



APPLICATION FOR OUT OF AREA CLASSIFICATION

Members that travel, live, or work outside the Service Area (NovaSys Health Regional Network area) for more than 90 days may be eligible for a temporary Out of Area Classification. If approved, the Member continues to use his/her NovaSys Health ID Card to access services covered by NovaSys Health. Services are covered at the In-Network benefit level when provided by Beech Street Corporation providers and billed with the Member's ID number through NovaSys Health. Claims are routed to NovaSys Health for payment at the In-Network benefit level. The Member's out-of-pocket expenses are limited to the Member's In-Network Deductible, Copayment and/or Coinsurance.

APPLICATION FOR OUT OF AREA CLASSIFICATION

Member ID # _____
Member Name _____ SSN _____
Address _____
Home Phone _____ Work Phone _____
Group name _____ Group number _____

Application is being made for which of the following: (Check the one that applies)

- Member or Dependent on Extended Business. Members that travel outside the NovaSys Health Regional Network area for more than 90 days but less than 180 days are eligible for a temporary Out of Area Classification not to exceed 180 days. Only one renewal per year is allowed.
- Covered Dependent Student Attending School Outside the Service Area. Dependent Students attending school Outside the NovaSys Health Regional Network area for at least 90 consecutive days are eligible for an Out of Area Classification. Renewal is required at least annually.
- Dependent Residing Outside the Service Area. Dependents (spouse or child) residing Outside the NovaSys Health Regional Network area for at least 90 consecutive days are eligible for the Out of Area Classification. Renewal is required at least annually.

Member Information: (Member eligible for Out of Area Classification)

Member name _____
Member SSN _____ Date of Birth _____ Member ID# _____
Mailing Address _____ Phone _____
(ID Card and benefit information will be mailed to this address)
Period requested: Effective date _____ End/Renewal date _____
If Dependent Child (age 18 and under), parent or guardian name _____
If dependent student, name of school _____ # hrs _____

Member Signature _____ Date _____

Mail Application to NovaSys Health ATTN: Membership Department, P.O. Box 25224, Little Rock, AR 72221 or fax to (888)-590-9972. An approval or denial letter will be sent to the member's attention.

For NovaSys Health Office Use Only: Class Code _____ New Application _____ Renewal Application _____
Approved _____ Not Approved _____ Effective date _____ Expiration date _____

NovaSys Health Signature _____ Date Letter Sent _____