



Resident Outside SummaCare's Service Area Request Form*

Employee Name _____ Employee Date of Birth _____ SummaCare ID# _____

Fully complete this form if you, and/or your legal spouse, and/or your dependent child/ren (up to age 26) have a residential address change and are requesting access to services using approved networks outside of the NewHealthConnect Summa Health 20-county service areas.

Please check the following to validate your understanding:

- ☐ **The person(s) identified below do not live in one of the following SummaCare 20-county service areas for the Summa Health medical benefit plan.** The service area is exclusive of the following counties: Ashland, Ashtabula, Carroll, Cuyahoga, Erie, Geauga, Holmes, Huron, Lake, Lorain, Mahoning, Medina, Ottawa, Portage, Sandusky, Stark, Summit, Trumbull, Tuscarawas and Wayne.
- ☐ **Covered services for myself and/or my dependents residing outside of the NewHealthConnect Summa Health service area are provided at the in-network Tier 2 coverage level if an approved network is utilized.** Approved networks include: Ohio PPO Connect (residence in Ohio) and First Health Network (residence outside of Ohio). Note: My dependent or I may opt at any time to come into the Summa+ or Tier 1 network and pay the associated Summa+ or Tier 1 co-pays for services.
- ☐ **To find a Tier 2 Provider for myself and/or dependent(s) outside of the service area, I will need to:** Visit SummaCare's website www.summacare.com, click on the "Find a Doctor or Hospital" icon and select the option "Healthcare Providers Outside of the SummaCare Primary Service Area" or call **330.252.5922**.
- ☐ **If approved by Employee Benefits**, the person(s) I've listed below will receive coverage at the Tier 2 coverage level, if an approved network is utilized; and are covered for ER & urgent care services only in accordance with the provisions of the plan.
- ☐ Approved coverage will continue for the remainder of this calendar year (12/31) or sooner if my or my dependent(s) residency status changes back to the covered service area. **I understand that I will need to submit a new "Resident Outside of the Service Area" form each annual open enrollment period or during the year should residency status change.**
- ☐ **I understand my dependent(s) may be mailed a separate ID card.**

Effective Date _____ End Date _____

Who lives outside of the service area? Please indicate below:

Full address is required in order to process this form

Employee Full Name _____ (Employee) Date of Birth _____

Address _____ City _____ State _____ Zip _____

Legal Spouse Full Name _____ (Spouse) Date of Birth _____

Address _____ City _____ State _____ Zip _____

Dependent Child Full Name _____ (Child) Date of Birth _____

Address _____ City _____ State _____ Zip _____

Dependent Child Full Name _____ (Child) Date of Birth _____

Address _____ City _____ State _____ Zip _____

Dependent Child Full Name _____ (Child) Date of Birth _____

Address _____ City _____ State _____ Zip _____

I certify that the above information is true and accurate to the best of my knowledge. Further, I acknowledge that it is my responsibility to ensure access to SummaCare's approved network in order to receive coverage at the Tier 2 provider level. I understand I am responsible to report to Employee Benefits when I no longer need residence away status.

Employee Signature _____ Date _____

Return completed form to Summa Employee Benefits: summabenefits@summahealth.org

***Must be submitted annually.**