit multiplan.com/kpmas. Provider networks change regularly. Before making your appointment, confirm that the provider is still participating in the PHCS or MultiPlan Networks for KPIC by calling the MultiPlan provider information line.

