

Member Rights and Responsibilities

OUR PLAN MUST HONOR YOUR RIGHTS AS A MEMBER OF THE PLAN

We must provide information in a way that works for you (in languages other than English, in braille, in large print, or other alternate formats, etc.)

Imperial Insurance Companies, Inc., (the “plan”) has people and free interpreter services available to answer questions from disabled and non-English speaking members. We can also give you information in braille, in large print, or other alternate formats at no cost if you need it. We are required to give you information about the plan’s benefits in a format that is accessible and appropriate for you. To get information from us in a way that works for you, please call Member Services at 1-800-595-0619, TTY 711

November 1 – January 15: Monday – Sunday 6:00 a.m. – 8:00 p.m. PST

January 16 – October 31: Monday – Friday 6:00 a.m. – 8:00 p.m. PST

These rights and responsibilities are for all members, regardless of race, sex, culture, economic, educational, or religious background.

If you have any trouble getting information from our plan in a format that is accessible and appropriate for you, please call to file a grievance with Member Services at 1-800-595-0619, TTY 711. You may also file a complaint directly with the Office for Civil Rights. Contact information is included in your Evidence of Coverage.

We must ensure that you get timely access to your covered services and drugs

As a member of our plan, you have the right to choose a primary care provider (PCP) in the plan’s network to provide and arrange for your covered services. Call Member Services at 1-800-595-0619 to learn which doctors are accepting new patients. You also have the right to go to a women’s health specialist (such as a gynecologist) without a referral.

As a plan member, you have the right to get appointments and covered services from the plan’s network of providers *within a reasonable amount of time*. This includes the right to get timely services from specialists when you need that care. You also have the right to get your prescriptions filled or refilled at any of our network pharmacies without long delays.

If you think that you are not getting your medical care or Prescription drugs within a reasonable amount of time, call 1-800-595-0619, TTY 711, and discuss your options. If we have denied coverage for your medical care or drugs and you do not agree with our decision, your Evidence of Coverage tells what you can do.

We must protect the privacy of your personal health information

Federal and state laws protect the privacy of your medical records and personal health information. We protect your personal health information as required by these laws.

- Your “personal health information” includes the personal information you gave us when you enrolled in this plan as well as your medical records and other medical and health information.
- The laws that protect your privacy give you rights related to getting information and controlling how your health information is used.

Imperial is a “Covered Entity” under HIPAA

A “covered entity” is defined in 45 CFR 160.103 as:

1. A health plan;
2. A health care clearinghouse; or
3. A health care provider who transmits any health information in electronic form in connection with a transaction for which the Secretary of HHS has adopted standards under HIPAA (45 CFR Part 162).

Examples of covered entities include:

- Imperial
- Hospital organizations that transmit patient information electronically for billing purposes;
- Physician practices, clinics, and groups that use electronic medical records or engage in online prescription ordering; and health insurers that maintain online policyholder portals
- Pharmacies
- Some laboratory companies also would be considered covered entities if they electronically bill for their services or engage in other electronic transactions for which HHS has adopted standards.

A “non-covered” entity is an individual, business, or agency that is NOT a health care provider that conducts certain transactions in electronic form, NOT a health care clearinghouse, and NOT Imperial.

Examples of non-covered HIPAA entities:

- Fitbit
- Olive AI
- Zus Health
- Vim

How do we protect the privacy of your health information?

- We make sure that unauthorized people do not see or change your records.
- In most situations, if we give your health information to anyone who isn't providing your care or paying for your care, *we are required to get written permission from you first*. Written permission can be given by you or by someone you have given legal power to make decisions for you.
- There are certain exceptions that do not require us to get your written permission first. These exceptions are allowed or required by law.
 - For example, we are required to release health information to government agencies that are checking on quality of care.
 - Because you are a member of our plan through the individual marketplace- health care exchange, we are required to give CMS or state regulators your health information if requested. If state regulators or CMS release your information for research or other uses, this will be done according to Federal or state statutes and regulations.

You can see the information in your records and know how it has been shared with others

You have the right to look at your medical records held at the plan, and to get a copy of your records. We are allowed to charge you a fee for making copies. You also have the right to ask us to make additions or corrections to your medical records. If you ask us to do this, we will work with your healthcare provider to decide whether the changes should be made.

You have the right to know how your health information has been shared with others for any purposes that are not routine.

If you have questions or concerns about the privacy of your personal health information, please call Member Services at 1-800-595-0619, TTY 711.

- **HIPAA protects your health information when it is held by Imperial.** However, it is also important to protect health information that you control. If you store health information on your personal computer or mobile device, exchange emails about it, or participate in health-related online communities, here are a few things you should know:
- While the HIPAA Privacy and Security Rules are in place to protect and secure your health information when it is held by Imperial and your doctor or hospital, those laws do not apply if you share your health information with an organization that is not covered by HIPAA. For example, if you post that information online yourself — such as on a message board about a health condition, it is not protected by HIPAA. **Never post anything online that you do not want to make public.**
- Imperial and your doctor use tools to protect and secure your health information at their offices. You can do the same at home. If you have health information stored on your home computer or mobile device — or if you discuss your health information over email —

simple tools like passwords can help keep your health information secure if your computer is lost or stolen.

