



**FAMILY
HEALTH
CHOICE**

Medical Plan
Member Handbook

“Discount Plan Organization “

(954) 928-9962
www.familyhealthchoice.com

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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 due 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.
- After-hour care is rendered specific to each provider in The FHC network. Please consult with the provider rendering care.
- Get post-stabilization services following an emergency medical condition in certain circumstances.
- If member visits an out of network provider, FHC will not be paying for prepaid services. This will be the responsibility of the member.
- Be free from discrimination and receive covered services without regard to race, color, creed, gender, religion, age, national origin ancestry, marital status, sexual preference, 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 FHC employees with respect and dignity.
- Not be disruptive in the doctor's office.
- Make and keep appointments and be on time.
- Call if they need to cancel an appointment or change the appointment time or call if they 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.
- When you visit your primary care doctor, you may be referred to another healthcare provider. However, you don't need a referral from your primary care physician to see a specialist.
- Know the correct way to take medications.
- Go to the emergency room when they have an emergency.
- Call 911 if you can't drive yourself to the emergency room.
- Call 988 for the Suicide & Crisis Line.
- Notify their PCPs 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.
- 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 Portal Access Email

Hello Frank Smith,

Your Family Health Choice member portal account has been created. Use the temporary credentials below to sign in and manage your coverage.

Email:Frank.Smith@FamilyHealthChoice.com

Temporary password: Temp490310

First login: You will be asked to set a new password

[Access Member Portal](#)

For security, please change the password immediately after your first login. If you do not recognize this account, contact our support team right away.

Important: This password is temporary and valid only for the first access. You must create a personal password during the first sign-in.

Portal URL: <https://familyhealthchoice.vernier.health/>

Need help? Reach our Family Health Choice support team:

✉ support@familyhealthchoice.com

📞 954-928-9962

Welcome aboard!

Family Health Choice • This is an automated message. Please do not reply.

Enrollment Confirmation Email

Sample:

Welcome, Frank Smith!

We're excited to confirm that your enrollment application has been successfully submitted.

Your Application Code

FHC-430185

Please save this code for your records. You'll need it to check your application status.

Your Information

Name: Frank Smith

Email: Frank.Smith@FamilyHealthChoice.com

Phone: (786) 444-4444

Address: 1806 N Flamingo Rd, Davie, FL 33331

Plan Details

Plan: Discount Plan

Family Size: Family

Monthly Fee: \$35.99

Payment Method: Credit Card

What's Next?

1. Our team will review your application within 1-2 business days
2. You'll receive an email confirmation once your enrollment is approved
3. Your coverage will begin on the date specified in your plan

Questions? Contact us at:

-  Phone: 954-928-9962
-  Email: support@familyhealthchoice.com

Family Health Choice | Official Correspondence

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Welcome aboard!

Family Health Choice • This is an automated message. Please do not reply.

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.

Our Member Services Department is also available during business hours, 9:00 am - 5:00 pm, to assist you with general questions, call Member Services at **954-928-9962**. For general information and Plan Benefits you may visit our webpage at www.familyhealthchoice.com

Please log in to your member portal at <https://familyhealthchoice.vernier.health/login>

In your account you will be able to select your primary care provider. 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.

Discount plan 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 from providers contracted with our discount plan organization.
- Family Health Choice is located at 1806 N Flamingo Road, Ste 220, Pembroke Pines, FL 33028

Terms and Conditions

1. Member is defined as primary member, spouse, and all legal dependents. All legal dependents are automatically enrolled, and no additional enrollment is required unless you would like their own member identification card.
2. At any time, a participating provider may be eliminated from the respective network in which they are associated with.
3. Companies providing benefits and discounts in this program are not licensed insurer, health maintenance organization (HMO), or any other underwriter of healthcare services. No portion of any provider fees will be reimbursed or otherwise paid.
4. The discounts contained herein may not be used in conjunction with any other discount 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 general public, at prices lower than the discounted prices available through this program. In such event, members will be charged the lowest price.
5. Providers are subject to change without notice and programs may vary in some states. This is a discount membership program only, not insurance, and may be discounted or modified at any time.
6. Savings are based upon the provider's normal fees. Actual savings will vary depending upon location and specific services or products purchased.
7. This discount plan does not warrant professional services, nor is it responsible for the quality of care received. This program makes no warranties expressed or implied concerning services or care provided by participating providers.
8. Companies providing benefits and discounts in this program are not licensed to provide and do not provide medical services or items to individuals. Providers contracted by each network associate with this program are solely responsible for the professional advice and treatment rendered to members and each company disclaims any liability with respect to such matters.
9. 30-Day Money Back Guarantee: If you cancel for any reason within 30 days, you will receive a full refund. Non-refundable one-time fees will be disclosed at time of application.
10. All applicable limitations, exclusion and exceptions of the discount plan benefits are listed with each benefit description.

