



# Dependent Out-of-Area Benefit Form

Out-of-area benefits are available to dependents who reside outside West Virginia beyond the bordering (contiguous) counties of surrounding states. In PEIA PPB Plans A and B, all in-network, out-of-state benefits (beyond the bordering counties) are reduced; Plan A is 70/30, and Plan B is 65/35. If you have a dependent who lives more than one county outside West Virginia, you must complete this form to receive the highest level of out-of-state benefits for your chosen PPB Plan, without having to seek prior approval for all services. Services must be provided by UnitedHealthcare Choice Plus PPO network providers.

Complete the following information for each dependent who you believe qualifies for out of-area benefits. Forward this form to **UMR, PO Box 30541, Salt Lake City, UT 84130-0541**. You will receive written notification of the status of this request.

## Policyholder Information (as it appears on your medical ID card):

Name \_\_\_\_\_

ID Number (from medical ID card) \_\_\_\_\_

Group Number: 77-700000

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## I believe the following dependents are eligible for Out-of-Area Benefits:

Name \_\_\_\_\_

Relationship to Policyholder \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Policyholder \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Policyholder Signature \_\_\_\_\_ Date \_\_\_\_\_