- There are medical identity thieves that could try to use your personal and health insurance information to get medical treatment, prescription drugs, or surgery. The best way to protect yourself against this possibility is to make sure you verify the source before sharing your personal or medical information. Safeguard your medical and health insurance information and shred any insurance forms, prescriptions, or physician statements. For more information about medical identity theft, visit the [Federal Trade Commission \(FTC\)](https://reportfraud.ftc.gov/#/) website to learn how to protect yourself at <https://reportfraud.ftc.gov/#/>.
- If you store your health information online, you should be sure to read the website's privacy policy and terms of service. For practical additional tips to help you protect and secure your health information online, visit: [OnGuardOnline.gov](https://www.onguardonline.gov/).

How can I file a complaint?

If you believe your information was used or shared in a way that is not allowed under the HIPAA Rules, or if you were not able to exercise your rights, you can file a complaint with Imperial or your provider. The notice of privacy practices you receive from us will tell you how to file a complaint. You can also file a complaint with the U.S. Department of Health and Human Services (HHS) [Office for Civil Rights](https://www.hhs.gov/office-for-civil-rights/) or your State's Attorneys General Office.

If you believe that an online company that is not covered by HIPAA, such as a message board, has shared your health information in a way that conflicts with their privacy policy on their website, you can file a complaint with the [Federal Trade Commission](https://www.ftc.gov/) at: [OnGuardOnline.gov](https://www.onguardonline.gov/).

We must give you information about the plan, its network of providers, and your covered services

As a member of the plan you have the right to get several kinds of information from us. You have the right to get information from us in a way that works for you. This includes getting the information in languages other than English and in large print or other alternate formats.

If you want any of the following kinds of information, please call Member Services at 1-800-595-0619, TTY 711.

- **Information about our plan.** This includes, for example, information about the plan's financial condition. It also includes information about the number of appeals made by members.
- **Information about our network providers including our network pharmacies.**
 - For example, you have the right to get information from us about the qualifications of the providers and pharmacies in our network and how we pay the providers in our network.
 - For a list of the providers and pharmacies in the plan's network, see the

provider/pharmacy directory that was sent to you upon enrollment and available on our website at www.imperialhealthplan.com. You can also call Member Services at 1-800-595-0619, TTY 711.

- **Information about your coverage and the rules you must follow when using your coverage.**
 - Your EOC explains what medical services are covered for you, any restrictions to your coverage, and what rules you must follow to get your covered medical services.
 - To get the details on prescription drug coverage, please call Member Services at 1-800-595-0619, TTY 711.
- **Information about why something is not covered and what you can do about it.**
 - If a medical service or prescription drug is not covered for you, or if your coverage is restricted in some way, you can ask us for a written explanation. You have the right to this explanation even if you received the medical service or drug from an out-of-network provider or pharmacy.
- If you are not happy or if you disagree with a decision we make about what medical care or prescription drug is covered you have the right to ask us to change the decision. You can ask us to change the decision by making an appeal. For details on what to do if something is not covered for you in the way you think it should be covered, call Member Services at 1-800-595-0619., TTY 711.

We must support your right to make decisions about your care.

You have the right to know your treatment options and participate in decisions about your health care

You have the right to get full information from your doctors and other health care providers when you go for medical care. Your providers must explain your medical condition and your treatment choices in a way that you can understand.

You also have the right to participate fully in decisions about your health care. To help you make decisions with your doctors about what treatment is best for you, your rights include the following:

- **To know about all your choices.** This means that you have the right to be told about all of the treatment options that are recommended for your condition, no matter what they cost or whether they are covered by our plan. It also includes being told about programs our plan offers to help members manage their medications and use drugs safely.
- **To know about the risks.** You have the right to be told about any risks involved in your care. You must be told in advance if any proposed medical care or treatment is part of a research experiment. You always have the choice to refuse any experimental treatments.
- **The right to say “no.”** You have the right to refuse any recommended treatment. This includes the right to leave a hospital or other medical facility, even if your doctor advises you not to leave. You also have the right to stop taking your medication. Of course, if you

refuse treatment or stop taking medication, you accept full responsibility for what happens to your body as a result.

- **To receive an explanation if you are denied coverage for care.** You have the right to receive an explanation from us if a provider has denied care that you believe you should receive. To receive this explanation, you will need to ask us for a coverage decision.

You have the right to give instructions about what is to be done if you are not able to make medical decisions for yourself

Sometimes people become unable to make health care decisions for themselves due to accidents or serious illness. You have the right to say what you want to happen if you are in this situation. This means that, if you want to, you can:

- Fill out a written form to give **someone the legal authority to make medical decisions for you** if you ever become unable to make decisions for yourself.
- **Give your doctors written instructions** about how you want them to handle your medical care if you become unable to make decisions for yourself.