Subscriber Complaint Procedure

Family Health Choice has adopted an internal grievance procedure for the equitable resolution of complaints that arise from our subscribers. The Subscriber Complaint Procedure (SCP) includes complaints that are provider in nature (Provider Grievance Procedure), for which the Family Health Choice has established a more specific complaint or grievance process.

Purpose

The purpose of this policy is to protect our Subscribers and to establish a process for the resolution of Grievances. Family Health Choice encourages open communication between our members, our staff and our providers of healthcare services. Effective communications: combined with patient education are keys to the avoidance of complaints.

Procedures

To assess a situation that has resulted in a Subscriber Grievance the details will be submitted using Family Health Choice grievance report form. The reporting person will sign and date the form and will forward to Family Health Choice supervisor. Upon receipt of a Grievance the information will be date stamped and numbered accordingly and kept in a separate, secure, identifiable location. All related materials will also be kept in this file.

Upon receipt of a Grievance Family Health Choice will undertake prescribed steps to establish lines of communication with all involved parties and begin the process of inquiry into the matter. Family Health Choice will employ methods of inquiry including telephone interviews, electronic communications by e-mail or FAX, request, and review of records. Throughout the sequential process of review, inquiry, findings, and recommendations Family Health Choice will adhere to timeline for completion within 2 business days from receipt of members Complaint excluding national observed holidays.

The Member Services Coordinator (MSC) will be first point of contact for Grievances, if the presenting issues involved are primarily Provider in nature, the Grievance will be referred to the Network Medical Quality Manager. Family Health Choice Executive Director will be consulted throughout the process. A phone call, letter of inquiry, or both will notify the healthcare provider (if this is the case) that a Grievance has been filed naming their facility. The healthcare provider will be advised that they must respond within ten working days from receipt of the Grievance notification. If a satisfactory solution cannot be mediated between the patient and provider as a first remedy, the Family Health Choice will intervene by making recommendations and could require a monitored corrective plan of action to be undertaken by healthcare provider.

When review of the Grievance is concluded the person reporting the matter and the healthcare provider involved in the Grievance will be sent letters explaining the Family Health Choice findings. If the Subscriber or Subscriber designee is dissatisfied with Family Health Choice recommendations, a series of referrals will be triggered as follows: Family Health Choice Grievance Committee, the Family Health Choice Medical Review Board, and Family Health Choice Board of Directors, as a last referral the Office of Insurance Regulation.

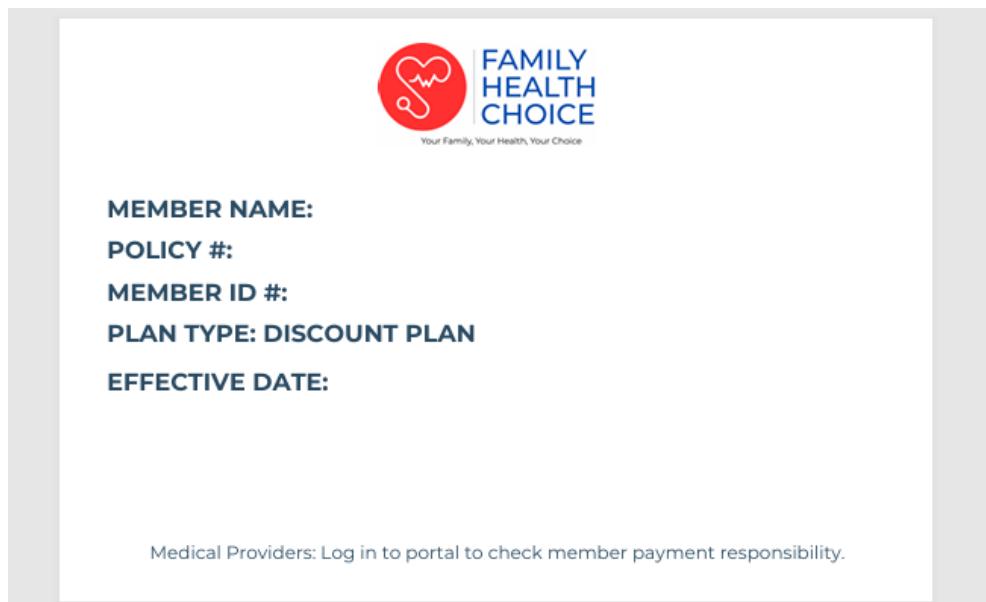
The Network staff, Grievance Committee and Boards may decline, after consultation with OIR, to review a situation for which legal action is pending. However, Florida residents should contact the Florida Department of Financial Services Division of Consumer Services if they are not satisfied with the Family Health Choice resolution of their complaint.

