



MEMBER RIGHTS AND RESPONSIBILITIES AMENDMENT

Preferred Care encourages Members to know and exercise their rights and responsibilities. This part briefly outlines what Members can expect from Preferred Care and what we expect from our Members.

A. Your Rights:

- 1. To have reasonable and timely access to Medically Necessary health care services and access to your medical records.** That's one reason why, if your Certificate/Contract so requires you must select a Primary Care Physician (PCP) through whom all your care is coordinated—someone who is on call for 24 hours a day, 365 days of the year. All Preferred Care PCPs provide on-call access.

Members also have the right to their medical records. If you would like to access these documents, please check with your physician's office. They will be able to provide you with these records. If you require copies of these records, please be aware some offices charge a fee.

- 2. To be treated with dignity and courtesy.** As your partner in health care, we recognize and respect your right to be treated with dignity. That's a reason why Preferred Care is consistently ranked among the best HMOs in the country for member satisfaction.
- 3. To be assured of confidentiality and privacy in medical records and information.** We respect your right to privacy. There may be times when we will need information from your medical records to administer your benefits. As a member, you and your dependents consent to our use of your personal health information for treatment, payment and health care operations purposes. We will not disclose your personally identifiable health information without your expressed consent unless we are required to do so by federal or state law or regulation. There may be times you would like us to release personal information or discuss your information with another person. We will do this only if you have signed an "Authorization to Disclose Information" form directing us to do so. An "Authorization to Disclose Information" form can be obtained at our website www.preferredcare.org or by calling the Member Services Department.
- 4. To be informed about personal health in terms you can understand and to participate in decisions about your health care. To have a candid discussion of appropriate or Medically Necessary treatment options for your condition, regardless of cost or benefit coverage.** Your provider is required to discuss, in terms you will understand, all treatment options, even those we do not cover. You have the right to receive information necessary for you to be able to give informed consent prior to the start of any procedure or treatment. The information will be made available to an appropriate person acting on your behalf, should you not be able to receive the information. You also have the right to request a second opinion before undergoing any non-emergency treatment or procedure. No information should be withheld from you that could have any bearing on your decision about the treatment you receive. You may refuse treatment to the extent permitted by law, and have the right to be informed of the medical consequences should you choose that option.
- 5. To have access to information about Preferred Care's physicians/providers and the ability to change to another physician.** Your working relationship with your Primary Care Physician is very important. Your PCP is the first one you will call when you need medical care and will be responsible for coordinating all of your care. If, for any reason, you decide you would like to change your PCP, you are free to do so. The Member Services Department will be

able to provide you with a current list of Participating Physicians as well as other information (office locations, titles, hospital affiliations, etc.) you may need to select a new PCP. We ask that you notify us 30 days before seeing your new PCP, however, we may waive this time frame due to extenuating circumstances.

- 6. To have access to an established complaint and dispute system.** You have a right to file a formal complaint. If you wish to appeal a previous decision associated with a denial of services or benefits, you have the right to access our dispute process. The timing of the dispute process is adjusted to reflect the urgency of the issue. Normally, complaints and disputes are investigated and responded to, in writing, within 30 calendar days of receipt by us. Details of the complete complaint and dispute process can be found in your Member Handbook and are also available by request from the Member Services Department.

- 7. To formulate advance directives regarding your care and to designate a Health Care Proxy.** "Advance directives" refer to documents in which you may wish to spell out, in detail, the nature of the care you wish to receive in case, for whatever reason, you are unable to communicate those wishes to your doctor at the time (e.g. a coma). Advance directives can be made out and given to your doctor at any time. They may also be revoked at any time, simply by having your doctor remove them from your file and destroy them.

You may select a Health Care Proxy who can make decisions for you if you are unable to make decisions for yourself. These decisions can include termination or withholding of life support systems, artificial nutrition and hydration. The proxy document may include special instructions, limits of authority, and an expiration date and may provide for the appointment of an alternative representative. Health Care Proxy designations can be made out and given to your doctor at any time. They may also be revoked at any time, simply by having your doctor remove them from your file and destroy them.