The legal documents that you can use to give your directions in advance in these situations are called “**advance directives**.” There are different types of advance directives and different name for them.

Documents called “**living will**” and “**power of attorney for health care**” are examples of advance directives.

If you want to use an “advance directive” to give your instructions, here is what you can do:

- **Get the form.** If you want to have an advance directive, you can get a form from your lawyer, from a social worker, or from some office supply stores.
- **Fill it out and sign it.** Regardless of where you get this form, keep in mind that it is a legal document. You should consider having a lawyer help you prepare it. The plan cannot advise you as to how to complete the form.
- **Give copies to appropriate people.** You should give a copy of the form to your doctor and to the person you name on the form as the one to make decisions for you if you can't. You may want to give copies to close friends or family members as well. Be sure to keep a copy at home.

If you know ahead of time that you are going to be hospitalized, and you have signed an advance directive, **take a copy with you to the hospital.**

- If you are admitted to the hospital, they will ask you whether you have signed an advance directive form and whether you have it with you.
- If you have not signed an advance directive form, the hospital has forms available and will ask if you want to sign one.

Remember, it is your choice whether you want to fill out an advance directive (including whether you want to sign one if you are in the hospital).

If you have any problems or concerns about your covered services or care, your EOC gives the details about how to deal with all types of problems and complaints. What you need to do to follow up on a problem or concern depends on the situation. You might need to ask our plan to make a coverage decision for you, make an appeal to us to change a coverage decision or make a complaint. Whatever you do – ask for a coverage decision, make an appeal, or make a complaint – **we are required to treat you fairly.**

You have the right to get a summary of information about the appeals and complaints that other members have filed against our plan in the past. To get this information, please call Member Services at 1-800-595-0619, TTY 711.

What can you do if you believe you are being treated unfairly or your rights are not being respected?

If it is about discrimination, call the Office for Civil Rights

- If you believe you have been treated unfairly or your rights have not been respected due to your race, disability, religion, sex, health, ethnicity, creed (beliefs), age, or national origin, you should call the Department of Health and Human Services' **Office for Civil Rights** at 1-800-368-1019 or TTY 1-800-537-7697 or call your local Office for Civil Rights. You may file a complaint to the OCR by mail at: Centralized Case Management Operations
U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Room 509F HHH Bldg. Washington, D.C. 20201, email: OCRComplaint@hhs.gov or via the OCR Complaint Portal at: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>. A complaint must be filed within 180 days of when you knew that the act or omission complained of occurred. OCR may extend the 180-day period if you can show "good cause".

Is it about something else?

If you believe you have been treated unfairly or your rights have not been respected, *and* it is *not* about discrimination, you can get help dealing with the problem you are having you can **call Member Services** at 1-800-595-0619, TTY 711.

How to get more information about your rights

If you need more information about your rights **call Member Services** at 1-800-595-0619, TTY 711.

YOU HAVE SOME RESPONSIBILITIES AS A MEMBER OF THE PLAN

What are your responsibilities?

Things you need to do as a member of the plan are listed below. If you have any questions, please call Member Services at 1-800-595-0619, TTY 711. We are here to help.

- **Get familiar with your covered services and the rules you must follow to get these covered services.** Use the Evidence of Coverage booklet sent to you in the mail when you enrolled in the plan to learn what is covered for you and the rules you need to follow to get your covered services. The Evidence of Coverage is also posted on our website at www.imperialhealthplan.com.
- **Tell your doctor and other health care providers that you are enrolled in our plan.** Show your plan membership card whenever you get your medical care and prescription drugs. Your membership ID Card was sent to you with the EOC when you enrolled in the plan.
- **Help your doctors and other providers help you by giving them information, asking questions, and following through on your care.**
 - To help your doctors and other health providers give you the best care, learn as much as you can about your health problems and give them the information, they need about you and your health. Follow the treatment plans and instructions that you and your doctors agree upon.
 - 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 do not 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.
- **Tell us if you move.** If you are going to move, it is important to tell us right away. Call Member Services at the number listed in your EOC.
 - **If you move *outside* of our plan service area, you cannot remain a member of our plan.** Your EOC talks about our service area. We can help you figure out whether you are moving outside our service area. If you are leaving our service area, you will have a Special Enrollment Period when you can join any plan available in your new area. We can let you know if we have a plan in your new area.
 - **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.

- **Call Member Services for help if you have questions or concerns.** We also welcome any suggestions you may have for improving our plan.

For more information on how to reach us, including our mailing address, please see your EOC.

The Right to Make Recommendations regarding our Member Rights and Responsibilities Policy

As a member, you have the right to make recommendations regarding this organization's member rights and responsibilities policy.

If you would like to make any recommendations regarding either the policies or this document, please contact Member Services at 1-800-595-0619, TTY 711.