



**FAMILY
HEALTH
CHOICE**

Your Family, Your Health, Your Choice

Health Plan Member Handbook

“Prepaid Health Clinic “

(954) 928-9962
www.familyhealthchoice.com

Table of Contents

Contents

Member Right and Responsibilities	3
Privacy	3
Take Part in Decisions Regarding Their Health Care.....	3
Grievances, Disputes and Fair Hearings.....	3
Family Health Choice Information.....	3
Medical Care	3
Respect Their Health Care Providers	4
Cooperate with the People Providing Health Care	4
Follow Family Health Choice Policies Outlined in the Member Handbook	4
Disclaimer of Liability	5
Terms and Conditions	6
Enrollment Confirmation Email	7
Member Portal Access Email	8
Welcome to Family Health Choice	9
Grievance Procedure	10
How To Use Your Membership Card	12
Independent Providers	14
How does Medical & Hospital Bill Negotiation Services work?	19

Member Right 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 is 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.
- Call us and change their Primary Care Physician before seeing the new Primary Care Physician.
- 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.

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. This directory is current as of date of publication. Some plan providers may have been added or removed from this list after this directory was printed.

To get the most up-to date information about Family Health Choice providers in your area, you can visit 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 prepaid arrangement and a fixed discounted rate for non-prepaid services. Members are limited to only those providers that are affiliated to the Family Health Choice Network of 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 nor 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.

Terms and Conditions

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. Participating Provider's 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 Participating Provider information will be made available online at www.familyhealthchoice.com
3. The Health Plan contracted to provide prepaid benefits and other 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 Family Health Choice prepaid benefits and pricing contained herein may not be used in conjunction with any other Health Plan or discount program. All listed or quoted prices are current prices from participating providers and subject to change without notice.
5. Providers are subject to change without notice and programs may vary in some states. This is a prepaid health clinic program, not insurance, and may be modified at any time.
6. Prepaid services are based on Plan Benefits.
7. This prepaid program does not warrant professional services, nor is it responsible for the quality of care received. This prepaid program makes no warranties expressed or implied concerning services or care provided by participating providers.
8. The Health Plan providing prepaid plan benefits and discounts in this program is not licensed to provide and do not provide medical services or items to individuals. Providers contracted by the Health Plan associated 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. The Subscriber can cancel the prepaid benefit plan with 30 days' cancellation notice in writing.
10. All applicable limitations, exclusion and exceptions of the Prepaid Health Clinic benefits are listed with each Membership Agreement.

Enrollment Confirmation Email

Sample:

Welcome, Frank Smith!

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

Your Application Code

FHC-430184

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: PHC Plan Plus
Family Size: Family
Monthly Fee: \$137.90
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

This is an automated message. Please do not reply to this email.

Member Portal Access Email

Sample:

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.

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.

Prepaid Health Clinic Disclosures:

- Family Health Choice. is a Florida licensed Prepaid Health Clinic (PHC). FHC pays for services rendered at participating providers.
- Members will pay a minimal copayment when receiving PHC healthcare services.
- Preventive panels at no cost to members, plan benefits are available based upon eligibility.
- Family Health Choice is located at 1806 N Flamingo Road, Ste 220, Pembroke Pines, FL 33028

Grievance Procedure

Complaint / Grievance Procedure:

Family Health Choice (FHC) has a grievance and appeal procedure which complies with applicable state and federal law ("The Grievance Procedure"). We will try to resolve any problems you may encounter over the telephone, but sometimes, additional steps are necessary. In these cases, we have a Grievance Procedure available that provides channels for you, or a provider acting on your behalf, to voice your concerns and have them reviewed and addressed at several levels within the Plan.

The Grievance Procedure includes informal as well as formal grievance steps. A grievance is not considered formal until a written request for grievance review or a completed FHC "Grievance/Appeal Form" requesting formal action is received by FHC's Grievance & Appeal Administrator. This form is also available for you in your member portal for quick access. You have one year from the date of the event/occurrence upon which the complaint is based to file a verbal or written request for grievance review.

LEVEL 1 - INFORMAL GRIEVANCE OR COMPLAINT

If you have a complaint, please discuss your concern with our Customer Service Department by calling 954-928-9962 or visiting Family Health Choice during normal working hours. In accordance with Section 641.47 (5) F.S., a complaint is any expression of dissatisfaction by a Subscriber, including dissatisfaction with the administration, claims practices, or provision of services, which relates to the quality of care provided by a provider pursuant to FHC's contract and which is submitted to FHC or to a state agency. Every attempt will be made to resolve your concern during your initial phone call or visit.