FLDS contact us web page is at <https://www.myfloridacfo.com/Division/Consumers/contactus.htm>.

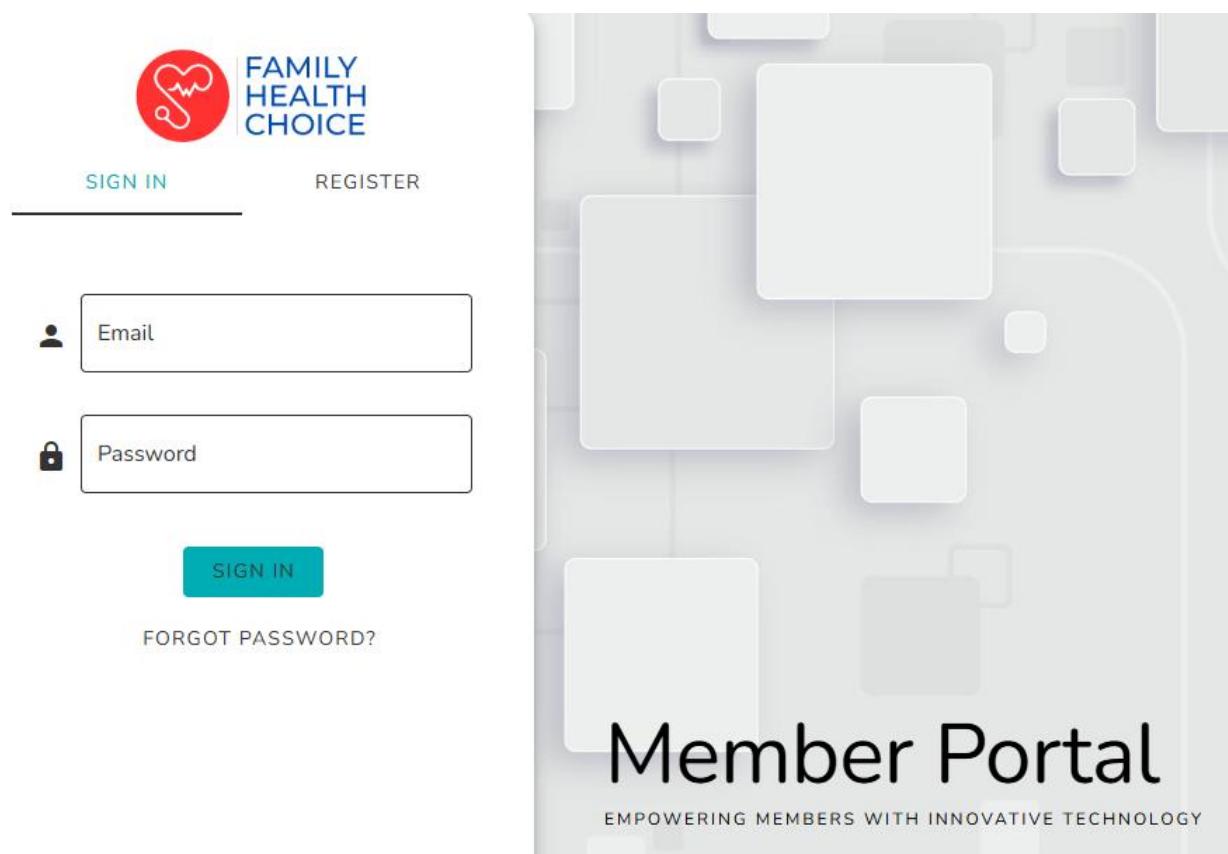
How to use your Membership Card

1. Read the enclosed description for each benefit.
2. Always keep your membership card with you so it will be easily accessible to present at provider locations. You must present your membership card at the time of service to receive a discount.
3. Remember all your legal dependents have their own membership card. All Membership Cards for the entire family is available online in the Member Portal at www.familyhealthchoice.com
4. To locate participating providers in your area, check our website. For provider locations, call the appropriate number on the back of your card or visit: www.familyhealthchoice.com
5. Payment must be made at time of service.
6. If you have any questions on how to use your membership, call our Member Service Department at the toll-free number listed on your card for prompt, friendly service.
7. Our offices are open Monday through Friday from 9:00 am to 5:00 pm.

SAMPLE ID CARD



Sample Member Portal View



Forgot Password

Please enter your email address.

