



**Health Advantage**  
An Independent Licensee of the Blue Cross and Blue Shield Association

**DEPENDENT**  
**Application for Out of Area Classification**  
(for services covered through BlueCard Program)

Dependents of active employees that travel, live, or work outside the Service Area (State of Arkansas) for more than 90 days may be eligible for a temporary Out of Area Classification. If approved, the Member uses his/her Health Advantage ID Card to access services covered by Health Advantage. Services are covered at the In-Network benefit level when provided by **BlueCard** providers (Blue Cross and/or Blue Shield Traditional Network 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. Renewal is required annually.

**APPLICATION FOR OUT OF AREA CLASSIFICATION**

Subscriber ID # if current member (leave blank if new enrollee) \_\_\_\_\_

Subscriber Name \_\_\_\_\_ SSN \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Group name \_\_\_\_\_ Group number \_\_\_\_\_

**Application is being made for which of the following: (Check one - One member per application)**

- Dependent Student attending school outside the State of Arkansas for at least 90 consecutive days.
- Dependent Child living outside the State of Arkansas for at least 90 consecutive days.
- Dependent Spouse living outside the State of Arkansas for at least 90 consecutive days.

**Member Information: (Member eligible for Out of Area Classification)**

Member name \_\_\_\_\_

Member SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone# \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(ID Card and benefit information mailed to the Member)

Period requested: Effective date \_\_\_\_\_ End/Renewal date \_\_\_\_\_

If Dependent Child (age 18 and under), parent or guardian name \_\_\_\_\_

If dependent student, name/location of school \_\_\_\_\_ # hrs \_\_\_\_\_

Subscriber Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Health Advantage Office Use Only:** Class Code \_\_\_\_\_  New Application  Renewal Application

Approved  Not approved Effective date \_\_\_\_\_ Expiration date \_\_\_\_\_

Group Renewal Date \_\_\_\_\_ Application Renewal date \_\_\_\_\_

Health Advantage Signature \_\_\_\_\_ Date \_\_\_\_\_

(Signed copy of application mailed to Subscriber)

Mail: Health Advantage Membership, P.O. 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 [HealthAdvantage-hmo.com](http://HealthAdvantage-hmo.com). To locate the nearest participating BlueCard Traditional Network provider, go to [www.bcbs.com](http://www.bcbs.com) 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](http://www.BCBS.com)

## NON-DISCRIMINATION AND LANGUAGE ASSISTANCE NOTICE

**NOTICE:** Our Company complies with applicable federal and state civil rights laws and does not discriminate, exclude, or treat people differently on the basis of race, color, national origin, age, disability, or sex.

We provide free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, written information in various formats (large print, audio, accessible electronic formats, other formats), and language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. **If you need these services, contact our Civil Rights Coordinator.**

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

### **Civil Rights Coordinator**

601 Gaines Street, Little Rock, AR 72201  
Phone: 1-844-662-2276; TDD: 1-844-662-2275

You can file a grievance in person, by mail, or by email. If you need help filing a grievance our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

### **U.S. Department of Health and Human Services**

200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201  
Phone: 1-800-368-1019; TDD: 1-800-537-7697

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**ATTENTION: Language assistance services, free of charge, are available to you. Call 1-844-662-2276.**

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-662-2276.

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-662-2276。

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-662-2276.

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-662-2276 번으로 전화해 주십시오.

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-662-2276.

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-662-2276.

**ملاحظة:** إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. إتصل بالرقم 1-844-662-2276.

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-844-662-2276.

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-662-2276.

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-844-662-2276.

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-844-662-2276.

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-844-662-2276.

**注意事項 :** 日本語を話される場合、無料の言語支援をご利用いただけます。1-844-662-2276まで、お電話にてご連絡ください。

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-662-2276.

**توجه:** اگر به زبان فارسی صحبت می‌کنید، خدمات و کمک‌های زبانی رایگان برای شما موجود است. برای کسب اطلاعات بیشتر، با شماره 1-844-662-2276 تماس بگیرید.

**सुचना:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-844-662-2276.

**ध्यान दें:** यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-844-662-2276 पर कॉल करें।

**LUS CEEV:** Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-844-662-2276.

**انتباه:** اگر آپ اردو بولتے ہیں تو، آپ کے لئے زبان کی مدد کی خدمات بلا معاوضہ دستیاب ہیں۔ 1-844-662-2276 پر کال کریں۔

**ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-844-662-2276.

**LALE:** Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin ñe aṃ ejje!ok wōñāān. Kaalok 1-844-662-2276.