

THE RIGHT HEALTH PLAN
for **your employees**

AvMED
HEALTH PLANS



SMALL GROUP

We're **making** a great health plan better.

AVMED HEALTH PLANS OFFER WHAT YOU WANT MOST – CHOICES, ACCESS AND SERVICE.

Dear Client,

Choosing the right health plan for your employees is an important decision. At AvMed, we have a deep appreciation for the complexities of the choices you have to make to ensure that your employees remain healthy and happy. We are pleased that your company has chosen AvMed as its health care partner.

We're also an employer, so we understand the challenges you face in administering your employee benefits. We know how important it is to have a strong partner upon whom you can rely to help manage your employees' health coverage. Our Small Group Support Center will provide your company with personalized service to help you administer your plan with ease and confidence.

Welcome to AvMed Health Plans. On behalf of all of us at AvMed, we look forward to providing you and your employees with unparalleled value, service and peace of mind.

Sincerely,



James M. Repp
Vice President of Sales



Employer Administrative Manual

AVMED HEALTH PLANS OFFER WHAT YOU WANT MOST – **MORE CHOICES**, **EASIER ACCESS** AND **PERSONAL SERVICE**.

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AvMed Health Plans Made Easy



As an administrator of your group's health benefits, we know that employees look to you for answers to health insurance questions. This manual is designed to support you in that role. This manual gives you an overview of the important procedures involved in administering the AvMed plan your company has selected. These procedures include:

- **Enrolling new employees**
- **Making changes to existing enrollments**
- **Terminating coverage**
- **Extending coverage through COBRA**
- **Billing**

We offer exceptional coverage options for your employees and superior benefits administration, support and assistance to you.

In addition to this manual, your Agent or AvMed representative can also be of assistance. For specific information pertaining to your benefit plan, AvMed's Group Medical and Hospital Service Contract is an excellent reference resource.

The AvMed Advantage

- **A Focus on Service.** Every telephone call to AvMed's Member Services Department is answered by our representatives with prompt, professional and courteous service 24 hours a day, 365 days a year.
- **AvMed's Nurse On Call.** This service is staffed by registered nurses 24 hours a day, 365 days a year, offering your employees valuable health care information and assistance. Nurse On Call allows them to speak confidentially with a professional about health concerns by calling the toll-free AvMed Nurse On Call phone number. While many other health plans outsource this function or staff it out-of-state, AvMed's Nurse On Call staff consists of Florida-based registered nurses who are employed directly by AvMed.
- **Healthy Lifestyle Support.** Empowering your employees with the resources to improve and maintain their health is a priority at AvMed. AvMed Health Plans' wellness initiatives include discounted services that are available throughout the state and your employees can also save on alternative health therapies and options through AvMed's partnership with one of the the nation's leading complementary and alternative medicine network of practitioners.
- **Comprehensive Care Management Programs.** AvMed's Care Management Programs address the health, wellness and benefits needs of members with chronic conditions. Each eligible member is assigned a registered nurse, called a Care Coordinator. While physicians manage the member's care and treatment, AvMed's Care Coordinators empower the member to take an active role in managing his or her health and help them make positive lifestyle choices and educated health care decisions.

Service is the cornerstone of our commitment. We provide optimum, personalized service all day and every day, after hours, on weekends, holidays—whenever your employees have questions.

Employee Enrollment and Changes

How to Enroll New Employees

- Have employee complete the Employee Information and Dependent Information sections of the **Employee Enrollment Form** after they become eligible for health benefits.
- Employer and employee must both sign and date the form. It is important that both signatures are on the completed form.
- Review the form to verify that all of the necessary information has been provided. Submit the completed form.

How to Make Changes

The **Employee Status Change Form** should be used to make changes to an existing enrollment. Changes can include adding a spouse or dependent(s) to an employee's coverage or terminating coverage. Other changes include:

- Changing a maiden name to a married name (legal documentation required)
- Address and telephone number changes
- Changing selected Primary Care Physician (if applicable)

Adding or Deleting Dependent Coverage, Including Newborns

Please use the **Employee Status Change Form** to make the following changes:

- Dependents must enroll within thirty-one (31) days after becoming eligible for coverage. If notice is not provided to AvMed within 31 days, the dependents may not enroll until the next open enrollment period.

• Newborn children should be pre-enrolled prior to the estimated delivery date.

- If written notice is received within thirty-one (31) days following the date of birth, no additional premium will be charged for the additional coverage of the newborn during the thirty-one (31) days following the birth.
- If written notice is received later than thirty-one (31) days, but sooner than sixty (60) days following the birth, a premium will be charged for the additional coverage of the newborn from the date of birth.
- If notice is not provided within 60 days of the birth, the child may not be enrolled until the next open enrollment period.

