



Saint Mary's
Health Plans



Member Rights & Responsibilities

You have a RIGHT to:

- **Access and receive quality, timely medical care and drugs covered under your plan.** This includes a right to:
 - Participate in decisions about your health care, including the right to know your treatment options and give instructions about what is to be done if you are not able to make medical decisions for yourself.
 - Know the benefits, risks, outcomes, and options of medical care and prescriptions you may receive.
 - Know what to do to have the best outcomes for your health after you leave the hospital or doctor office.
 - Receive an explanation and your appeal rights if you are denied coverage for care.
 - Have your claims paid correctly and promptly.
- **Information.** This includes a right to:
 - Receive clear, accurate information in a way that works for you (in languages other than English, in large print, or other alternate formats).
 - Receive current information about contracted providers, pharmacies, and benefit coverage including:
 - What services that are covered and not covered
 - Why something is not covered and what you can do about it
 - Any costs that you will be responsible to pay
 - Any restrictions or limitations to your coverage
 - The rules you must follow to get the most from your ATRIO benefits.
 - Access or make corrections to your medical records.
 - Get information from ATRIO Health Plans and your providers in a way you can understand.
 - Have information about our health plan – for example, how ATRIO Health Plans decides what services are covered, how your doctors are paid, how our plan compares to other Medicare Advantage health plans.
 - Receive a prompt reply when you ask the plan questions or request information.
 - Obtain a copy of your rights and responsibilities as a member and recommend changes to its content.
- **Make decisions.** This includes a right to:
 - Change providers.
 - Be involved in decisions that relate to your health and the kind of care you do or do not want through discussions with your health care provider or through written advance directives.
 - Refuse care.
 - Make end-of-life care decisions.

- **Confidentiality, privacy, and security.** This includes a right to:
 - Tell us who you would like us to share your protected health information with (if anyone).
 - Expect ATRIO Health Plans and our contracted providers to take measures to keep your health information private and protect your health care records.
 - Access ATRIO’s HIPAA Privacy Notice
- **Be heard and be treated with fairness, respect, and equality.** This includes a right to:
 - Question a decision we make (appeal) or express a concern about ATRIO Health Plans (grievance) and receive a response within the timeline required by law.
 - Voice your opinions and suggest ways the plan can improve.
 - Exercise your rights and receive care and services without fear that you’ll be discriminated against, receive a penalty, or be treated poorly in any way for doing so.
 - Obtain a copy of ATRIO’s non-discrimination notice.
- **Give someone the legal authority to make health care decisions for you.** This person can then exercise your member rights on your behalf.
- **End your membership in the plan during specific time periods or in certain situations.** For information about this, refer to the chapter called “Ending your membership in the plan” in your Evidence of Coverage document.

You have a RESPONSIBILITY to:

- **Get familiar with your covered services and the rules you must follow to get these covered services.** Read your Evidence of Coverage booklet to learn what is covered for you and the rules you need to follow to get your covered
- **If you have any other health insurance coverage or prescription drug coverage in addition to our plan, you are required to tell us.** Please call Customer Service to let us know. Having other coverage in addition to Medicare coverage is called “**coordination of benefits**” because it involves coordinating the health and drug benefits you get from our plan with any other health and drug benefits available to you.
- **Tell your doctor and other health care providers that you are enrolled in our plan.**
- **Help your doctors and other providers help you by giving them information, asking questions, and following through on your care.**
 - Make sure your doctors know all of the drugs you are taking, including over-the-counter drugs, vitamins, and supplements.
 - If you have any questions, be sure to ask. Your doctors and other health care providers are supposed to explain things in a way you can understand. If you ask a question and you don’t understand the answer you are given, ask again.
- **Be considerate.** We expect all our members to respect the rights of other patients. We also expect you to act in a way that helps the smooth running of your doctor’s office, hospitals, and other offices.
- **Pay what you owe.**

- As a plan member, you are responsible for these paying any Medicare Part A and Medicare Part B premiums.
- Some plan members may also have a premium for their health plan that must be paid monthly.
- For most of your medical services or drugs covered by the plan, you must pay your share of the cost when you get the service or drug. This will be a copayment (a fixed amount) or coinsurance (a percentage of the total cost).
- **Tell us if you move.** If you are going to move, it's important to tell us right away.
 - **If you move *outside* of our plan service area, you cannot remain a member of our plan.**
 - **If you move *within* our service area, we still need to know** so we can keep your membership record up to date and know how to contact you.
 - If you move, it is also important to tell Social Security (or the Railroad Retirement Board).
- **Call Customer Service for help if you have questions or concerns.** We also welcome any suggestions you may have for improving our plan.

For more information about your member rights under Medicare, please visit www.medicare.gov/claims-appeals/your-medicare-rights or read the chapter “Your rights and responsibilities” in your Evidence of Coverage.

To contact Customer Service, call 1-877-672-8620 (TTY 711) daily from 8 a.m. to 8 p.m. local time.