

# AvMed Provider Service Area Map

AvMed offers Individual Health products to residents of Broward and Miami-Dade counties only.

AvMed Individual Health members have the option of using a provider from the AvMed provider network in Florida. When outside the AvMed service area, either in Florida or nationwide, they can use a provider from our national network partner, Private Healthcare Systems (PHCS), whenever medical care is needed, and it will be covered as in-network benefits.

With the AvMed Individual Health Network, you may choose from a vast network of doctors, hospitals and other providers that you can easily access anywhere in the United States for your health care needs.

### For services within the AvMed Service Area counties:

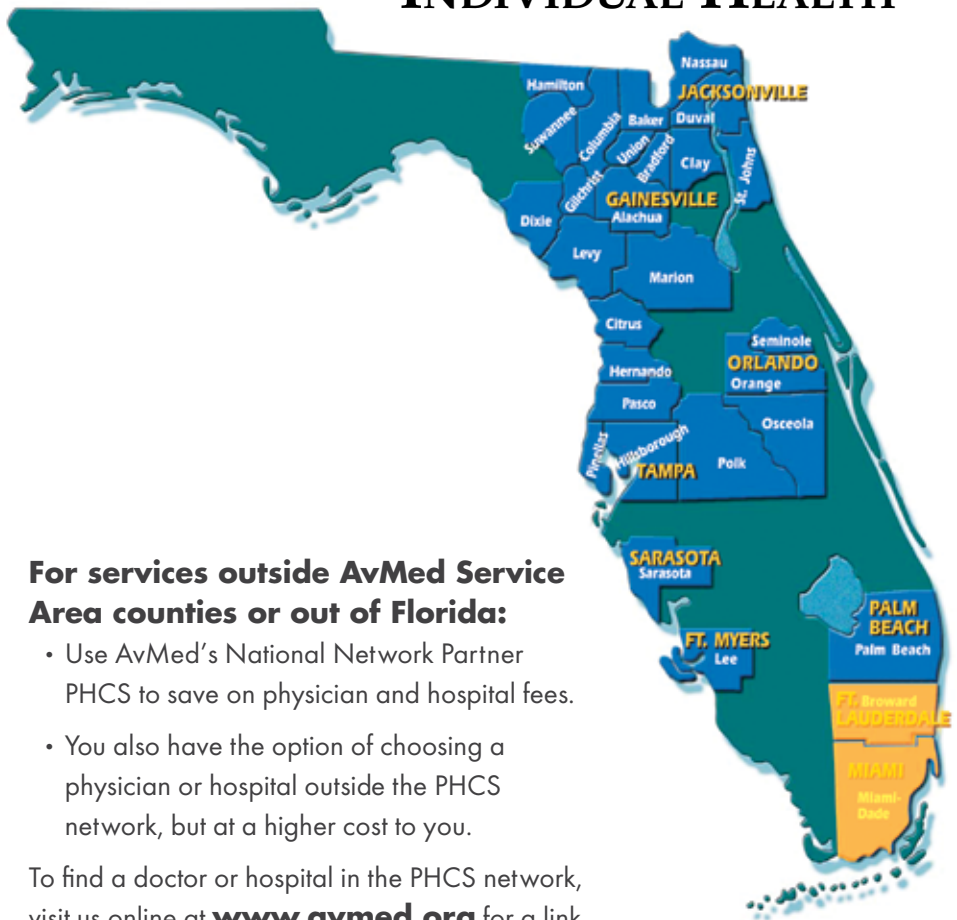
- Use AvMed Individual Health Network to save the most.
- You also have the option of choosing a physician or hospital outside both AvMed networks, but at a higher cost to you.

### For services outside AvMed Service Area counties or out of Florida:

- Use AvMed’s National Network Partner PHCS to save on physician and hospital fees.
- You also have the option of choosing a physician or hospital outside the PHCS network, but at a higher cost to you.

To find a doctor or hospital in the PHCS network, visit us online at **www.avmed.org** for a link to the PHCS network.

