

# 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:

## High HMO & POS members:

Jackson Health System 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/jhs](http://www.avmed.org/jhs).

Please complete AvMed's Away From Home 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/jhs](http://www.avmed.org/jhs) or attend a regional meeting during Open Enrollment. You may also contact AvMed's JHS Dedicated Member Services Unit 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, Nassau, Orange, Osceola, Seminole, St. Johns, Suwannee and Union.

## 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.