

# AWAY FROM HOME PROGRAM (AFH) JACKSON HEALTH SYSTEM



Embrace better health.®

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, JHS Select and Jackson First Rider members (effective 01/01/22)**

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):

<b>Region</b>	<b>Counties</b>
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 and Union

## **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 SSN or AvMed ID: \_\_\_\_\_

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.