

AWAY FROM HOME PROGRAM (AFH) MIAMI-DADE COUNTY



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:

HMO/POS Advantage Members:

The County offers Subscribers who live within the AvMed Service Area (see below) access to a nationwide provider network through Private Healthcare Systems, Inc. (PHCS), for covered dependents who reside outside the AvMed Service Area on a temporary basis. This includes students away at school. 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/MDC.

MDC Select Network Members:

The County offers Members who live within Miami-Dade/Broward/Palm Beach counties access to a nationwide provider network through Private Healthcare Systems, Inc. (PHCS), for covered dependent children who reside outside the AvMed Service Area on a temporary basis. This includes eligible covered dependents to age 26 that are either students away at school, or living outside the service area. 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/MDC.

Please complete this 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/MDC or attend a regional meeting during Open Enrollment.

You may also contact AvMed's MDC Dedicated Member Engagement Center at **1-800-682-8633**.

AVMED SERVICE AREA:

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

Alachua	Columbia	Hendry	Levy	Osceola	St. Lucie
Baker	DeSoto	Hernando	Madison	Palm Beach	Sumter
Bradford	Dixie	Highlands	Manatee	Pasco	Suwannee
Brevard	Duval	Hillsborough	Marion	Pinellas	Taylor
Broward	Flagler	Indian River	Martin	Polk	Union
Charlotte	Gilchrist	Lafayette	Miami-Dade	Putnam	Volusia
Citrus	Glades	Lake	Monroe	Sarasota	
Clay	Hamilton	Lee	Nassau	Seminole	
Collier	Hardee	Leon	Orange	St. Johns	

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.