If you are not satisfied with our response, you have the right to file a formal written grievance. In accordance with Section 641.47 (10) F.S., a grievance is a written complaint submitted by or on the behalf of a Member or provider to the plan or the agency regarding the: availability, coverage for the delivery, or quality of health care services, including a complaint regarding an adverse determination made pursuant to utilization review; claims payment, handling, or reimbursement for health care services; or matters pertaining to the contractual relationship between a Member or provider and the plan or agency.

You may write us a letter specifically requesting a grievance review. Ask our Customer Service Department to provide you with a Family Health Choice "Formal Grievance / Appeal Form".

LEVEL 2 - FORMAL GRIEVANCE

If you disagree with the outcome of the Level - 1 review of an informal grievance, FHC provides members with an optional Level - 2 Formal Grievance process. Level - 2 grievances may be submitted in writing, as long as it is received by FHC within 30 days of your receipt of the Level - 1 determination. You may also file your formal grievance with the Florida Agency for Health Care Administration or the Florida Department of Financial Services. Please be sure to include all additional information and copies of pertinent documentation such as your medical records.

If your grievance is due to an adverse determination and denied, you also have the right to request a Level - 2 formal grievance within 30 days of the determination. An adverse determination is a determination by us that an admission, availability of care, continued stay, or other health care service was reviewed and, based upon the information provided, is not a covered benefit under your plan. Coverage for the requested service is therefore denied, reduced or terminated.

All formal grievances will be acknowledged by FHC within five (5) business days of receipt. You will receive written notification from FHC of the grievance outcome once a determination has been made, or within thirty (30) business days from the date of receipt. If your grievance involves activities which occurred outside the service area or requires the collection of information from outside the service area, FHC shall have an additional fifteen (15) days in addition to each of the response / notice periods set forth above, to process your grievance.

If you disagree with our Level - 2 determination, you may request either verbally or in writing a review by the FHC Grievance Review Panel ("the Panel"). For adverse determinations, the majority of the Panel will be persons who have the appropriate expertise, and who were not involved in the initial adverse determination. A person who was previously involved in the adverse determination may appear before the Panel to present information or answer questions. Each party related to the grievance has the right to appear in person to present arguments. The Panel will issue a final decision to the Subscriber, and provider if any, who files on behalf of the Subscriber, within thirty (30) business days of a request for a Panel review. All grievances will

be finalized within sixty (60) days of receipt of the formal grievance, unless additional time is needed to collect information outside the FHC service area.

EXPEDITED (URGENT) GRIEVANCE REVIEW

In all cases where the standard 30-day grievance review time frame would jeopardize your life, health, or ability to regain maximum function, you, your legal representative, or physician authorized to act on your behalf (who is directly involved in your treatment or diagnosis) may file a request for an expedited (urgent) grievance review. You may request this review either verbally or in writing by contacting FHC as specified above. This process only applies to a pre-service or concurrent, and not retrospective, denial. For example, this does not apply to a request for payment of services already rendered but denied, other claims review, or reimbursement. If the expedited review process does not resolve a difference of opinion between FHC and the Member or the provider acting on behalf of the Member, the Member or provider may submit a written grievance to the Subscriber Assistance Program.

FHC will, after review and validation of your request, expedite the grievance procedure, and render a determination within seventy-two (72) hours of receipt of your request. This review will be conducted by appropriate clinical peers who were not involved in the initial determination within twenty-four (24) hours after receiving a request for an expedited appeal. We will decide within seventy-two (72) hours and notify you of our decision. Any verbal notice will be followed with written notice within two (2) working days.

LEVEL 3 - STATE APPEALS

If you do not accept the decision of the Panel, you have the right to appeal to the Florida Agency for Health Care Administration (AHCA) or the Department of Financial Services (FDFS) within one (1) year from the date of receipt of our decision. If you appeal FHC's decision, your grievance will be reviewed by the Subscriber Assistance Program. You also have the right to contact AHCA or DFS at any time to inform them of an unresolved grievance.

The Subscriber Assistance Program will not hear a grievance if the Member has not completed the entire FHC Grievance process, nor if the Member has instituted an action pending in the state or federal court.