We have centralized our point of contact for Member Enrollment. As a group administrator, you may call **1-800-835-6131** if you have any questions.

Terminations

Please use the **Employee Status Change Form** to make the following changes:

If you are deleting coverage, please note that a retroactive termination may not be accepted if the member has utilized AvMed services. Please see the section on Billing and Premium Payment for important information concerning effective dates and termination dates.

An employee's coverage can terminate for any of the following reasons:

- The policy is terminated
- The employer fails to pay the required premium
- The employee fails to pay any required premium contribution or terminates employment or membership in an eligible class
- The employee relocates outside the service area

NOTE: No retroactive terminations of members will be made beyond 60 days from notification of the terminating event.

Changing a Primary Care Physician (PCP)

To change a PCP, complete the applicable sections of the **Employee Status Change Form**. Physician changes are limited to one per month and are effective on the first day of the following month after the requested change.

The Member Services Department can be reached at **1-800-376-6651**, 24 hours a day, 7 days a week. Hearing impaired members can call **1-877-442-8633** for assistance, Monday through Friday, 8:30 a.m. to 5:00 p.m.

The forms can be completed and downloaded from AvMed's Web Site, www.avmed.org.

Submitting the Completed Form

After completing the necessary sections to either the Employee Enrollment Form or Employee Status Change Form, make a copy of the form for your records. The original signed forms may then be submitted in these ways:

- USPS mail AvMed Health Plans
 Attn: Enrollment Services
 P.O. Box 569004
 Miami, FL 33256-9942
- e-mail enrollment@avmed.org
- fax **305-671-6118**

A copy of forms regarding COBRA requests must also be submitted to our administrator. Please consult your Agent or AvMed representative for more information.

Billing and Payment Procedures

The Billing Process

The following information about AvMed's billing process is important to remember:

- Your invoice will be mailed approximately 15 days prior to the "Payment Due Date" reflected on the invoice.
- Your premium payments are due on or before the first of each month.
- If you've submitted employee additions, changes or terminations after the 5th of the prior month, the invoice you receive from AvMed may differ from your records. The adjustments will be reflected on your next invoice.
- AvMed recommends that you pay the premium amount shown on your invoice.
- If you prefer to pay an adjusted amount, AvMed requires detailed documentation of the amount you're paying to properly reconcile your account.
- Please do not delete names from the group invoice or make any other changes.

Please call **1-800-835-6131** and follow the prompts in the menu to reach the Enrollment & Premium Services Department.



Payment Process—It's Easy!

While many groups prefer AvMed **eClient** Services, payments can also be made by check, by wire or ACH transfer. Your AvMed Premium Services Department can guide you through the process of wire or ACH transfer.

When a payment is made, it is important to include:

- Cover page
- Account ID
- Invoice number
- Group name
- Group number
- Division number
- Detailed instructions, if adjustments need to be reflected on your next invoice

If you're paying by check, submit only one check for the entire invoice. Individual checks from employees cannot be accepted.

Please refer to the following to send payment by:

- USPS mail AvMed Health Plans
D860363
Orlando, FL 32886-0363
- Overnight mail AvMed Health Plans
(Federal Express, c/o Wachovia Bank
UPS or DHL) 11050 Lake Underhill Road
Orlando, FL 32825-5016
Reference: Lockbox D860363
- Wire transfer Bank Name: Wachovia Bank
ABA: 063000021
Address: Jacksonville, FL
Credit Account: AvMed Health Plans
HMO Account Number:
2131001566630

Regardless of method of payment, always include the name of the group, group number, division number and invoice number.

Electronic Payments – AvMed **eClient** Services

With AvMed eClient Services, you have free, electronic access to a variety of important tools to make it easy to manage your benefits account. AvMed **eClient** Services allow you to enroll, terminate or adjust employees all through the seamless integration of AvMed's **eEnroll**, **eBill** and **ePay**. From any computer with e-mail capability, you can access AvMed **eClient** Services 24 hours a day, 7 days a week. All changes will be reflected in our system within 48 hours.

- **Make secure payments online**
- **Receive invoices quickly via secure e-mail**
- **Refer to previous invoices**
- **Obtain an electronic version of the Employee Enrollment Form**
- **Facilitate your reconciliation with helpful features, such as downloading your invoice to Microsoft Excel**
- **Advise of any premium adjustments online**

Your bills and letters also look exactly like your postal mail. And the online Premium Adjustment Form makes it easy to make changes to coverage and add or terminate insurance for your employees.

