



## Out-of-Area Residence Dependent(s) Registration Form

In-network benefits are available to dependents who are currently enrolled with Avera Health Plans and who reside outside of the Avera Health Plans network coverage area for more than 90 consecutive days.

### ELIGIBILITY REQUIREMENTS:

- P Your dependent must be eligible and enrolled with Avera Health Plans.
- P Your dependent must reside outside the Avera Health Plans network coverage area for more than 90 consecutive days.
- P You must complete and submit this form to Avera Health Plans.

**In-network coverage will be effective on the date we receive this completed form.**

### SUBSCRIBER INFORMATION:

Subscriber Name: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

### Please complete for each dependent that requires out-of-area coverage:

1. Dependent Name: \_\_\_\_\_  
 Out-of-Area Address: \_\_\_\_\_ City: \_\_\_\_\_  
 County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Reason for Out-of-Area Address:

- Resides with Other Parent
- Attends School, List Name of School: \_\_\_\_\_
- Resides Out-of-Area

2. Dependent Name: \_\_\_\_\_  
 Out-of-Area Address: \_\_\_\_\_ City: \_\_\_\_\_  
 County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Reason for Out-of-Area Address:

- Resides with Other Parent
- Attends School, List Name of School: \_\_\_\_\_
- Resides Out-of-Area

3. Dependent Name: \_\_\_\_\_  
 Out-of-Area Address: \_\_\_\_\_ City: \_\_\_\_\_  
 County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Reason for Out-of-Area Address:

- Resides with Other Parent
- Attends School, List Name of School: \_\_\_\_\_
- Resides Out-of-Area

NOTE: If at any time your dependent returns to the Avera Health Plans network coverage area, please contact us as soon as possible so we can update your records accordingly.

Subscriber Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mail to Avera Health Plans, Attn: Enrollment, 3816 S. Elmwood Ave., Suite 100, Sioux Falls, SD 57105-6538 or fax to (605) 322-4689. You may send it electronically by email to [Service@AveraHealthPlans.com](mailto:Service@AveraHealthPlans.com).

## Discrimination is Against the Law

Avera Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Avera Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Avera Health Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact the Avera Health Plans Service Center at 1-888-322-2115, (TTY 711), 8 a.m. to 5 p.m. CST, Monday through Friday.

If you believe that Avera Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

You can file a grievance in person or by mail, fax, or email. You may also contact the Complaint and Appeals Coordinator if you need assistance with filing a complaint.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or call 1-800-368-1019 or 1-800-537-7697 (TDD). Or mail:

US Department of Health and Human Services,  
200 Independence Avenue SW Room 509F, HHH Building,  
Washington, D.C. 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

### Complaint and Appeals Coordinator

Avera Health Plans  
3816 S. Elmwood, Suite 100,  
Sioux Falls, SD 57105-6538

Fax 1-800-269-8561

Email [ComplaintAppeals@AveraHealthPlans.com](mailto:ComplaintAppeals@AveraHealthPlans.com)



## Getting Help in other Languages

Language assistance services are available free of charge. Our Service Center is available 8 a.m. to 5 p.m. CST, Monday – Friday, toll-free at 1-888-322-2115 (TTY: 1-800-877-1113).

- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-322-2115 (TTY: 1-800-877-1113).
- US CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-322-2115 (TTY: 1-800-877-1113).
- CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-322-2115 (TTY: 1-800-877-1113).
- XIYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-322-2115 (TTY: 1-800-877-1113).
- 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-322-2115 (TTY: 1-800-877-1113)。
- ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-322-2115 (TTY: 1-800-877-1113).
- ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-322-2115 (телетайп: TTY: 1-800-877-1113).
- ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 888-322-2115-1 (رقم هاتف الصم والبكم: 1-800-877-1113-1).
- ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-322-2115 (TTY: 1-800-877-1113).
- ທີ່ຮຽນ: ຖ້າທ່ານເວົ້າພາສາອື່ນ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-322-2115 (TTY: 1-800-877-1113).
- ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-322-2115 (TTY: 1-800-877-1113).
- 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-322-2115 (TTY: 1-800-877-1113) 번으로 전화해 주십시오.
- ພາສາອື່ນ: ຖ້າທ່ານເວົ້າພາສາອື່ນ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-322-2115 (TTY: 1-800-877-1113).
- OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-322-2115 (TTY- Telefon za osobe sa oštećenim govornom ili sluhom: 1-800-877-1113)
- ຫຼື ຫາກ: ເມື່ອທ່ານເວົ້າພາສາອື່ນ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-322-2115 (TTY: 1-800-877-1113)