OTHER AGENCIES

Pursuant to Florida law, FHC may not provide information to you concerning the outcome of quality-of-care complaints. If you need further assistance, you may contact:

The Florida Agency for Health Care Administration and the Subscriber Assistance Program
2727 Mahan Drive, Mail Stop 26
Tallahassee, Florida 32308
Telephones 1-888-419-3456 and
1-850-921-5458

The Florida Department of Financial Services
Division of Consumer Services
200 East Gaines Street
Tallahassee, Florida 32399
Telephone 1-800-342-2762

You may also submit a complaint in writing to:
Family Health Choice, Inc.
1806 North Flamingo Road, Suite 220
Pembroke Pines, Florida 33028
ATTN: Customer Service / Complaints
Phone: (954) 928-9962
Email: cs@familyhealthchoice.com

All resolution responses will be given 5 business days after receipt of your complaint.

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



Member Name: Test1 Test

Member Co-payment

Policy #: PC0000000036

Prepaid primary Care and Specialist

Member ID: PC0000000036

Assigned Primary Care Physician: \$15

Plan: Health Plan

Assigned Specialist: \$30

Plan Type: PHC Dual Plus

All Other Specialist and Ancillary

Effective Date: 5/4/2025

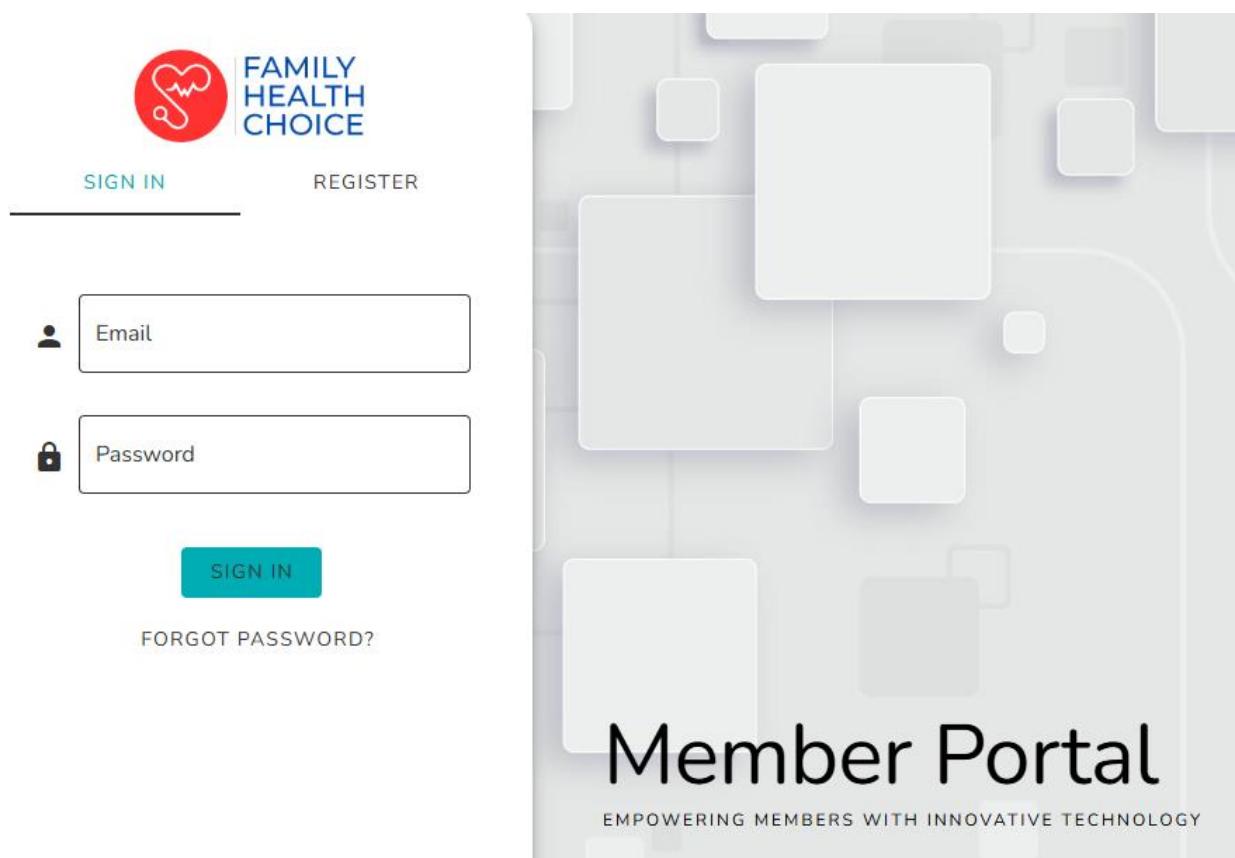
Providers:

Office Visit vary by Specialty.