## AvMED INDIVIDUAL HEALTH



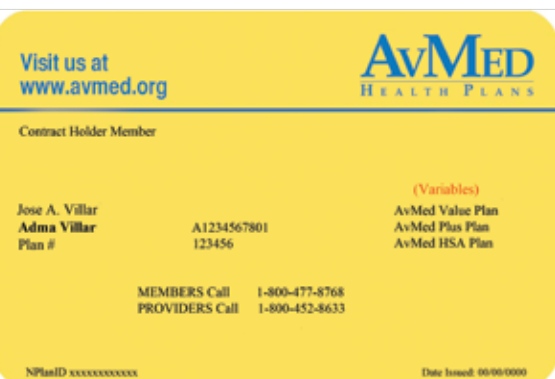
# ID Cards

### Enrollment Process

A new member contract including ID cards is mailed within seven days of application approval and applicant acceptance (non-standard offers).

If members arrive at the doctor’s office without their member ID card, care providers have access to AvMed’s Web site that enables them to view all of their benefit information.

What about lost or stolen cards? Call AvMed Member Services as soon as possible and a replacement will be sent in the mail. Temporary ID cards can be printed from our Web site at **www.avmed.org**.



FRONT



BACK

# General Exclusions

## AvMED INDIVIDUAL HEALTH

These medical plans expressly exclude expenses for the following health care services. This is only a partial list of the Exclusions for health care services. No benefits are payable for expenses that:

- Are received prior to your Effective Date or after the date your coverage terminates;
- Are not within the service categories described in the “What Is Covered?” section, any Amendment, unless such Services are specifically required to be covered by applicable law;
- Are provided by a Physician or other health care Provider related to you by blood or marriage;
- Are which is not Medically Necessary as defined in the Contract and determined by AvMed;
- Are rendered at no charge;
- Are for Adult Wellness, including routine or preventive care unless provided for in the policy;
- Are for Anesthesia Administration Services;
- Are for Foot Care, including non-surgical treatment of foot-related ailments, shoe inserts designed to effect conformational changes in the foot or foot alignment;
- Are for Maternity/Obstetrical Care, including inpatient and outpatient maternity/obstetrical care, prenatal care, delivery, or routine newborn care (unless optional coverage is selected, if available);
- Are for Assisted Reproductive Therapy (Infertility); including any drug treatment or procedure that promotes conception;
- Are for Contraceptive medications, including injections, devices, or other health care services, when provided for contraception unless medically necessary;
- Are for Behavioral Health Services;
- Are incurred for Cosmetic Services or aesthetic reasons, such as weight modification or surgical treatment of obesity;
- Are incurred for Eye Care, including eye surgery to correct nearsightedness, farsightedness, or astigmatism;
- Are for Complementary or Alternative Medicine services, including Nutritional therapy;
- Are for modification of the physical body, including breast reduction or augmentation, and gender reassignment surgery;
- Are for Weight Control services, including gastric surgeries and other procedures for the treatment of obesity or morbid obesity, as well as any related evaluations or diagnostic tests;
- Are in relation to, or incurred in conjunction with, investigational treatment;
- Are for exercise programs, including gym memberships or exercise equipment of any kind;
- Are for Dental expenses or oral surgery;
- Are in relation to Hearing Aids (external or implantable) and services related to the fitting or provision of hearing aids, including tinnitus maskers, batteries and cost of repair;
- Are in relation to Transplant Services;
- Are in relation to Skilled Nursing Facilities;
- Are for Rehabilitative Therapies; or
- Are for Autopsy or postmortem examination services.

# The AvMed Difference

## AvMED INDIVIDUAL HEALTH

### You deserve the best.

AvMed Health Plans has earned the highest overall rating of any Florida plan submitting data to the National Committee for Quality Assurance (NCQA).\* You seldom get that kind of yardstick to measure and compare health plans. How did we do it? As a not-for-profit, AvMed puts people first. With health plans that give you significant advantages:

- Affordable, high-quality plans
- Unsurpassed, 24/7 customer service and nurse access
- Broad local and national network of doctors and hospitals
- No referral to see a specialist

AvMed Health Plans has been serving Floridians for over 40 years. AvMed provides you with the personalized service and support you need to take the stress out of health care coverage.

- AvMed is only one of a few health plans in the United States that has been awarded “Excellent” accreditation status for both Commercial and Medicare health plans by the NCQA, the nation’s leading evaluator of health plans.
- The Street.com Ratings awarded AvMed top honors “A” for our “Excellent” financial strength, placing us in the top 6 percent of all health plans in the United States.
- As a not-for-profit, AvMed puts people first. We channel our earnings into continually improving services for our members.

