



**FAMILY
HEALTH
CHOICE**

Medical Plan

Member Handbook

“Discount Plan Organization “

(954) 928-9962

www.familyhealthchoice.com

Florida Office of Insurance Regulation: Family Health Choice, Inc.

Date of Insurance:

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Member Rights and Responsibilities

Our members have rights and responsibilities. Our Member Services representatives serve as their advocates. Below are the rights and responsibilities of members.

Members have the right to:

Privacy

- Be treated with respect and with consideration for their dignity and privacy.
- Expect that we will treat their records, including medical and personal information and communications, confidentially.
- Request and receive a copy of their medical records at no cost to the member and request that the records be amended or corrected.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation as specified in federal regulations.

Take Part in Decisions Regarding Their Health Care

- Receive information on available treatment options and alternatives, presented in a manner appropriate to the member's condition and ability to understand.
- Engage in candid discussions of appropriate or medically necessary treatment options for their conditions regardless of cost or benefit coverage.
- Receive the appropriate services that are not denied or reduced solely because of medical condition.
- Refuse health care (to the extent of the law) and understand the consequences.
- Decide ahead of time the care they want if they become sick, injured or seriously ill by making a living will.
- Be able to make decisions about their children's health care if members are younger than age 18 and married, pregnant or have children.

Grievances, Disputes and Fair Hearings

- Pursue resolution of grievances and disputes about the health plan or care provided.
- Freely exercise filing a grievance or a dispute without adversely affecting the way they are treated.
- Continue to receive benefits pending the outcome of a dispute or a fair hearing under certain circumstances.

Family Health Choice Information

- Receive the necessary information to be a Family Health Choice member in a manner and format they can understand easily.
- Receive a current member handbook and a provider directory.
- Receive a copy of the member handbook and/or provider directory by request by calling Member Services at **954-928-9962**

- Receive assistance from Family Health Choice in understanding the requirements and benefits of the plan.
- Receive notice of any significant changes in the benefit package at least 30 days before the intended effective date of the change
- Make recommendations about our rights and responsibilities policies.
- Know how we pay our providers

Medical Care

- Choose their Primary Care Physician's from our network of providers.
- Choose any Family Health Choice network specialist after getting a referral from their PCPs, if appropriate
- Be referred to health care providers for ongoing treatment of chronic disabilities.
- Have access to their Primary Care Physician's or backups 24 hours a day, 365 days a year for urgent or emergency care.
- Get post-stabilization services following an emergency medical condition in certain circumstances.
- Be free from discrimination and receive covered services without regard to race, color, creed, gender, religion, age, national origin ancestry, marital status, sexual orientation, health status, income status, program membership, or physical or behavioral disability, except where medically indicated.

Members have the responsibility to:

Respect Their Health Care Providers

- Treat their doctors, their doctors' staff and Simply employees with respect and dignity.
- Not be disruptive in the doctor's office.
- Make and keep appointments and be on time.
- Call the provider if you need to cancel an appointment or change the appointment time or call if you will be late.
- Respect the rights and property of all providers.

Cooperate with the People Providing Health Care

- Tell their providers about their symptoms and problems and ask questions.
- Supply information providers need to provide care.
- Understand the specific health problems and participate in developing mutually agreed-upon treatment goals as much as they are able.
- Discuss problems they may have with following their providers' directions.
- Follow plans and instructions for the care they have agreed to with their practitioners.
- Consider the outcome of refusing treatment recommended by a provider.
- Discuss grievances, concerns, and opinions in an appropriate and courteous way.
- Help their providers obtain medical records from their previous providers and help their providers complete new medical records, as necessary.
- Secure referrals from their Primary Care Physician's when specifically required before going to another health care provider unless they have a medical emergency.
- Know the correct way to take medications.
- Go to the emergency room when they have an emergency.

- Notify their Primary Care Physician's as soon as possible after they receive emergency services.
- Tell their doctor who they want to receive their health information.