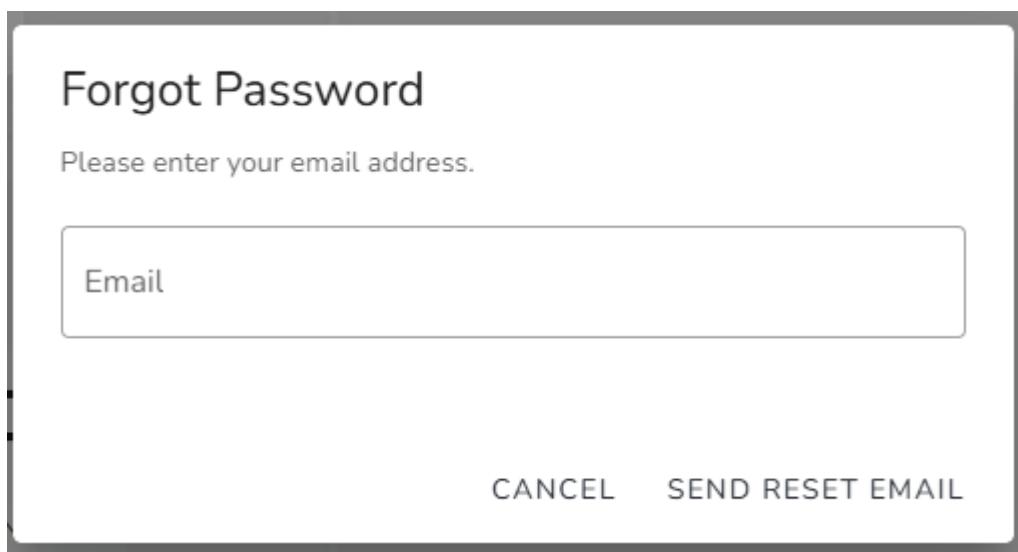
Medical Providers: Log in to portal to check member payment responsibility.



Sample Member Portal View



The image shows a sample view of a member portal. On the left, there is a sign-in form for 'FAMILY HEALTH CHOICE'. The form includes fields for 'Email' and 'Password', and a 'SIGN IN' button. Below the form is a 'FORGOT PASSWORD?' link. On the right, there is a blurred image of the member portal interface with the text 'Member Portal' and 'EMPOWERING MEMBERS WITH INNOVATIVE TECHNOLOGY'.



The image shows a 'Forgot Password' dialog box. It contains a text field for 'Email' and buttons for 'CANCEL' and 'SEND RESET EMAIL'.

Independent Providers

The Medical Provider Network is powered by Family Health Choice, Inc. 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, 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 services covered by your Plan Benefits. 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. Our providers don't require prior authorizations. 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.

PROVIDER SERVICE FEES

- Prepaid Benefits are 100% covered with co-payment and receive additional Provider Discounts Ranging between 10% to 50% "discount" on services rendered.

PRIMARY CARE PHYSICIAN & SPECIALIST PROVIDER SERVICE FEES

Member Co-Payments:

Prepaid Assigned PCP: \$15

Prepaid Assigned Specialist: \$30

*This Co-Payment only applies to a member who selected a Capitated PCP or Specialist.

All Other Medical Provider Office visits vary from \$30-\$100 depending on specialty.

- To find our specific pricing per specialty type please check your provider portal online www.familyhealthchoice.com

ANCILLARY PROVIDER SERVICE FEES

- Ancillary Provider Benefits and Provider Fees are available online at www.familyhealthchoice.com

MENTAL HEALTH SERVICES

- Mental Health Benefits and Provider Fees are available online at www.familyhealthchoice.com

DENTAL SERVICES FEES

➤ Dental Benefits and Provider Fees are available online at www.familyhealthchoice.com

OPTICAL SERVICES FEES

➤ Optical Benefits and Provider Fees are available online at www.familyhealthchoice.com
Examples of the most common services :

<u>Service</u>	<u>Price</u>
<u>Complete Eye Exam</u>	\$40.00
<u>Glasses</u>	\$40.00
<u>Single Vision cr-39 Lense</u>	\$40.00
<u>Single Vision polycarbonate lense</u>	\$60.00
<u>Bifocal cr-39 lense</u>	\$75.00
<u>Bifocal polycarbonate Lense</u>	\$90.00
<u>Progressive cr-39</u>	\$99.00

LABORATORY SERVICES FEES

Here is a sample of the most common prescribed lab tests. Please visit your member portal for a full list of laboratory services and pricing.