### AvMed Individual Health fits your budget and your lifestyle.

AvMed Individual Health offers single and family health benefits flexible enough to fit your specific needs, and competitively priced options.

Choose from a variety of price options to find the right plan at the right price. Our hassle-free online application is easy and quick. Contact your Independent Insurance Agent to see if AvMed is right for you.



Everything we do  
is backed by our  
trademark service.

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\*Highest overall rating of statewide plans reporting Health Maintenance Organization (HMO) and Point of Service (POS) product data to the National Committee for Quality Assurance (NCQA) for the Consumer Assessment of Healthcare Providers and Systems (CAHPS). CAHPS® is a registered trademark of the Agency of Healthcare Research and Quality (AHRQ).



# The AvMed Advantage for Consumers



## AvMed Individual Health Plans feature:

- No referral to see specialists
- Extensive network of providers in Florida and access to the Private Healthcare Systems, Inc. (PHCS) Healthy Directions network outside AvMed service areas, including nationwide coverage
- Emergency worldwide coverage
- A deductible carryover, where medical expenses incurred in the last three months of a calendar year will carry forward and apply towards the deductible for the following year
- Prescription drug riders with no annual benefit maximums
- Optional maternity riders are available with most plan options
- Fully integrated HSA administration with HealthEquity that includes enrollment and claims processing



## AvMed Individual Health members enjoy:

- 24/7 online access to tools and resources that enable members to pay their monthly premiums, review current benefits, check claim status, print ID cards and lower out-of-pocket expenses
- Personalized 24/7 Member Solutions and Nurse On Call
- Premium payment flexibility that includes auto bank draft, Visa and MasterCard for initial and ongoing premium payments

Contact your Independent Insurance Agent.

Even if you're healthy today, an accident or medical emergency can drain your finances. Put your mind at ease with AvMed Individual Health. It's the coverage you need at prices you can afford.

# Just What You're Looking For



You're busy living your life. Just call your Independent Agent, who will help you select a plan designed to best fit your needs. AvMed has plan designs for all life stages.

## Starting Out

Whether you are a recent graduate or just moved out on your own, AvMed has plans that provide you real coverage at an affordable price.

## Newlyweds

AvMed has plans to fit the health care needs of both of you.

## Raising a Family

AvMed has plans that offer peace of mind, freeing you to focus on raising a healthy and happy family.

## Child(ren)-Only

AvMed has low cost predictable plans perfect for children and students.



Individual coverage is available for persons 18-64 years of age who are not eligible for Medicare and who live in Miami-Dade or Broward counties. Child(ren)-only coverage is offered for children 2-17 years of age who live in Miami-Dade or Broward counties. A select number of AvMed Individual Health plans are available with access to nationwide coverage. For questions on eligibility call your Independent Agent.

# Maximize Your Benefits



## Generics ... Real Savings

One of the easiest ways to keep prescription drug expense down is to choose generic medications. Generic drugs are typically sold at substantial discounts. The standards of quality are the same for generics as brand-name drugs. When a generic drug product is approved and on the market, it has met the rigorous standards established by the FDA with respect to identity, strength, quality, purity and potency. Discuss the option of taking a generic alternative with your doctor. Generics are very high quality and the cost savings is a benefit to you.

## Worldwide Emergency Coverage

If you have an emergency while out of the service area, AvMed provides coverage. Look up emergency and out-of-the-area urgently needed services (as defined in your Certificate of Coverage).

Try to notify AvMed of your emergency within 24 hours or as soon as possible. Medical providers in foreign countries usually won't bill an insurance carrier and you may have to pay out-of-pocket initially.

## A Broad Network of Doctors

AvMed is committed to quality health care. When you use in-network doctors your out-of-pocket expenses are lower. We have a broad network of physicians, specialists and hospitals which give members access to quality medical care in every major metropolitan area of the state. You can find a complete list of board certified doctors in our Provider Directory or AvMed's Web Site at [www.avmed.org](http://www.avmed.org).

## Preventive Care

- Immediate access to preventive and wellness benefits with a low co-payment
- No maximum benefit for children
- Mammograms at no charge

