

MEMBER RIGHTS AND RESPONSIBILITIES

We are committed to:

1. Recognizing and respecting you as a Member.
2. Encouraging open discussions between you, your Physician and other Medical Practitioners.
3. Providing information to help you become an informed healthcare consumer.
4. Providing access to Covered Services and our Network Providers.
5. Sharing our expectations of you as a Member.
6. Providing coverage regardless of age, ethnicity, race , religion, gender, sexual orientation, national origin, physical or mental disability, and/or expected health or genetic status.

You have the right to:

1. Participate with your Physician and Medical Practitioners in decisions about your healthcare. This includes working on any treatment plans and making care decisions. You should know any possible risks, problems related to recovery, and the likelihood of success. You shall not have any treatment without consent freely given by you or your legally authorized surrogate decision-maker. You will be informed of your care options.
2. Know who is approving and performing the procedures or treatment. All likely treatment and the nature of the problem should be explained clearly.
3. Receive the benefits for which you have coverage.
4. Be treated with respect and dignity.
5. Privacy of your personal health information, consistent with state and federal laws, and our policies.
6. Receive information or make recommendations, including changes, about our organization and services, our Network of Physicians and Medical Practitioners, your rights and responsibilities and our policies.
7. Candidly discuss with your Physician and Medical Practitioners appropriate and Medically Necessary care for your condition, including new uses of technology, regardless of cost or benefit coverage. This includes information from your Primary Care Provider about what might be wrong (to the level known), treatment and any known likely results. Your Primary Care Provider can tell you about treatments that may or may not be covered by the plan, regardless of the cost. You have a right to know about any costs you will need to pay. This should be told to you in words you can understand. When it is not appropriate to give you information for medical reasons, the information can be given to a legally authorized person. Your Physician will ask for your approval for treatment unless there is an emergency and your life and health are in serious danger.
8. Voice Complaints or Grievances about our organization, any benefit or coverage decisions we (or our designated administrators) make, your coverage, or care provided.
9. Refuse treatment for any condition, illness or disease without jeopardizing future treatment, and be informed by your Physician(s) of the medical consequences.
10. See your medical records.
11. Be kept informed of covered and non-covered services, program changes, how to access services, Primary Care Provider assignment, Providers, advance directive information, Authorizations, benefit denials, Member rights and responsibilities, and our other rules and guidelines. We will notify you at least 30 days before the Effective Date of the modifications. Such notices shall include a statement of the effect of such changes on the personal liability of the Member for the cost of any such changes.
12. A current list of Network Providers.
13. Select another health plan or switch health plans, within the guidelines of law, without any threats or harassment.
14. Adequate access to qualified Physicians and Medical Practitioners and treatment or services

regardless of age, race, sex, sexual orientation, family structure, geographic location, health condition, national origin or religion.

15. Access Medically Necessary urgent and Emergency Services 24 hours a day and seven days a week.
16. Receive information in a different format in compliance with the Americans with Disabilities Act, if you have a disability.
17. Refuse treatment to the extent the law allows. You are responsible for your actions if treatment is refused or if the Primary Care Provider's instructions are not followed. You should discuss all concerns about treatment with your Primary Care Provider. Your Primary Care Provider can discuss different treatment plans with you, if there is more than one plan that may help you. You will make the final decision.
18. Select your Primary Care Provider within the Network. You also have the right to change your Primary Care Provider or request information on Network Providers close to your home or work.
19. Know the name and job title of people giving you care. You also have the right to know which Physician is your Primary Care Provider.
20. An interpreter, available by phone, if you do not speak or understand English.
21. A second opinion by a Network Provider, if you want more information about your treatment or would like to explore additional treatment options.
22. Make an Advance Directive for healthcare decisions. This includes planning treatment before you need it.
23. Advance Directives are forms you can complete to protect your rights for medical care. It can help your Primary Care Provider and other Providers understand your wishes about your health. Advance Directives will not take away your right to make your own decisions and will work only when you are unable to speak for yourself. Examples of Advance Directives include:
 - a. Living Will
 - b. Healthcare Power of Attorney
 - c. "Do Not Resuscitate" Orders

Members also have the right to refuse to make Advance Directives. You should not be discriminated against for not having an Advance Directive.

You have the responsibility to:

1. Read this entire Contract.
2. Treat all healthcare professionals and staff with courtesy and respect.
3. Give accurate and complete information about present conditions, past illnesses, hospitalizations, medications, and other matters about your health. You should make it known whether you clearly understand your care and what is expected of you. You need to ask questions of your Physician until you understand the care you are receiving.
4. Review and understand the information you receive about us. You need to know the proper use of Covered Services.
5. Show your I.D. card and keep scheduled appointments with your Physician, and call the Physician's office during office hours whenever possible if you have a delay or cancellation.
6. Know the name of your assigned Primary Care Provider. You may change your Primary Care Provider verbally or in writing by contacting our Member Services Department.
7. Read and understand to the best of your ability all materials concerning your health benefits or ask for help if you need it.
8. Understand your health problems and participate, along with your healthcare professionals and Physicians in developing mutually agreed upon treatment goals to the degree possible.
9. Supply, to the extent possible, information that we and/or your healthcare professionals and Physicians need in order to provide care.

10. Follow the treatment plans and instructions for care that you have agreed on with your healthcare professionals and Physician.
11. Tell your healthcare professional and Physician if you do not understand your treatment plan or what is expected of you. You should work with your Provider to develop treatment goals. If you do not follow the treatment plan, you have the right to be advised of the likely results of your decision.
12. Follow all health benefit plan guidelines, provisions, policies and procedures.
13. Use any emergency room only when you think you have a medical emergency. For all other care, you should call your Primary Care Provider or access an Urgent Care Center.
14. When you enroll in this coverage, give all information about any other medical coverage you have. If, at any time, you get other medical coverage besides this coverage, you must tell the entity with which you enrolled.
15. Pay your monthly premiums on time and pay all Deductible Amounts, Copayment Amounts, or Cost-Sharing percentages at the time of service.
16. Receive all of your healthcare services and supplies from Network Providers, except as specifically stated in this Contract.
17. Inform the entity in which you enrolled for this Contract if you have any changes to your name, address or family members covered under this Contract within 60 days from the date of the event.