



## Annual Notification Disaffiliation Rights

Dear Beneficiary:

We would like to thank you for your continued enrollment in First Medical Health Plan, Inc. In First Medical Health Plan, Inc., we are committed to offering quality service to beneficiaries of the Vital Plan. As part of this commitment, we would like to provide important information about your disenrollment rights.

As a Vital Plan beneficiary, you have the right to request disenrollment for any reason every twelve (12) months. You can also request to disenroll from the Vital Plan outside of these periods under the following circumstances:

- You move outside of Puerto Rico;
- First Medical Health Plan, Inc., does not cover the health service you seek due to moral or religious objections.
- You require necessary services that are not available as part of the General Network and the Primary Care Physician or another provider in the Preferred Network has determined that receiving the necessary services separately will result in a risk to your health.
- Other reasons, including but not limited to poor quality of care, lack of access to covered services or lack of experienced providers in dealing with your healthcare needs.

If you wish to request disenrollment, you must submit a verbal or written request to the Puerto Rico Health Insurance Administration or to First Medical Health Plan, Inc. Remember that if you request a disenrollment, it means that you will no longer have access to services under First Medical Health Plan, Inc.

We appreciate the opportunity to manage your health care needs through First Medical Health Plan, Inc., for the Vital Plan.

If you have any other questions, please contact our Customer Services Department at 1-844-347-7800, Monday through Friday from 7:00 a.m. to 7:00 p.m. TTY/TDD users should call 1-844-347-7805. You can also, visit our Service Offices, Monday through Friday from 8:00 a.m. to 5:00 p.m. or access our webpage at [www.firstmedicalvital.com](http://www.firstmedicalvital.com).

Cordially,

Enrollment Department  
First Medical Health Plan, Inc.



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Approved: 02/25/2026

The Customer Service Department offers language and sign language interpreter services free of charge. This includes, service alternate formats such as; Braille, enlarged print and translation into other languages, verbal or written, among others. If you need plan information in another format or language, please contact our Customer Service Department Monday through Friday from 7:00 a.m. to 7:00 p.m. at 1-844-347-7800. Hearing impaired users TTY/TDD should call 1-844-347-7805, toll-free.

*El Departamento de Servicio al Cliente ofrece servicios de intérprete de idiomas y Lenguaje de Señas libre de costo. Esto incluye, servicio de formatos alternos tales como; Braille, letra agrandada y traducción a otros idiomas, verbal o escrito, entre otros. Si usted necesita información del plan en otro formato o lenguaje por favor comuníquese con nuestro Departamento de Servicio al Cliente de lunes a viernes de 7:00 a.m. a 7:00 p.m. al 1-844-347-7800. Usuarios audio-impedidos TTY/TDD deben llamar al 1-844-347-7805, libre de cargos.*

客户服务部门提供免费的语言翻译和手语服务。这包括替代格式服务，如盲文、大字体以及其他语言的口头或书面翻译等。如果您需要以其他格式或语言获取计划信息，请在周一至周五的早上7点到晚上7点之间拨打1-844-347-7800 我们的客户服务部门联系。听障用户 TTY/TDD 可拨打1-844-347-7805,免费。

First Medical *cumple con las leyes federales aplicables de derechos civiles y no discrimina en base a raza, color, origen de nacionalidad, edad, discapacidad, o sexo.* First Medical *complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.* First Medical 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。