

ACTIVE EMPLOYEE Application for Out of Area Classification

(for services covered through BlueCard Program)

This form is used only for Active Employees of Arkansas based employer groups that live outside the Health Advantage Service Area (State of Arkansas) for more than 90 days. If approved, the Employee and family members may access services covered by Health Advantage on the employee's group health plan. Services are covered at the In-Network benefit level when provided by **BlueCard** providers (Blue Cross and/or Blue Shield Traditional Network participating providers) and billed with the XCH prefix and the Member's ID number through the Local health plan. Claims are routed electronically to Health Advantage. If approved for payment, the Member's out-of-pocket expenses are limited to the Member's In-Network Deductible, Copayment and/or Coinsurance. The Member is responsible for the difference between the billed and allowed charges for services provided by non-participating BlueCard providers. Covered services received in the State of Arkansas are covered according to the employee's group health plan Evidence of Coverage. Renewal is not required for eligible Active Employees that permanently reside outside the Service Area. If you are an active employee of a new group or a new hire applying for health plan coverage on Health Advantage, please attach this form to your enrollment application.

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APPLICATION FOR OUT OF AF Subscriber ID # if current member		_				
Subscriber Name						
Address						
Work phone						
Home phone	Effective of	date	End c	date (if temporary)		
Group name		Group number (if known)				
Eligible dependents (spouse, ch	rild, or college	e age student):				
Name	(□ spouse, □ child, □ student) resides with employee □ YES □ NO					
Name	([(□ spouse, □ child, □ student) resides with employee □ YES □ NO				
Name	([□ spouse, □ child	d, □ studen	t) resides with employee □ YES	□NO	
For dependent student(s), please p	provide school	information (req	uired): Nun	nber of hours		
Name and Location of College						
Dependents not residing with en	nployee:					
Mailing Address_ (A separate ID card will be mailed to n	nember(s) not li	ving with Subscrib	er)			
Subscriber Signature				Date		
Group Administrator Signature						
For Health Advantage Office Us	se Only:	Class Co	de	☐ Approved ☐ Not approv	ved	
☐ New Application ☐ Renewal Eff	ective date	Expiration date (if applicable)				
Group Renewal DateSi (Signed copy of application mailed to				Date		
Mail to: Health Advantage Memb	ership, P.O. F	Box 8069, Little	Rock, AR	72203-8069 FAX: 501-301	-6869	

OUT-OF-SERVICE-AREA COVERAGE – BLUECARD PROGRAM

Members Traveling Outside of Service Area

Health Advantage members have access to the BlueCard program for emergency and urgent care when traveling outside the service area (outside Arkansas, but within the United States). Services must be received from a Blue Cross and/or Blue Shield provider listed in the BlueCard Traditional Network. "Claims are billed with the applicable prefix (example: XCH, TYZ, XCW, BTU or HBS). This will change the Traditional network to the PPO network on any prefix besides the XCH. Medical services other than emergency care or urgent care through the BlueCard program must first be authorized by the member's PCP or approved by Health Advantage to be covered at the in-network benefit level.

Employers Living Outside of Service Area (more than 90 days)

Health Advantage approves for employees that live outside the service area (outside Arkansas, but within the United States) for more than 90 days to be eligible for a special **out-of-area classification**. The member uses his/her Health Advantage ID card to access services covered by Health Advantage on the member's group health plan. Services are covered at the in-network benefit level when provided by a Blue Cross and/or Blue Shield provider participating in the BlueCard Traditional Network. Claims are billed with the XCH prefix and member's ID number through the local health plan and routed electronically to Health Advantage. If approved for payment, the member's out-of-pocket expenses are limited to the member's in-network deductible, copayment and/or coinsurance. The member is responsible for the difference between the billed charge and allowed charge for services provided by non-participating BlueCard providers.

Dependents Eligible for the Out-of-Area Classification:

- **Dependent students** attending school outside of Arkansas, but within the United States for at least 90 consecutive days. Renewal is required annually.
- **Dependent spouses and children** living outside of Arkansas for at least 90 consecutive days. Renewal is required annually.

The subscriber must complete the appropriate application to request the out-of-area classification for their dependent. The completed application may be attached to the employee application on enrollment, faxed to 501-301-6869 or mailed to: Health Advantage Membership, P.O. Box 8069, Little Rock, AR 72203-8069. If approved, ID card(s) and benefit materials are mailed to the address provided. A copy of the application is mailed to the subscriber.

Additional BlueCard program information and out-of-area applications can be obtained at <u>HealthAdvantage-hmo.com</u>. To locate the nearest participating BlueCard Traditional Network provider, go to <u>www.bcbs.com</u> or call 1-800-810-2583 (BLUE).

Note: All covered services are subject to the Health Advantage allowable charge. When the BlueCard program is not utilized, members are responsible for the amount charged in excess of the allowable charge billed by out-of-network providers. **Note**: Please contact the provider locator number on back of the member ID card or log on to www.BCBS.com