Away From Home guest membership

Healthcare coverage that goes where you do

Sometimes work or school requires a long stay away from home. As a Blue Cross HMO (CACare), Select HMO and Priority Select HMO member, you have access to healthcare benefits across the country. To meet the healthcare needs of members who have lengthy stays outside their plan's service area, your plan offers the Away From Home guest membership program.

How does the program work?

Guest members can still see their Anthem network healthcare provider when they're at home, and the premium is still paid through Anthem. When they're away from home, the program helps make sure members receive the care they need from healthcare providers who have contracts with their plan.

Guest membership is available in the following states:[1]

Arizona	Georgia	Maryland	New Jersey	Texas
Arkansas	Illinois	Massachusetts	New Mexico	Virginia
Colorado	Indiana	Minnesota	New York	Washington D.C.
Connecticut	Kentucky	Missouri	Ohio	Wisconsin
Delaware	Louisiana	Nevada	Oklahoma	
Florida	Maine	New Hampshire	Pennsylvania	

Quick access to care options

With Sydney℠ Health and 24/7 NurseLine

Through the Sydney Health app, you can have video visits with a doctor or mental health professional anytime, anywhere.[2] With 24/7 NurseLine, registered nurses are on call to answer your health-related questions. Use your Anthem member ID card to access these services.

There are three types of guest membership, based on whether a member is eligible and how long they will be out of the home service area:

1. **Long-term Traveler guest membership** is for Anthem members who will be away from home for at least 90 days. This is usually for long-term work assignments or for retirees who live in two states.

2. **Families Apart guest membership** is for Anthem members' covered spouse or dependent(s) who live outside Anthem's service area for at least 90 days. This type of guest membership is most often used when the spouse or dependent(s) in divorced or separated families live outside of the member's plan service area.

3. **Student guest membership** is for non-California dependent(s) who go to school outside of Anthem's service area for 90 or more days. While many colleges have health clinics, they may or may not take the student's health insurance. With guest membership, students can receive care from a doctor in the program at a lower out-of-pocket cost.

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How are prescriptions filled through guest membership?

Prescription benefits are handled through the member's home plan. Members can use their Anthem member ID card when they pay for their medicines, like usual.

How do you enroll in the program?

Call the Away From Home guest membership program at 800-827-6422. They can help you:

- Make sure you qualify, and that the program is available in your area.[1]
- Complete an application and choose a healthcare provider, if needed.
- Find answers to any questions you may have.

Once you're approved, you will receive a guest membership ID and information about your benefits. Guest membership copays may be different than your Anthem plan copays.

How long does it take to set up guest membership?

You will receive your guest membership ID within 20 days of submitting your application. During that time, you have coverage for urgent care and emergency room visits through your Anthem home plan. Benefits are based on the same limits and out-of-pocket amounts as your Anthem plan.

Can guest membership be extended or renewed?

Yes, as long as members and their covered spouse or dependent(s) continue to qualify for the program. A renewal letter and application will be mailed six weeks before your membership expires. To renew guest membership, submit the application at least 30 days before your membership ends.

Members must call 800-827-6422 to terminate their guest membership when they return to their home state.

Anthem

1 Some states may include regions that are not covered by the Away From Home guest membership program. In these cases, applicants can be denied coverage.
2 Your copay under your Anthem plan applies.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

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