[CANCEL](#) [SEND RESET EMAIL](#)

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 rates. 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 Family Health Choice Provider listed in the Provider Network Directory located in our webpage www.familyhealthchoice.com

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.

“Received Discount range between 10% to 50% at a Family Health Choice Network Provider.”

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

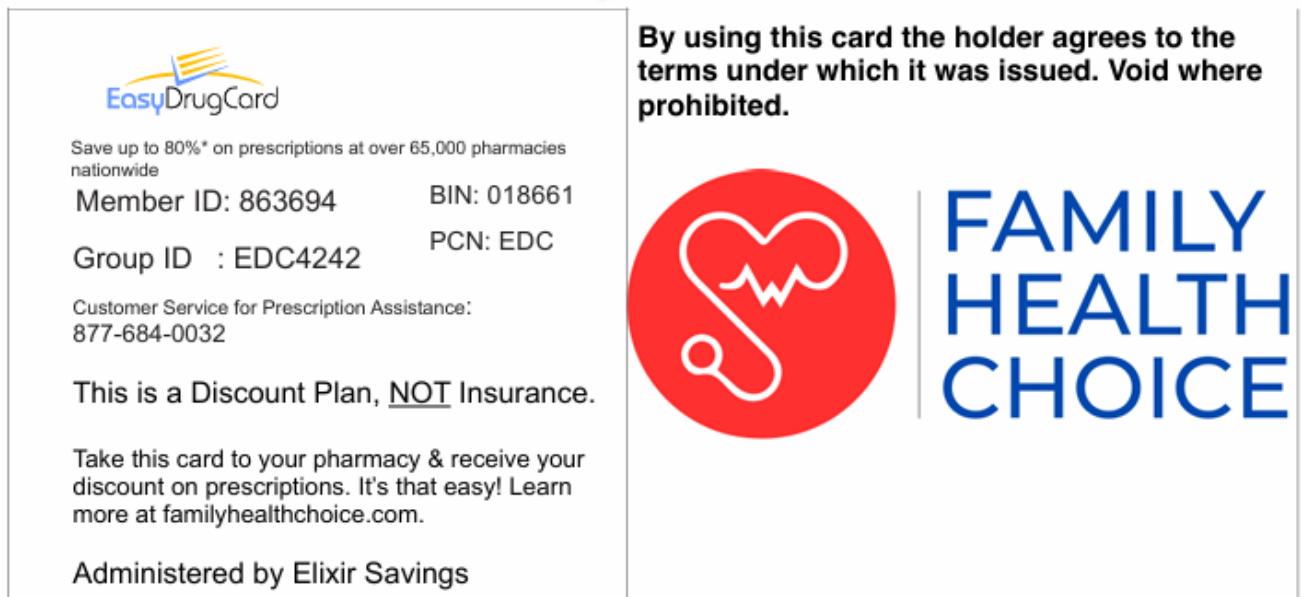
PHARMACY SERVICES FEES

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

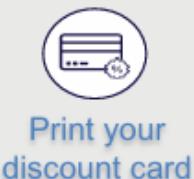


Prescription Drug Discount Card Offered by Family Health Choice.

Ready to use!



HOW IT WORKS



Print your
discount card



Take to your
pharmacy



Present card &
receive discount

Operates like a coupon, Ready to Use!

This plan is designed to benefit both the uninsured and insured cardholders by providing the best price for your prescriptions. To ensure you receive the best price, simply present your Easy Drug Card to the pharmacist at the point of your purchase.

How to use this card: This card is pre-activated and ready to use. Simply present this card at over 65,000+ pharmacies nationwide. Valid for the entire family. Use it like a coupon. It never expires.

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

BENEFITS DETAIL

- View Plan Benefits and Rates are online in your Member Portal.
- You can contact our Member Service Department by calling 954-928-9962 to inquire about a participating provider in your area.
- You must show your Family Health Choice ID-Card to the Provider at time of service to receive Plan Benefits.
- The Provider may contact Family Health Choice to verify your participation with Family Health Choice to verify Plan Benefits.

MEMBER ASSISTANCE

Contact the Member Service Department for assistance at 954-928-9962.

How does Medical & Hospital Bill Negotiation Services work?

Medical & Hospital Bill Negotiation Services:

GetAdvocacy is a healthcare patient advocate that works 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 855-527-3360.

What is Medical & Hospital Bill Negotiation Services?

It is a service offered by Family Health Choice through GetAdvocacy (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 GetAdvocacy 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 855-527-3360 or contact our request form member service at www.getadvocacy.com/contact and we will get started.

What is my cost?

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