

HEALTH CARE COVERAGE FOR YOUR

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 Out-of-Area Dependent form by visiting DeanCare.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 Dean Health Plan Customer Care Center at **800-279-1301**.



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 Dean Health Plan Customer Care Center at **800-279-1301** 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 Dean Health Plan providers when visiting our service area.



Please remember

All out-of-area dependents must see an SSM Health Dean Medical Group or network provider when in our service area. All out-of-area dependents moving back to our service area need to contact the Dean Health Plan Customer Care Center at **800-279-1301** to update their status.

Out-of-Area Dependents

1. Go to DeanCare.com/OutOfArea and click **Find a First Health Provider for your Out-of-Area Dependent** 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 [\[+\] More search 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](#)

USER MANUAL!

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](#)



We are here to help

Visit DeanCare.com/OutOfArea



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. This benefit only applies to those with employer-sponsored large group plans. If you have questions about your health plan and covered benefits, please contact our Customer Care Center at 800-279-1301. **(You may also submit this form via DeanCare.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

Dean Health Plan
Attn: Customer Care Center
PO Box 56099
Madison, WI 53705

FAX Form
608-827-4212