live 360° HEALTH PLAN
FEATURING HSHS NETWORK
Administered by Health Choices

CARE PACKAGE PROGRAM

Do you have a dependent child living outside your 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 the HSHS Healthy Plan 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 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 and submitting it to Health Choices. When received, Health Choices 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.

Using the Care Package program

- Always present your member ID card so providers can contact Health Choices 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 allows coverage for use of out-of-network providers, *except* when you can receive care locally. For local care, it is expected that you utilize in-network providers.

Services received out-of-area may be subject to usual and customary charges. Additional charges may be avoided by utilizing providers that agree to participate with your plan. Please go to www.live360healthplan.com to view potential providers in your service area.

If you have any questions, please contact us: ***Toll free:*** *833-728-0538 or* ***Email:*** *live360healthplan@mahealthcare.com.*

CARE PACKAGE **PROGRAM APPLICATION**

Clear Form

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 Out-of-Area Address: _____

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

Please submit this form to: Health Choices, Attn: Member Services, 1605 Associates Dr., Dubuque, IA 52002, or by email to live360healthplan@mahealthcare.com