



## FAMIS or FAMIS *Select*: Which one is Right for your Family?

On your FAMIS application, you indicated that you have access to an employer insurance plan. FAMIS *Select* can pay you \$100 per child per month up to the full premium amount if you decide to enroll your child in another insurance plan.

### FAMIS

### FAMIS *Select*

#### How will my child receive health care services?

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| <ul style="list-style-type: none"> <li>√ Your child will receive health care services through FAMIS and the FAMIS network of providers - the doctors, dentists, clinics, hospitals and other health care providers that accept FAMIS.</li> </ul> | <ul style="list-style-type: none"> <li>√ Your child will receive health care services through your employer-sponsored health plan and go to the doctors, dentists, clinics, hospitals and other health care providers who accept that insurance plan.</li> </ul> |
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*Note: If you are not sure if your health care provider accepts FAMIS or the other insurance policy, you should call their office and ask if they accept FAMIS.*

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| <ul style="list-style-type: none"> <li>√ In FAMIS, your child will be covered for health care services such as: medical, dental, vision, drugs, well-child check-ups, hospitalizations, lab &amp; X-rays, and much more.</li> </ul> | <ul style="list-style-type: none"> <li>√ Your child will be covered for all services provided under the employer health plan you choose. Be sure you know what the plan covers and think about what your child needs. FAMIS <i>Select</i> will cover immunizations, if your health plan does not.</li> </ul> |
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#### How much will we have to pay?

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| <ul style="list-style-type: none"> <li>√ You will pay no deductibles, co-insurance or monthly premiums for FAMIS but you will pay \$2.00 or \$5.00 co-payments for most services. There are no co-payments for well-child visits and other preventive health care services.</li> </ul> | <ul style="list-style-type: none"> <li>√ You will pay any deductible, co-insurance or co-payments required by your health plan. You will also pay a monthly premium but you will receive \$100.00 for each FAMIS <i>Select</i> enrolled child each month up to the total cost of the family premium.</li> </ul> |
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#### Who will be covered by the health insurance?

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| <ul style="list-style-type: none"> <li>√ FAMIS only covers eligible children under the age of 19.</li> </ul> | <ul style="list-style-type: none"> <li>√ FAMIS <i>Select</i> may help you afford health insurance for your child(ren) who are under the age of 19 and your whole family.</li> </ul> |
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Turn this page over to find out more.

### What if I change my mind?

- √ If you decide to cancel FAMIS *Select* and want your child covered by FAMIS - just let us know. There is no waiting period to return to FAMIS. However, you cannot have your child covered by FAMIS and receive a FAMIS *Select* premium assistance payment for the same period of time.
- √ Insurance plans have different rules about when you can join and when you can cancel coverage. Be sure you know when and how you could drop your child's employer health plan coverage if you decided to return him/her to FAMIS.

Below is a worksheet to help determine the amount you might pay for health insurance each month and the amount of assistance you will receive from FAMIS *Select*. Complete the worksheet below:

A. Your cost each month to cover your family or child in the employer's policy  
(Your monthly dental, vision, and health insurance premium payment) = \$ \_\_\_\_\_

B. Number of Children enrolled in FAMIS = \_\_\_\_\_ X \$100.00 = \_\_\_\_\_

C. Subtract line B from line A

\_\_\_\_\_ A

- \_\_\_\_\_ B

= \_\_\_\_\_ Amount you will have to pay for health insurance each month after the FAMIS *Select* premium assistance payment.

**If line B is larger than line A, FAMIS *Select* will pay the total of line A, but no higher.**

### Your Decision?

1. If your choice is FAMIS and your child is already enrolled - do nothing and you will receive information about the FAMIS health insurance program, or
2. If your choice is FAMIS *Select*, the next steps are:  
Enroll your child/children in the other insurance plan and send proof of payment (paystub if employer plans) along with the FAMIS *Select* applications.

To apply or for more information, contact FAMIS *Select* at:

FAMIS *Select* Unit

Virginia Department of Medical Assistance

600 East Broad Street

Richmond, VA 23219

1-888-802-KIDS (1-888-802-5437)

For general questions email: [FAMIS.select@dmas.virginia.gov](mailto:FAMIS.select@dmas.virginia.gov)