Call AvMed today at **1-800-835-6131** and follow the prompts in the menu to begin using these services.

With only a few mouse clicks, you can quickly view, complete and process your invoices.

Accessing AvMed Providers

Maximizing Your Employees' AvMed Benefits

Here are some tips to provide your employees with easier access to their AvMed benefits. Employees should always:

- Identify themselves as AvMed members when seeking medical care.
- Carry their AvMed ID card at all times.
- Confirm that the physician or facility they are visiting is participating in the AvMed network when making an appointment.
- Feel free to call AvMed! No problem, question or complaint is too small for AvMed to know about.

Visits to Primary Care Physician (PCP)

Whether or not the member has selected a plan that requires PCP selection, the PCP will be available to provide routine and preventive care as well as to assist the member in making important medical decisions. The member's PCP should know their medical history and can be a valuable resource for information and treatment. Please refer to your contract for specific benefit information.

Plans contain limitations and exclusions. Please encourage employees to verify benefits when seeking medical care. For specific information about coverage, refer to the Member Information Handbook.

Visits to Specialist Providers

Certain services require prior authorization from AvMed, which the member's provider will obtain on their behalf.

These services include:

- Inpatient hospitalizations (acute, observation, skilled nursing and rehabilitation admissions)
- Hospital-based outpatient surgery (including cardiac catheterization and angioplasty procedures)
- Hospital-based complex radiological procedures (CT, MRI and PET scans)
- Hospital-based outpatient chemotherapy infusion and injection therapy
- Nonparticipating physician, facility and ancillary providers
- Home health care
- Transplant services
- The following drugs when provided in the physician's office: Procrit, Epogen, Neulasta, Aranesep, IVIG delivered by infusion, Remicade, alefacept and Synagis.

In the event that the member's specialist recommends an additional specialty consultation, the specialist will obtain the required authorization.

Members may verify authorization information through AvMed's automated Member Authorization Confirmation Line (AvMed Link) at **1-800-806-3623** or through Member Services Online at www.avmed.org.

AvMed Standards

Physician Credentialing

To be accepted into the AvMed network, physicians must meet rigorous credentialing standards, which include review and verification of practice experience, licenses, certifications, hospital privileges, professional liability coverage and claims history, education, professional credentials, state disciplinary actions and Medicare and Medicaid sanctions. This review is conducted at the time of the initial application and every two years thereafter.

The vast majority of AvMed physicians are either board certified or board eligible in their specialty. Board certification means that a

physician has passed an examination and is thereby certified as a specialist in that medical area.

Hospital Accreditation

AvMed contracts only with hospitals that are accredited either by the Joint Commission on the Accreditation of Health Care Organizations or by the American Osteopathic Association. Hospital selection is based on recognition of the need for a hospital to accommodate network physician admissions and AvMed policies and procedures.





Q. Can an employee or dependent enroll in the Plan or request a coverage change outside of the annual enrollment period?

A. Yes, if the employee or dependent has experienced one of the following status-changing events:

- Marriage
- Birth, adoption or placement for adoption
- Legal separation, divorce or annulment
- Change in legal custody or legal guardianship
- Relocation into our service area
- Termination/commencement of employment
- Commencement of or return from leave of absence
- Change in employment status
- Change in worksite
- Strike or lockout
- Termination of employer contributions toward such coverage
- Exhaustion of COBRA Coverage
- Attainment of lifetime maximum

(Please refer to the Group Medical and Hospital Service Contract for specific requirements).

Q. What is AvMed's timeline for receipt of enrollment or change forms and termination request?

A. A completed Enrollment or Change Form must be received within thirty-one (31) days after the effective date of coverage. Termination of coverage for any employee and/or dependent that becomes ineligible to participate in the Plan must be submitted within sixty (60) days from the effective date of termination.

Q. What are AvMed's provisions for dependents age 19 and older?

A. Coverage for qualified children of a subscriber is available on plans that offer dependent coverage until the end of the month the dependent reaches the age of 26 and irrespective of whether the child is a student, resides with or receives financial support from the parent, or is married. The dependent's coverage may be extended until the end of the year at age 30, if the child:

- 1) is unmarried and does not have a dependent of his/her own AND;
- 2) is a resident of Florida or a full-time or part-time student AND;
- 3) is not provided coverage as a named subscriber, insured, enrollee, or covered person under any other insurance plan and is not entitled to benefits under Medicare.

