



CARE PACKAGE PROGRAM

Do you have a dependent child living outside the service area? Send them off knowing they're covered by enrolling them in our **Care Package** program!

With the Care Package program, dependent children who are enrolled in one of our health plans and live outside the designated service area will now receive out-of-area coverage at the in-network level of benefits.

HOW TO PARTICIPATE

Your dependent child may be able to participate in the Care Package program if he or she:

- Is eligible for dependent child coverage as explained in your Subscriber Agreement/ Summary Plan Description and resides or attends school outside your plan's designated service area.

You may sign up your dependent child for the Care Package program by completing the form below. When received, we will send you a letter confirming your dependent's eligibility and additional information about the program. If you do not enroll your out-of-area dependent child in the Care Package program, only Urgent and Emergent Coverage will be provided under the In-Network Benefits of the Plan.

USING THE CARE PACKAGE PROGRAM

- Always present your member ID card so providers can contact us to verify coverage.
- Just like your in-network benefit, certain services require prior authorization. Failure to obtain necessary prior authorization can result in a denial of benefits.
- The Care Package Program provides coverage using the First Health Network, a national network with access throughout the USA. Care Package is available for dependent children not residing in the local service area. In the event a First Health Network provider is not available, please contact Member Services for assistance. In an Emergency go to the closest facility to obtain care. In the event a First Health Provider cannot be utilized, services received may be subject to the usual and customary allowed amount.

Please go to www.firsthealthcomplementary.com to view potential providers in your service area. If you have any questions, please contact Member Services Department. **Phone:** 866-821-1365 **Fax:** 563-584-4760 **Email:** memberservices@mahealthcare.com.

CARE PACKAGE PROGRAM APPLICATION

You may sign up for the Care Package program by providing the following information:

Employer/Group Name: _____

Employee/Subscriber Name: _____

Dependent's Name: _____ Dependent's Date of Birth: _____

Dependent's Address: _____

Dependent's Member ID Number: _____ Effective (today's date:) _____

Please submit this form to:

Medical Associates Health Plans-Health Choices, Attn: Member Services, 1605 Associates Drive, Dubuque, IA 52002