

OUT-OF-AREA DEPENDENT BENEFITS

You can choose to cover any eligible dependents in your VEBA benefit plan selection. This includes your dependents who live with you as well as those who live away from home, in another part of California, or in another state. This flyer describes benefits for your dependents who live out-of-the-area.

About Out-Of-Area Dependent Plan Coverage

While we try to match your out-of-area dependent's health plan as close as possible to the health plan you enroll in, sometimes, we need to place your out-of-area dependents in another plan. That's because we want to make sure they have access to a provider network wherever they live. Here's what you need to know:

1. The monthly premium cost for out-of-area dependents is the same as it is for dependents who live at home.
2. The plan we enroll your dependents in is based on their out-of-area address.
3. You must include your dependent's out-of-area address on the enrollment form so they can be enrolled in an out-of-area plan that has a local provider network.
4. Dependents will remain in their out-of-area plan until they change their permanent address. They cannot switch back to your HMO plan if they return home for a short period of time such as winter, spring or summer break.
5. Dependents who are enrolled in an HMO plan must choose a PCP within 30 miles of their out-of-area address.

The chart below describes what plans are available to your out-of-area dependents, based on the plan you enroll in and their out-of-area address.

Your Health Plan	Dependents living IN California but outside Orange County Area	Dependents living OUTSIDE California
Kaiser	<ul style="list-style-type: none"> • Benefits are available if dependent's out-of-area address is within a Kaiser service area. • If dependent's out-of-area address is outside the Kaiser service area, benefits are available for emergency and urgent care services only. • If your out-of-area dependent temporarily visits the service area of another Kaiser region (not more than 90 days), you can receive visiting member care from designated providers in that area. 	Benefits are available for emergency and urgent care services only.
UnitedHealthcare (UHC) HMO Plan	Based on dependent's out-of-area address, dependent will be enrolled in either a UHC HMO or PPO plan.	Based on dependent's out-of-state address, dependents will be enrolled in a PPO plan.
UHC PPO Plan	Your dependents will be enrolled in a UHC California PPO.	Based on dependent's address, his or her out-of-area PPO plan may not be the same as yours, meaning network, copayment amounts and deductible amounts may be different from yours

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Cigna Guest Privileges Program

The Southern California Select Plan offers valuable in-network benefits to Cigna members. If you or eligible family members temporarily relocate outside of the network, you may be able to take advantage of the Cigna Guest Privileges Program. Use this guide to help determine if you or your dependent would be covered through Guest Privileges.

- Will you or your dependent be away from the local area at least 60 days, but no longer than 2 years?
- Are you or your dependents temporarily living in any of the 25 states (or DC) with Guest Privileges?
Arizona, California, Colorado, Delaware, Florida, Georgia, Indiana, Louisiana, Maryland, Massachusetts, Michigan, Mississippi, Missouri, New Hampshire, Ohio, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Vermont, Washington, Wisconsin and West Virginia.



Be sure to contact Customer Service at **800-244-6224** at least 30 days before the move to assure having coverage when needed.

Summary of Benefits

The chart below is a summary of benefits for all available out-of-area dependent benefits. Copays and benefit amounts may differ.

Benefit Summary	UHC Out-of-Area Signature Value HMO 10	UHC Out-of-Area PPO 80/50		Cigna HMO Select
		In Network	Out of Network	
Deductible (individual/family)	None	\$500/\$1,000	\$1,000/\$2,000	None
Medical Plan Out-of-Pocket Maximum (individual/family)	\$1,000/\$3,000	\$5,000/\$10,000	\$6,000/\$12,000	\$1,000/\$3,000
PCP Office Visit	\$10 copay	\$20 copay	50% coinsurance (after deductible)	\$10 copay
Specialist Office Visit	\$10 copay	\$40 copay	50% coinsurance (after deductible)	\$10 copay
Urgent Care (your medical group/ other medical group)	\$10 copay/\$50 copay	\$50 copay	50% coinsurance (after deductible)	\$10 copay
Emergency Room (Copay waived if admitted)	\$100 copay	\$100 copay	\$100 copay	\$100 copay