

Out-of-Area Coverage is available to dependents if your plan includes the "Dependent Out-of-Area Coverage Rider"; and you have a dependent child that lives outside the MercyCare service area.

Please complete the following information for each dependent who you believe qualifies for out-of-area coverage, and email this form to mchpenrollment@mhemail.org.

Students who attend college out-of-town or children who live in another community are common examples of out-of-area dependents.

Subscribers name: _____

Subscriber/Dependent Member ID: _____

Phone number: _____

Email: _____

Employer name: _____

Dependent name: _____

Dependent address: _____

Dependent City, State: _____

Effective date: _____

Subscriber signature: _____

Form needs to be completed each contract year.

If you have questions about your health plan and covered benefits, please contact MercyCare Health Plans Customer Service at 800-895-2421.