

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:

High HMO & POS Members:

The County offers members 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 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/mdc.

MDC Select 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 with a parent 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. AvMed will provide an additional identification card allowing your dependent access to the PHCS national network while they are not living in your home. 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 Services Unit 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):

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, Flagler, Gilchrist, Hamilton, Hardee, Highlands, Indian River, Lake, Levy, Manatee, Marion, Martin, Nassau, Orange, Osceola, Seminole, St. Johns, St. Lucie, Sumter Suwannee, Union, and Volusia.

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

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

Or mail it to: AvMed, Attn: Member Services
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.