

## **MEMBER RIGHTS AND RESPONSIBILITIES**

### **As a member of Coventry Health Care of Nebraska, Inc. you have the right to:**

- Receive information about the Health Plan, its services, practitioners and your rights and responsibilities.
- Be treated in a manner reflecting respect for your privacy and dignity as a person.
- Not be discriminated against because of age, disability, race, color, religion, sex, or national origin.
- Receive from your providers, an explanation of your complete medical condition, recommended treatment, risk of treatment, expected results and reasonable medical treatment alternatives. The information should be provided in terms and a language you understand.
- Participate with providers in the decision making process regarding your health care and treatment decisions.
- Receive sufficient information to enable you to give informed consent before the initiation of any procedure and/or treatment.
- Refuse treatment to the extent permitted by law and to be made aware of the potential medical consequences of such action.
- Expect that all communications and records pertaining to your health care will be treated as confidential, and that no such records will be released without your authorization. Confidentiality, privacy and security of your medical records and other information as well as the right to access your medical records will be in accordance with Federal and State laws. Your signature on the enrollment form authorizes any provider who provides services to you or your family dependants to release to the Plan any information or medical records related to those services.
- Select your own personal physician from among health plan participating primary care physicians, as appropriate, and to expect that physician to provide quality care, and to arrange for and coordinate all care you receive.
- Reasonable access to necessary medical services.
- Express a complaint regarding the health plan or the care provided to you, and to expect an answer within a reasonable period.
- Call the health plan whenever you have a question about the Plan or your benefits.

### **As a member of Coventry Health Care of Nebraska, Inc. you have the responsibility to:**

- Review all membership and benefit materials carefully and to follow the guidelines pertaining to your specific plan. Obtain prior authorization for certain services, if required by your benefit plan. You are subject to all of the terms, conditions, limitations and exclusions of your benefit plan, as described by your membership and benefit documents.
- Always seek care through your Family Physician, if applicable.
- If applicable to your benefit plan, request reassignment if you wish to change your primary care physician.
- Obtain services from In-network providers, if required by the terms of your benefit plan. Before receiving services from a specialist, hospital, or other provider, verify network status. Charges from Non-participating providers are your responsibility.
- Always identify yourself as a Coventry Health Care member when calling for an appointment and obtaining health care services, and present your health plan identification card when obtaining services.