

Dear Subscriber:

In response to a recent request regarding the Away From Home Care[®] program, please find enclosed an application form.

The Away From Home Care program grants a temporary courtesy enrollment in a Host HMO that enables members who are living away from home to receive a comprehensive range of benefits, including routine and preventive services. There is no additional premium charge for participating in this program.

The program is only available in select areas in the United States. It is not available outside the United States. For questions regarding coverage areas please contact our Away From Home Care representatives.

Participating members receive the Host HMO's benefit plan and follow the referral and authorization guidelines of the Host HMO while within that service area. This may differ from the Home HMO benefits and guidelines.

The Host HMO will send an identification card to the guest member's address for use in the host area. Services rendered outside of the Host HMO area, prescription drugs, dental services, and vision services are not covered through the Away From Home Care program. For these services, the member must use the identification card and benefits of their Home HMO as the Home HMO coverage, benefits and guidelines will apply.

A detailed mailing address for the guest member in the Host HMO area must be supplied. The Host HMO cannot send correspondence outside their service area. Therefore they cannot send materials to the policy holder's home address.

For students living on campus, please include the student box number, or dormitory name and room number, in addition to the street address, city, state, and zip code information. Please ensure that this information conforms to the school's mail delivery requirements. An identification card and other correspondence will be sent to that address.

The Host HMO will contact the guest member regarding the selection of a Primary Care Provider for that area. The member will need to contact that Primary Care Provider for any referrals required in the Host HMO service area. Any referrals from the member's Primary Care Provider at the Home plan will not be valid in the Host HMO service area. The Host HMO process and requirements for referrals may be different from your Home HMO guidelines.

The policy holder must sign the application form. Members who are at least eighteen (18) years of age must also sign the application form or the application cannot be accepted.

To request participation in the Away From Home Care program, please mail the completed and signed application to:

Anthem Blue Cross and Blue Shield
Attn: Away From Home Care, ME0103-W070
2 Gannett Dr.
South Portland, ME 04106

Or, fax to:

(207) 822-8902

Or, scan into PDF format and e-mail to: AFHCAE@Anthem.com

The Away From Home Care program guidelines require advance notification. Participation will become effective approximately twenty (20) days from the date an approved application form is received. Participation in the program cannot be made retroactively. If requested, coverage may begin farther than twenty (20) days into the future.

It is the subscriber's responsibility to contact their Anthem home plan to request a renewal of the Away From Home Care program membership at least four weeks before the termination date indicated on the confirmation letter. This is not a guarantee that the renewal will be accepted.

Please note: The Away From Home Care program is optional. Enrollment is not mandatory. If the member's home coverage terminates or otherwise becomes ineligible for participation in the program, participation in the Away From Home Care program will terminate.

This is not a guarantee that Guest Membership will be made effective. All applications will be reviewed for eligibility. Once reviewed, a confirmation will be sent to you.

If you have any questions regarding the Away From Home Care program, please contact us at the telephone number or e-mail address below.

Thank you.

Away From Home Care
Anthem Blue Cross and Blue Shield
Mailstop: ME0103-W070
2 Gannett Dr.
South Portland, ME 04106
Telephone 877-326-6200, Fax 207-822-8902
AFHCAE@Anthem.com

Away From Home Care[®] Application



Subscriber Information

Name _____ Social Security Number _____
Address _____ Gender: Female Male

Date of Birth _____
Home Telephone _____ Subscriber ID _____
Work Telephone _____ Group Number _____
Employer Name _____

Guest Member Information

Name _____ Social Security Number _____
Address Away From Home _____ Gender: Female Male

Date of Birth _____
Telephone Away From Home _____ Medicare Enrollee: No Yes

Period of Guest Membership From: _____ To: _____ Medicare ID _____
Type of Away From Home Care: Families Apart Student Long Term Traveler
Parent/Legal Guardian in the Away From Home Care Area (if applicable) _____
Primary Care Physician in the Away From Home Care Area (if known) _____

I hereby certify that all information on this application is truthful and correct to the best of my knowledge. I acknowledge that the benefit program providing coverage to myself or eligible dependents as Guest Members of the Host HMO may vary from the benefit program at my Home HMO. I understand that as a Guest Member the Host HMO benefit program's scope and levels of coverage apply.

Subscriber Signature

Date

I hereby authorize my Home HMO and the Host HMO to exchange medical information about me.

Guest Member Signature (parent/guardian for minor)

Date