<u>Lab Test Names</u>	<u>Price</u>
<u>Complete Blood Count (CBC)</u>	\$5.00
<u>Complete Blood Count (CBC) W DIF</u>	\$3.90
<u>Basic Metabolic Panel (BMP)</u>	\$8.00
<u>Comprehensive Metabolic Panel (CMP)</u>	\$7.20
<u>Lipid Panel</u>	\$10.00
<u>Urinalysis (UA)</u>	\$4.00
<u>Hemoglobin A1C</u>	\$9.00
<u>Glucose Serum (Fasting or random)</u>	\$4.00
<u>Prostate-Specific Antigen (PSA)</u>	
PSA Free & Total:	\$20.00
PSA Free:	\$10.00
PSA Total:	\$10.00
PSA Screen:	\$10.00
<u>Pap smear</u>	\$15.00

DIAGNOSTIC SERVICE FEES

Here is a sample of the most common diagnostic imaging prices.

<u>Diagnostic Test Names</u>	<u>Price</u>
<u>Electrocardiogram (EKG)</u>	\$5.00
<u>X-Rays: Single Views</u>	\$20.00
<u>X-Rays: Two Views</u>	\$25.00
<u>MRI w/Contrast</u>	\$300.00
<u>MRI with out Contrast</u>	\$300.00
<u>Digital Mammography</u>	\$50.00
<u>3D Mammography</u>	\$130.00
<u>Ultrasounds</u>	\$40-\$45
<u>CT Scan</u>	\$200.00

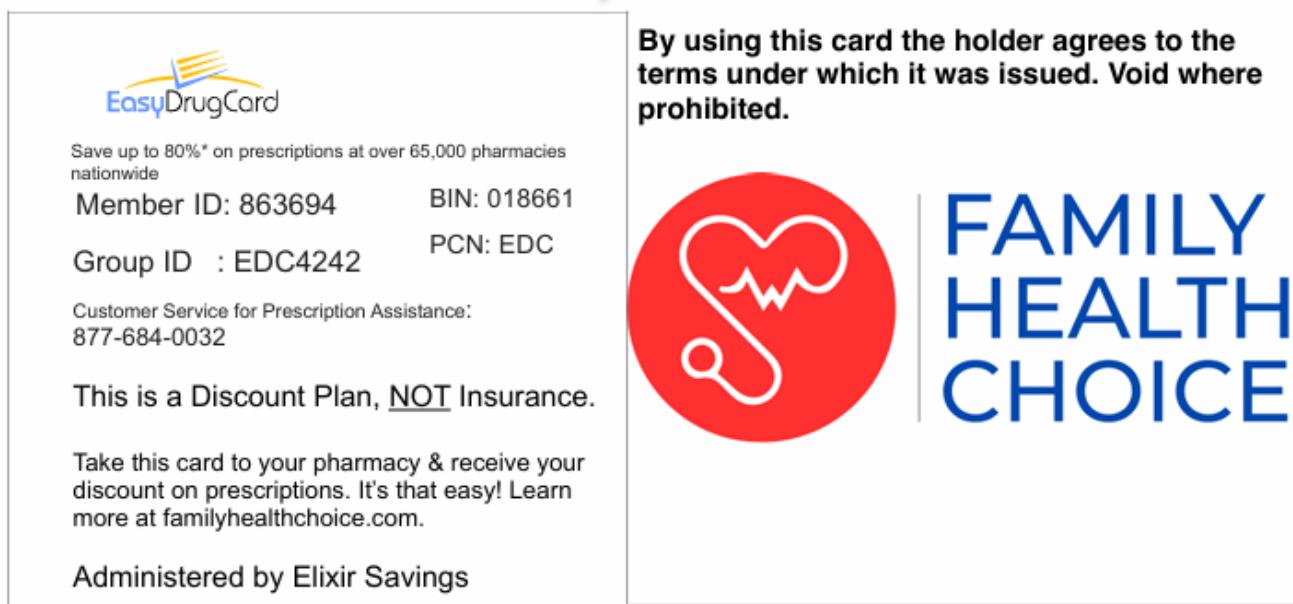
PHARMACY SERVICES FEES

- Pharmacy Benefits are available in your member portal under member resources at www.familyhealthchoice.com

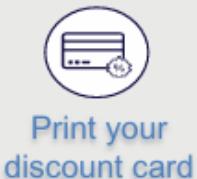


Prescription Drug Discount Card Offered by Family Health Choice.

Ready to use!



HOW IT WORKS



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.

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.

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.