

## **As a member of Clarion Health (HMO), you have these rights:**

1. Be treated with respect and not be discriminated against based on race, ethnicity, national origin, disability, religion, gender, or age.
2. Receive information about the organization, its covered services and benefits, its practitioners and providers, and member rights and responsibilities.
3. Be provided information in a way that works for you (in languages other than English, in Braille, in large print, or in other alternate formats, etc.).
4. Receive timely access to network providers and prescription drugs, including emergency care services, 24 hours a day, seven days a week.
5. Have your personal health information protected, in recognition of your dignity and right to privacy.
6. Know all your treatment options and participate fully with your practitioners in discussions and decisions about your health care, having candid discussions about appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
7. Refuse any treatment recommended to you by any provider.
8. File a complaint, ask for a coverage decision, or ask us to reconsider decisions we have made.
9. Get help if you believe you are being treated unfairly or your rights have not been respected.

## **As a member of Clarion Health (HMO), you have these responsibilities:**

1. Tell your doctor and other health care providers that you are enrolled in our plan.
2. Get familiar with your covered services and the rules you must follow to get these covered services.
3. Supply all necessary and accessible information to Clarion Health, and its network of practitioners and providers so that they can give you thorough and comprehensive care.
4. Follow plans and instructions for care that you have agreed to with your practitioners.
5. Tell us if you have any other insurance coverage or prescription drug coverage in addition to our plan.
6. Be considerate. We expect all our members to respect the rights of other patients.
7. Pay what you owe. Pay what you are responsible for paying, your co-pays, co-insurance, and premiums,

8. Tell us if you move. If you move outside the plan's service area, you cannot remain a member of our plan.
9. Understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.
10. Practice preventive care by having the appropriate tests and immunizations and engaging in healthy lifestyle choices (e.g., exercise, diet).

**For more information about your rights and responsibilities, please see your *Evidence of Coverage, Chapter 8, Your rights and responsibilities.***

