

Member Rights and Responsibilities

As a Medicare member of our plan, you have the right to:

- Be treated with fairness, dignity and respect at all times.
- Not be discriminated against on the basis of race, ethnicity, national origin, disability, religion, gender or age.
- Protect the privacy of your personal health information and 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.
- Receive information about your plan in a way that works for you (e.g. in languages other than English, in Braille, in large print or other alternate formats).
- Refuse any treatment recommended to you by a provider.
- Participate with contracted providers in making decisions about your health care.
- Receive from your providers an explanation of your complete medical condition, recommended treatment, risk of treatment, expected results and reasonable medical treatment alternatives.
- A candid discussion of appropriate or medically necessary treatment options for your condition(s), regardless of cost or benefit coverage.
- Make complaints (grievances) about New Hanover Health Advantage or the care provided or ask us to reconsider decisions (appeals) that we have made.
- Ensure that you get timely access to your covered services and drugs.
- Receive timely access to network providers and prescription drugs, including emergency care services, 24 hours a day, 7 days a week.

As a Medicare member of our plan, it is your responsibility:

- To understand your New Hanover Health Advantage plan benefits and guidelines.
- To know the providers in your network.
- To supply accurate and complete information (to the extent possible) that New Hanover Health Advantage and its contracted providers need in order to provide care.
- To keep scheduled appointments, or if necessary, call to cancel appointments as early as possible. Remember, the provider may charge you a late fee if you fail to keep a scheduled appointment.
- To follow plans and instructions for care that you have agreed on with your providers.
- To understand your health problems and participate in developing mutually-agreed upon treatment goals to the degree possible.

- To read and understand your Evidence of Coverage (EOC) and Annual Notice of Changes (ANOC) and other relevant plan documents or amendments and follow the rules of membership with your plan.
- To notify New Hanover Health Advantage in a timely manner of any changes in your status as a member or that of any of your covered dependent.
- To understand your covered services and the rules you must follow to get these covered services. This includes obtaining a prior authorization for certain services, if required for your benefit plan.
- To notify us if you have any other health insurance coverage or prescription drug coverage in addition to our plan so that payment can be properly coordinated between us and the other insurer.
- To notify your doctor and other health care providers that you are enrolled in our plan.
- To pay what you owe.
- To notify us if you move.
- To call New Hanover Health Advantage's Member Services for help if you have questions or concerns.

Member Rights and Responsibilities upon Disenrollment

Ending your membership in a New Hanover Health Advantage plan may be voluntary (your own choice) or involuntary (not your own choice):

- You might leave our plan because you have decided you want to leave. There are certain times of the year, or certain situations that allow you to leave our plan.
- There are also limited situations where we are required to end your membership.

For more information on ending your membership, please refer to Chapter 10 of your current Evidence of Coverage (EOC) document or click on this link to view the EOC online. If you are Leaving our plan, you must continue to receive your medical care and/or prescription drugs and pay your cost share until your membership ends.