Follow Family Health Choice Policies Outlined in the Member Handbook

- Provide us with proper identification during enrollment.
- Always carry their Family Health Choice ID cards and report any lost or stolen cards.
- Contact us if information on their ID cards is wrong or if there are changes to their name, address, or marital status.
- Call us and change their Primary Care Physician's before seeing the new Primary Care Physician's
- Tell us about any doctors they are currently seeing.
- Notify us if a member or family member who is enrolled in Family Health Choice has died • Report suspected fraud and abuse.

Member Agreement

Member ID:

Term:

Effective Date:

Plan Name: Family Health Plans Plan Fee:

One Time Enrollment Fee: "Refer to Plan Type"

Return Check Fee / Credit Card Return: \$30.00

Additional Membership Card for Dependents: Available online in Member Portal

Family Health Choice

Attn: Compliance Department

1806 N Flamingo Road, Ste 220, Pembroke Pines, Florida 33028

For assistance and plan information call: **954-928-9962**

For plan information, to change your mode of payment, to add family members or for any other assistance, please call the customer service number located on the back of your membership card. All documents contained herein (i.e., Terms and Conditions and Member Benefits) are attached and made a part of the Membership Agreement.

Disclosures:

- 1. This plan is not a health insurance policy.**
- 2. This plan provides discounts at certain health care providers for medical services.**
- 3. This plan does not make payments directly to the providers of medical services.**
- 4. The plan member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization.**

To terminate or cancel the member agreement please call Customer Service above or send a written cancellation notice to the Discount Medical Plan Organization at the address provided above. This agreement can be cancelled for non-payment. If the discount medical plan organization cancels a membership for any reason other than nonpayment of fees by the member, the discount medical plan organization shall make a pro rata reimbursement of all periodic charges to the member.

Cancellation Policy:

If you cancel for any reason within 30 days after the effective date, you will receive a full refund of paid membership fees, excluding the one-time application fee.

Complaint Procedure:

If you have a particular complaint, please call our customer services department at **954-928-9962** and a Member Service Representative will hear and document your complaint. A resolution response will be given to your complaint within 24 hours after we receive your complaint.

Submit a complaint via email to Family Health Choice at: cs@familyhealthchoice.com. All resolution responses will be given 5 business days after receipt of your complaint.

Welcome to Family Health Choice

Dear Member,

Welcome to the Family Health Choice Family!

You may begin to use your plan immediately but please note, that you must present your membership card and a picture ID at the time of service to verify your eligibility.

For general questions please call customer service **954-928-9962** from 9:00 am - 5:00 pm.

We encourage our new members to take a moment and familiarize yourself with this booklet and the member benefits so that you can better understand how Family Health Choice works. The more informed you are about Family Health Choice, the better you understand the Plan, the medical providers and the easier it is to take Advantage of the great benefits and exclusive discounted medical pricing. Remember your health is the most precious gift you have. Thank you for trusting Family Health Choice to protect your Family's Health.

Disclosures:

- Family Health Choice is not a health insurance policy.
- Family Health Choice provides discounts at contracted health care providers for medical services.
- Family Health Choice does not make payments directly to our providers for medical services.
- Family Health Choice members are obligated to pay for all health care costs at the time of the service but will receive a discount by providers contracted with our discount plan organization.
- Family Health Choice is located at 1806 N Flamingo Road, Ste 220, Pembroke Pines, FL 33028

Disclaimer of Liability

In consideration of the monthly payment fees to be paid to Family Health Choice by you or on your behalf, Family Health Choice agrees to arrange for the delivery of health care services in accordance with and subject to the terms of the Agreement entered between you or on your behalf, and Family Health Choice. Family Health Choice, in so arranging for the delivery of health care services and supplies, does not directly provide these services nor supply them. Rather, Independent Contractors provide these services and supplies. The health care providers listed in this directory are not employees or agents of Family Health Choice. Family Health Choice shall not be liable for any negligent act or omission committed by any of the providers listed in this directory, or any of their employees or agents who may, from time to time provide medical services to you. Family Health Choice expressly refuses any agency relationship, actual or implied, with any health care provider. Family Health Choice does not exercise any control or direction over the medical judgement or clinical decisions of any health care provider listed in this directory and does not interfere with the physician patient relationship between you and any health care provider. It is important for you to know when you enroll in Family Health Choice that the continued participation of any one doctor, hospital or other provider cannot be guaranteed. The provider directory is current and regularly updated. Occasionally, some plan providers may have been added or removed from the directory was.

