



HELPFUL HINTS

- Become familiar with your medical plan and refer to the Premier EPO Health Plan Description often to help you make the best choices.
- Premier EPO Health Plan Description, Employee Handbook, Physician Directories, Pharmacy Benefits and the Pharmacy Formulary are available on our web site, www.myvhn.com. Click “For Members”, “Benefits” and “Halifax Health”.
- Present your current Volusia Health Network identification card to your providers (medical and dental) so that they use your correct subscriber number for billing purposes.
- Check the provider directory online to make sure your physician is in the local network so that you will only be responsible for appropriate co-pays for your office visit. If you have any questions regarding providers, please call our Provider Relations department at 386.425.4846, option 3.
- If you choose to see providers that are not in the local or extended networks, you will be responsible for 100% of billed charges. **There is no coverage for services rendered at out-of-network providers.**
- The co-pays for Lab tests and X-rays are more cost-efficient if performed at Halifax Medical Center and Twin Lakes Imaging Center than at your physician’s office. Ask your physician for a prescription for those tests, and have them done at Halifax or Twin Lakes.
- If your physician is using a lab other than those that are in-network, the physician is required to present you with an Advance Beneficiary Notice of Non-Coverage (ABN). This form will show the estimated cost of the test(s) and give you the option to either have the procedure done, understanding that you are responsible for 100% of the charges, or not to have the procedure done. A sample of this notice is located in your Employee Medical and Dental Benefits Handbook.
- Members who live (or vacation) outside the Central Florida area must use providers that participate in the MultiPlan Network. For assistance finding a participating provider, you may access their web site at www.multiplan.com. At the home page, click “Search for a Doctor or Facility”. On the next page, “Identify your Network Logo”, under “Back of Card”, select “PHCS”. Choose provider type (doctor or facility), then complete the remainder of the information. You may also call our Provider Relations Department at 386.425.4846, option 3. There is no coverage for charges incurred for providers that are not in the MultiPlan Network (unless deemed a medical emergency – see definition on earlier page). Members will be responsible for 100% of billed charges for using providers not in the MultiPlan Network.
- If your physician is prescribing a new medication for you, check the prescription formulary (list of covered medications) on our web site to see if the medication is covered. If that drug is not on the list, ask your physician to prescribe one that is. Remember there is no coverage for non-formulary medications.
- Remember to check whether your procedure needs to be pre-certified so that you don’t incur a penalty.
- You can check the status of your claims on our web site. Click on “Claims Look-up” and then “New Member Registration” to enroll in the claims portal service.
- “Like” Volusia Health Network on Facebook for helpful suggestions and regular updates on new providers joining our network. You can “like” us right from the home page of our web site.



You can always call Volusia Health Network at 386.425.4846 with any questions you may have. Our staff is happy to assist you.

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