

AWAY FROM HOME PROGRAM (AFH) JACKSON HEALTH SYSTEM



If you have covered dependents, including students who are away at school or do not live with you on a regular basis, please read below:

POS and JHS Select HMO members (effective 01/01/18):

Jackson Health System offers enrolled employees who live within the AvMed Service Area (see below) access to a nationwide provider network through Private Healthcare Systems, Inc. (PHCS), for their covered dependents who reside outside the AvMed Service Area on a temporary basis. This includes students away at school and/or spouse dependents. Upon meeting criteria for the AFH Program, your covered dependent(s) may use PHCS providers and receive the in-network benefit level. To determine if PHCS providers are available where your dependent resides or attends school, please check the website at www.AvMed.org/JHS

Please complete AvMed's Away From Home form to obtain dependent access to the PHCS network. All required plan procedures and guidelines must still be followed for claims to be approved for payment.

For additional information, please visit AvMed's website at www.AvMed.org/JHS or attend a regional meeting during Open Enrollment. You may also contact AvMed's JHS Dedicated Member Engagement Center at **1- 844-439-5378**.

AVMED SERVICE AREA:

The AvMed network is available in the following regions / counties (Members may have access to PHCS network outside these service areas):

Region	Counties
South Florida	Broward, Miami-Dade, Palm Beach
West Florida	Hernando, Hillsborough, Lee, Pasco, Pinellas, Polk, Sarasota
North/Central Florida	Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Gilchrist, Hamilton, Lake, Levy, Manatee, Marion, Martin, Nassau, Orange, Osceola, Seminole, St. Lucie, St. Johns, Suwannee Union and Volusia

TO ENROLL YOUR DEPENDENT(S), PLEASE COMPLETE THE INFORMATION BELOW AND:

Fax it to: Attn: Member Engagement
305 671-4736

Or mail it to: AvMed, Attn: Member Engagement
P.O. Box 569008, Miami, Fl. 33256

SUBSCRIBER INFORMATION:

Employee Name: _____ **Employee SS #:** _____

Employee Signature: _____ **Date Signed:** _____

DEPENDENT (S) TO BE ENROLLED ON AWAY FROM HOME*:

1. Dependent Name: _____ **Relationship to Employee:** _____

Reason for Away from Home: _____

Effective start and end date requested (cannot be in excess of 4 years, you must reapply if an extension is needed): _____

If student, please identify school: _____

Address of dependent (must include city and state): _____

Continued on reverse side.

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DEPENDENT(S) TO BE ENROLLED ON AWAY FROM HOME*: (Continued from reverse side.)

2. Dependent Name: _____ Relationship to Employee: _____

Reason for Away from Home: _____

Effective start and end date requested (cannot be in excess of 4 years, you must reapply if an extension is needed): _____

If student, please identify school: _____

Address of dependent (must include city and state): _____

3. Dependent Name: _____ Relationship to Employee: _____

Reason for Away from Home: _____

Effective start and end date requested (cannot be in excess of 4 years, you must reapply if an extension is needed): _____

If student, please identify school: _____

Address of dependent (must include city and state): _____

4. Dependent Name: _____ Relationship to Employee: _____

Reason for Away from Home: _____

Effective start and end date requested (cannot be in excess of 4 years, you must reapply if an extension is needed): _____

If student, please identify school: _____

Address of dependent (must include city and state): _____

5. Dependent Name: _____ Relationship to Employee: _____

Reason for Away from Home: _____

Effective start and end date requested (cannot be in excess of 4 years, you must reapply if an extension is needed): _____

If student, please identify school: _____

Address of dependent (must include city and state): _____

* For additional dependents, please fill out an additional AFH form.