



# Member Rights and Responsibilities

*— We are Your Partner for Health —*

We regard our relationship with you as a vital partnership and want to play a role in improving your health and wellbeing. Understanding your rights and responsibilities will help you to get the most out of your plan and be your healthiest self.

## Member Rights

- You have the right to detailed information about the organization and your Plan. This may include information about Benefits and services that are covered under or excluded from the Plan, and all requirements that must be followed for Prior Approval.
- You have a right to information about your Out-of-Pocket Costs, and an explanation of your financial responsibility for services provided to you.
- You have a right to be treated in a manner that respects your privacy and dignity. We will follow applicable laws and our policies when we handle your information.
- You have a right to participate with your Providers in making decisions about your health care.
- You have a right to voice complaints or file Appeals with the Plan, and to contact regulatory bodies about the Plan.
- You have a right to make recommendations regarding the Plan's Member Rights and Responsibilities policies.
- You have a right to receive appropriate assistance from Health Options in a prompt, courteous, and responsible manner.
- You have a right to be promptly informed of termination or changes in Benefits, services or Network Providers.
- You have a right to receive an explanation of why a Benefit is denied; the opportunity to Appeal the denial decision; the right to a second level of Appeal with the Plan; and the right to contact the Maine Bureau of Insurance.
- You have a right to adequate access to Providers near your home or work within the Plan's service area.
- You have a right to receive detailed information about which services require Prior Approval and how to request Prior Approval.
- You have a right to have access to a current list of Plan Providers in the Plan's network.
- You have a right to a candid discussion of appropriate or medically necessary treatment options for their conditions regardless of cost or benefit coverage.
- You have a right to have a Member Representative help you follow your responsibilities and exercise your rights under the Plan.

For more detailed information about our health plans or to review our Member Benefit Agreement and Schedule of Benefits, Provider Directory, Prescription Formulary, or Privacy Notice, please visit our website at [HealthOptions.org](http://HealthOptions.org). If you do not have access to computer or internet services, please call (855) 624-6463. A Member Services Associate will be happy to provide you with printed copies and answer any questions you may have.

Community Health Options complies with applicable Federal civil rights law and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (855) 624-6463 (TTY/TDD: 711)

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (855) 624-6463 (TTY/TDD: 711)



# Member Rights and Responsibilities

CONTINUED

*– Take an active role in your health and healthcare –*

## Member Responsibilities

As a Member of the Plan, you MUST:

- Provide honest and complete information to the Plan and to your Providers
- Notify the Plan of any errors or omissions in your account upon discovery in a timely manner.
- Choose a Network Primary Care Provider (PCP) for yourself and any Dependents.
- Present your Member identification card before you receive care or, in emergency situations, after you receive care.
- Pay your applicable Deductible, Coinsurance and Copayment amounts.
- Make Premium payments on time and to understand the premium payment grace periods, even if you have made arrangements with a third party to make such payments.
- Inform the Plan of any changes in family size, address, phone number, or Member eligibility status in a timely manner.
- Notify the Plan if you have any other insurance coverage.

As a Member of the Plan, we strongly suggest that you also:

- Read and understand the information that you receive about your Plan.
- Know how to properly access coverage and utilize your Plan.
- Understand your health problems and participate in developing treatment goals that you agree to with your Providers.
- See your Primary Care Provider or an appropriate Specialist at least once per year, if you have a chronic medical condition, so s/he can evaluate your condition and provide updates to your treatment plan as needed.
- Express your opinions, concerns or complaints in a constructive way to the Plan or to your Provider.
- Follow plans and instructions for care that you have agreed to with your Provider.
- Transition to Medicare or Medicaid plans when you are eligible for coverage under these plans.