



Care Package PROGRAM

Do you have a dependent child living outside the Medical Associates Health Plans 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 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 attached. When received, Medical Associates Health Plans 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 Medical Associates Health Plans 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 MAHP. Please go to www.myfirsthealth.com to view potential providers in your service area. If you need to fill a prescription that has been written by a physician outside of our service area, the pharmacy will need to call MAHP to get prior authorization. If you have any questions, please contact Member Services Department. **Phone:** 584-4885 or (toll free) at 866-821-1365. **Email:** memberservices@mahealthcare.com. **Fax:** 563-584-4760.*



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, Attn: Member Services, 1605 Associates Dr., Dubuque, IA 52002