Preferred Care will support the health care proxy decisions of its Members by facilitating the Member's wish to change physicians when philosophical disagreements arise between them and their physician. Also, to arrange to transfer the Member to another facility if philosophical disagreements arise between the Member and the facility.

- 8. To receive information about Preferred Care and its services, including your rights and responsibilities as a Member and your right to make recommendations regarding Preferred Care's Rights and Responsibilities policies.** It's important that you know as much as you can about your benefits, how to access care, and how to use health care services wisely. That's why, when you enroll, you receive a Member Handbook in addition to this Certificate/Contract. Our member newsletter contains information on healthy lifestyles and benefits. Throughout the year, you may receive mailings to update you on recent changes or to reinforce your rights and responsibilities as a Preferred Care Member. You can request copies of these documents or any additional information about Preferred Care by calling the Member Services Department.

- 9. To receive information about our Quality Plan and programs.**

Ensuring you are satisfied with Preferred Care and our network of providers is part of our quality plan. You may request more information about Preferred Care's Quality Improvement initiatives, programs, and a report of the organization's progress in meeting its goals by calling Member Services Monday through Friday, 7am – 8pm Eastern Time at (585) 327-2480 or (800) 665-7924. TTY users may call (585) 325-2629 or (800) 252-2452.

B. Your Responsibilities

- 1. To become informed about Preferred Care, the benefits provided and procedures for receiving health care services.** It's important for you to become familiar with your Preferred Care Certificate/Contract. In addition to this Certificate/Contract, the Preferred Care Health Plan Member Handbook and our member newsletter also contain information on your benefits and how to obtain services under Preferred Care. You are responsible for reading the Certificate/Contract, Member Handbook, and any other information you receive from Preferred Care. If after reading these documents you have any questions, you should call the Member Services Department.
- 2. To be on time for and to keep all scheduled appointments or to notify the physician when unable to keep an appointment.** Keep scheduled appointments with your health care professional. If you anticipate being late, you should call the physician's office. If you won't be able to keep your appointment, you should give the physician's office at least 24 hours notice. Remember, you may be billed for appointments you fail to keep. Preferred Care will not pay for cancelled appointments.
- 3. To provide, to the extent possible, information that Preferred Care, its providers, and professional staff need to care for you.** It's important that you give your doctor an honest assessment of your current symptoms, effects of medication, or results of treatment. You should always provide your medical history and any relevant medical records, including x-rays or other diagnostic tests.
- 4. To understand your health problems and to participate in developing mutually agreed upon treatment goals with your provider. To follow the treatment plans and instructions that you have agreed on with your provider.** Your physician will recommend a course of treatment designed to improve your health. If that treatment plan includes medications, you should take them; if rest, you should do so. You are encouraged to maintain a healthy lifestyle. We sponsor programs and courses on preventive care through our *HealthDollars* program, and our newsletter is also filled with easy-to-understand features about how to maintain and improve your health.
- 5. To treat all personnel with courtesy and dignity.** We all tend to respond favorably, and give and receive better service, when we are treated with respect. It is your right to expect courtesy, and your responsibility to act with courtesy free from abusive or profane language or actions toward your PCP, the provider's staff, and Preferred Care staff.
- 6. To pay all associated Copayments and deductibles at time of service or as determined by the plan.** When your visit requires a Copayment, you should pay the health care professional when you receive the medical services. Preferred Care is billed directly for the remaining charges. If you receive Out-of-Plan Services, you may be asked to pay the entire bill at the time of service. You may forward an itemized bill with proof of payment to Preferred Care. Reimbursement from Preferred Care will be determined by your coverage for Out of Plan Services as outlined in your Certificate/Contract. Complete instructions on submitting a claim to Preferred Care can be found in your Certificate/Contract.

PREFERRED CARE



President