To get the most up-to date information about Family Health Choice network of medical providers in your area, visit our website www.familyhealthchoice.com or call our Customer Service Department at 954-928-9962, Monday through Friday, 9:00 am to 5:00 pm. The fact that a provider is listed does not guarantee that they are still in the network or accepting new patients. The "Plan Providers" listed in this directory have agreed to provide you with your health care coverage at fixed discounted from their usual and customary pricing rate. Members are limited to only those providers that are affiliated to the Family Health Choice Network of Medical Providers. Participating physicians and other providers listed in this directory or on our website www.familyhealthchoice.com are not agents, employees, or partners of Family Health Choice or any of its subsidiaries. Family Health Choice is not a medical services provider, a medical insurance plan nor an HMO. Family Health Choice does not control nor endorse the judgement or clinical treatment recommendations made by the physicians or other providers listed in our directory, or in our website www.familyhealthchoice.com or those that you chose to select. All Family Health choice providers are independent contractors. You may go to any of our plan providers listed in the Family Health Choice directory; however, some services may require a prescription or medical treatment plan provided by a licensed medical physician. If you have been going to one plan provider, be advised that you are not required to continue going to that same provider.

Independent Providers

The Medical Provider Network is powered by Family Health Choice Providers. Please visit www.familyhealthchoice.com to find your medical provider.

The medical providers in this directory have been classified by the type of medical provider specialty. Should you need assistance locating a Medical Provider, please contact our Customer Care Department at 954-928-9962 from 9:00 am to 5:00 pm. Providers are contracted to render services at a FIXED discounted rate. All rates are clearly listed in your member portal benefits page.

If you receive medical care from a Medical Provider NOT contracted with Family Health Choice, your office visit will NOT be covered. You will not receive the negotiated discounted rate and you will have to pay the Medical Provider the full price office visit rate.

You have the right to get timely access to plan providers and to all discounts covered by the plan. Timely access means that you can get appointments and services within a reasonable period. You have the right to get full information from your providers when you go for medical care. You have the right to participate fully in decisions about your healthcare. You have the right to refuse care.

Family Health Choice does not limit its members from visiting any provider contracted by Family Health Choice. You can visit any medical provider and receive medical care without any limitation or referral. Other services such as Dental and Optical can be accessed directly by the member at any time without providing notification to your Primary Care Physician.

The provider directory is constantly changing and is therefore subject to change without notice. The Family Health Choice provider network is available online at www.familyhealthchoice.com.

1. Primary member is defined as the person who is responsible for the monthly payments for membership fees and is of legal age. The primary member, spouse, and all legal dependents listed on the enrollment application can access the services and exclusive pricing at Family Health Choice Contracted providers.
2. The participating provider may be added or removed from the respective network in which they are associated at any time. These changes are made in the best interests of our members. Updated Provider information will be made available online at www.familyhealthchoice.com
3. Companies contracted to provide benefits and services in this program are not licensed insurers, health maintenance organization (HMO), or any other underwriters of healthcare services. No portion of any provider fees will be reimbursed or otherwise paid.
4. The Exclusive Family Health Choice pricing contained herein may not be used in conjunction with any other medical plan or discount program. All listed or quoted prices are current prices from participating providers and subject to change without notice. From time to time, certain providers may offer products and /or services to the public at prices lower than the prices available through this program. In such an event, members will be charged the lowest price.
5. Savings are based upon the provider's normal fees. Actual savings will vary depending upon location and specific services or benefits.
6. This Discount Medical Plan does not warrant professional services, nor is it responsible for the quality of care provided by participating providers.

7. Thirty (30) Day Money Back Guarantee: If you cancel for any reason within the first 30 days, you will receive a full refund. Nonrefundable one-time fees will be disclosed at time of application. If you have gone to a Family Health Choice Provider, you are not eligible for a refund.
8. All applicable limitations, exclusions and exceptions of the discount medical plan benefits are listed with each benefit description.

