

# Member Rights and Responsibilities

## As a member of Chorus Community Health Plans you have the right to:

- Ask for an interpreter and have one provided to you during any covered service.
- Receive the information provided in your member handbook in another language or another format.
- Receive health care services as provided for by federal and state law (All covered services must be available and accessible to you. When medically appropriate, services must be available 24 hours a day, seven days a week.)
- Receive information about treatment options including the right to request a second opinion regardless of the cost or benefit coverage.
- Participate with practitioners in making decisions about your health care regardless of the cost or benefit coverage.
- Be treated with dignity and respect — you have a right to privacy regarding your health.
- Be free from any form of restraint or seclusion used as a means of force, control, ease or reprisal.
- Receive information about Chorus Community Health Plans, its services, practitioners and providers and member rights and responsibilities.
- Voice complaints or appeals with Chorus Community Health Plans or the care it provides.
- Make recommendations regarding Chorus Community Health Plans member rights and responsibilities policy.
- A candid discussion of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.

## You have the responsibility to:

- **Read your Evidence of Coverage** – Read and understand to the best of your ability all materials concerning your health benefits and ask for help if you need it.
- **Be enrolled and pay required contributions** – Benefits are available to you only if you are enrolled for coverage under the Evidence of Coverage Contract. Your enrollment options, and the corresponding dates that coverage begins are listed in the Evidence of Coverage.
- **Be aware the Evidence of Coverage does not pay for all health services** – Your right to benefits is limited to medically necessary covered services. The extent of this contract's payments for those covered services

and any obligation that you may have to pay for a portion of the cost of these covered services is set forth in the Schedule of Benefits.

- **Choose your practitioner** – It is your responsibility to select the health care professionals who will deliver care to you. We arrange for practitioners and other health care professionals and facilities to participate in a network. Our credentialing process confirms public information about the professionals' and facilities' licenses and other credentials, but does not assure the quality of their services. These professionals and facilities are independent practitioners and entities that are solely responsible for the care they deliver.
- **Participate in your own health care** – Decisions are between you and your practitioner. Talk to your doctor about what he or she needs to know to treat you. Talk to your doctor about what he or she needs to know to treat you and supply information (to the extent possible) that our organization needs in order to provide care. You have the responsibility to understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible. Follow the treatment plan agreed upon by you and your doctor.
- **Pay your share** – You must pay an annual deductible, copayment and/or coinsurance for most covered services. These payments are due at the time of service or when billed by the network provider. Deductible, copayment and coinsurance amounts are listed in the Schedule of Benefits. You may also be required to pay the difference between the actual charge and the maximum allowed amount plus any deductible and/or coinsurance/copayments.
- **Pay the cost of excluded services** – You must pay the cost of all excluded services and items. Review the Evidence of Coverage's Exclusions section to become familiar with our exclusions.
- **Show Your identification card** – You should show your identification card (ID) every time you request health services. If you do not show Your ID card, the provider may fail to bill the correct for the services delivered, and any resulting delay may mean that you will be unable to receive benefits.