The subscriber will be asked to submit a notarized Affidavit of Extended Dependent Eligibility to the Enrollment Department prior to the end of the month of the dependent's 26th birthday along with an Enrollment Form for Extended Coverage for Dependent Children.

Q. What is AvMed's verification process for dependents with a different last name?

A. A letter is mailed (upon initial enrollment of a dependent) to the subscriber, requesting either a copy of the marriage or birth certificate. If this verification is not received within 15 days, a second letter is mailed to the subscriber. On the 30th day, if no response is received, the dependent's coverage is terminated or not made effective. A termination letter is mailed to the subscriber and a copy is mailed to the group.

Q. Why would an adjustment not appear on my monthly invoice?

A. Monthly invoices are generated approximately three weeks in advance. For example, February bills are generated on or about January 6th. Therefore, any requests for coverage additions or terminations for February would appear in the March invoice. Any transactions submitted after the first week of the month appear on the subsequent invoice.

Q. If an employee or dependent does not have an AvMed membership card can they still access services?

A. Yes. The employee or dependent can contact AvMed Member Services to request an ID card. Member Services is available 24 hours, 7 days a week, or members can print a temporary ID card from our Web site: www.avmed.org.

COBRA Administration Information

If you have selected COBRA Administration services, please refer to the following information pertaining to Continuation of Coverage (COBRA) and Conversion. If you have any questions regarding COBRA administration, please contact your Agent or AvMed representative.

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

The Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) affects employers who normally have 20 or more employees. The federal government enacted this legislation allowing terminating employees and their dependents to continue under the Group Health Plan for a limited time. Certain notification requirements must be met.

Continuation of coverage is offered as required by COBRA. Upon termination of employment, a COBRA Election Form (MP-1202) must be completed by the employees opting for COBRA coverage and sent to AvMed within the predetermined time frame.

Groups with 20 or more eligible employees may choose to have their COBRA benefits administered by AvMed's partner Ceridian. In these cases, the employer group is responsible for notifying Ceridian of any employee Qualifying Event (QE) and simultaneously notifying AvMed.

For employers with less than 20 employees, Florida Law (State miniCOBRA) gives employees and their families the opportunity to continue their coverage if there is a qualifying event that would result in loss of coverage under an employer's plan. Each qualified beneficiary who elects continuation of coverage will have the same rights under the plan as other participants. AvMed administers miniCOBRA and will bill each qualified employee who elects continuation of coverage monthly for the cost of coverage which will also include a 1.5% administrative fee.

Under the miniCOBRA law, the employee or a family member has the responsibility to inform AvMed of the occurrence of one or more of the above qualifying events. This notification must be made in writing within 63 days (as evidenced by postmark) from the date of the qualifying event causing loss of coverage. For questions about COBRA or miniCOBRA call **1-800-835-6131** for the Enrollment & Premium Services Department.

AvMed HMO Conversion to Self-Pay Status

If an employee's group coverage is terminated, the subscriber and/or covered dependent may be eligible to convert directly to a self-pay status under a traditional AvMed HMO policy. An employee who wishes to convert must contact AvMed at **1-800-835-6131** and follow the prompts in the menu to reach the Enrollment & Premium Services Department. To convert, the employee must submit a completed application form and the applicable premium payment postmarked no later than sixty-three (63) days after the termination of group coverage. No health statement or health evaluation is required to effect conversion. Although the covered benefits may be different, the employee retains the same PCP that he/she had prior to conversion, unless he/she opts to change physicians.

Contact Us

Small Group Support Center

1-800-835-6131

Press 2 for Employer Group menu

Then, *Press 1* Enrollment & Billing

Press 2 Member Services

Press 3 Renewals

AvMed Web Site

www.avmed.org

Enrollment Applications or Inquiries

◆USPS

AvMed Health Plans,
Attn: Enrollment Services
P.O. Box 569004
Miami, FL 33256-9942

◆ e-mail enrollment@avmed.org

◆ fax **305-671-6118**

Premium Payment

◆USPS Mail

AvMed Health Plans
D860363
Orlando, FL 32886-0363

◆Overnight Mail (Federal Express, UPS or DHL)

AvMed Health Plans
c/o Wachovia Bank
11050 Lake Underhill Road
Orlando, FL 32825-5016
Reference: Lockbox D860363

◆Wire Transfer

Bank Name: Wachovia Bank
ABA: 063000021
Address: Jacksonville, FL
Credit Account:
AvMed Health Plans
HMO Account Number: 2131001566630

◆ e-mail premium.services@avmed.org

◆ fax **305-671-0087**



**Small Group
Support Center**

800-835-6131
www.avmed.org

Regional Offices

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