PRIMARY CARE PHYSICIAN & SPECIALIST PROVIDER SERVICE FEES

- Primary Care Physician and Specialist Provider Benefits and Discounted Fees will be available online at www.familyhealthchoice.com

ANCILLARY PROVIDER SERVICE FEES

- Ancillary Provider Benefits and Discounted Fees will be available online at www.familyhealthchoice.com

DENTAL SERVICES FEES

- Dental Benefits and Discounted Fees will be available online at www.familyhealthchoice.com

OPTICAL SERVICES FEES

- Optical Benefits and Discounted Fees will be available online at www.familyhealthchoice.com

LABORATORY SERVICES FEES

- Laboratory Benefits and Discounted Fees will be available online at www.familyhealthchoice.com

Lab Company Name:

Address:

Address:

Phone:

Fax:

Email:

PHARMACY SERVICES FEES

- Pharmacy Benefits and Discounted Fees will be available online at www.familyhealthchoice.com

Family Health Choice allows you to save up to 80% on your prescriptions at 65,000 + participating pharmacies nationwide including most large chain stores like Walgreens, CVS, Rite-Aid as well as local neighborhood pharmacies like Navarro Discount Pharmacy, Publix Pharmacy, Costco, Walmart. In addition to discounts on your prescription drugs, you may be able to receive a discount on your over-the-counter medications such as vitamins or nasal spray.

PHARMACY DELIVERY POLICY AND PROCEDURES

- The Pharmacy Delivery Policy and Procedures is available online at www.familyhealthchoice.com

Pharmacy Name:

Phone Number:

Email:

Fax:

DELIVERY PROTOCOL

1. Confirm Member address and phone number.
2. Advise Member of the delivery charges according to the fee structure
3. Advise Member that medication must be paid via phone with a major credit card (Visa, Master Card, American Express, and Discovery).
4. Zelle payment is accepted.

DIAGNOSTIC SERVICE FEES

- Diagnostic Benefits and Discounted Fees will be available online at www.familyhealthchoice.com

MENTAL HEALTH SERVICES

- Mental Health Benefits and Discounted Fees will be available online at www.familyhealthchoice.com

How does Medical & Hospital Bill Negotiation Services work? When do I use it?

Medical & Hospital Bill Negotiation Services: A Point Health Service where Advocates work directly with a Member's Healthcare Provider(s) (e.g., hospital, doctor, facility, etc.) to help reduce the patient financial responsibility or out-of-pocket portion of their outstanding medical Bill(s) for a Related Medical Incident.

Free healthcare resources and tools are great, but they do not help much if you don't know how to use them. The FAQs below should answer your invoice negotiation questions, but if not, we would be happy to talk to you. Just contact us at 855-399-4546.

What is Medical & Hospital Bill Negotiation Services?

It is a service offered by Family Health Choice through Point Health (which is us) to help you lower your out-of-pocket medical costs.

When should I use Medical & Hospital Bill Negotiation Services?

When you have a medical bill that you'd like to keep affordable (which most medical bills are, because let's be honest, who doesn't want an affordable bill?) Ideally, you should use this service before you pay the bill.

Can you help me with any type of Medical or Hospital invoice?

While Point Health can help negotiate most bills, there are some exclusions. To be eligible for negotiation, the total invoices for a single event must equal or exceed an amount in dollars established by your plan. Contact our team to discuss how we can help you.

What do I have to do to use Medical & Hospital Bill Negotiation Services?

Just give us a call with your medical bill information and we will take it from there. We may have follow-up questions for you as we explore different ways to lower your bill, but just sit back and relax while we negotiate the bill on your behalf.

How do I contact you to reduce my Medical or Hospital bill?

Just call our medical bill negotiation representatives at 855-399-4546 or contact our request form member service at www.pointhealth.com/member-support and we will get started.

What is my cost?

Your financial responsibility is to pay the reduced medical bill for a Related Medical Incident.