

Out-of-Area Dependents

Let us know

We are committed to helping your out-of-area dependents (up to age 26) get the health care coverage they need when they need it. Students who attend college outside of the area and children living in another community are common examples of out-of-area dependents.

If you have an out-of-area dependent in a large employer group plan, please complete the online Out-of-Area Dependent form by visiting Prevea360.com/OutOfArea as part of your health plan enrollment. The web page has directions on how to search for a provider in the dependent's new area. You may also contact the Prevea360 Health Plan Customer Care Center at **877-230-7555**.



Prior authorization

It is the responsibility of the enrolled health plan member to ensure prior authorization has been obtained for services that require prior authorization.

Please review your member certificate or contact the Prevea360 Health Plan Customer Care Center at **877-230-7555** for questions about what services require prior authorization.



Think ahead

Students and other out-of-area dependents should consider scheduling routine exams or non-urgent procedures with Prevea360 Health Plan providers when visiting our service area.



Please remember

All out-of-area dependents must see a Prevea360 network provider when in our service area. All out-of-area dependents moving back to our service area need to contact the Prevea360 Health Plan Customer Care Center at **877-230-7555** to update their status.

Using First Health Network for your Out-of-Area Dependents

1. Go to Prevea360.com/OutOfArea and click **First Health Network** under the heading **If your dependent needs services** at the bottom of the page. This will take you to **FirstHealth.com**
2. Click [Start now](#)
3. Select the Provider type (selecting **All Providers** will yield more results)
4. Choose one of two options:
 - a. **ZIP code** and adjust the distance from 5-100 miles

or

 - b. **Select a state.** You can narrow your search by county and/or city
5. Select [Search now](#) for immediate results or [\[+\] Show more options](#) to narrow your search by the following:
 - a. **Physician name or facility:** text field allows you to type in the name of a doctor (last name) or hospital (first name)
 - b. **Specialty type:** enter text or select up to five specialties to include.
If you need more detail on specialties, choose the “Specialty Definitions” link at the bottom of the web page
 - d. **Condition:** enter text or select a condition
 - e. **Focus type:** enter text or select up to five focus codes to include
6. Select [Search now](#)
7. A user manual with additional instructions for refining your search results can be found near the bottom of the **First Health** web pages. [How to use this tool User manual](#)

Out-of-Area Dependent Form

We are committed to helping your out-of-area dependents (up to age 26) get the coverage they need when they need it. Students who attend college out-of-town or children who live in another community are common examples of out-of-area dependents. If you have an out-of-area dependent in a large group plan, please notify us by completing this form and sending it by mail or fax to the address/number below. If you have questions about your health plan and covered benefits, please contact our Customer Care Center at 877-230-7555. **(You may also submit this form via Prevea360.com/OutOfArea.)**

Employer Group Name: _____

Parent/Guardian Member First Name: _____

Parent/Guardian Member Last Name: _____

Dependent Member Number (if known): _____

Out-of-Area Dependent Name: _____

City/State Where Dependent Lives: _____

Date of Relocation: _____

Mail Form

Prevea360 Health Plan
Attn: Customer Care Center
PO Box 56099
Madison, WI 53705-9399

FAX Form
608-827-4212

 **We are here to help**
Visit Prevea360.com/OutOfArea

PREVEA **360**
health planSM