

YOUR RIGHTS AND RESPONSIBILITIES

AmeriHealth HMO, Inc. and its affiliates (AmeriHealth) are committed to treating enrolled members in a manner that not only respects their rights, but also encourages them to exercise their personal responsibilities.

Commercial HMO member rights*

- You have the right to information about your health plan, its benefits, services included or excluded from coverage, policies, appeals procedures, participating providers**, and members' rights and responsibilities. All written and web-based information will be readable and easily understood.
- You have the right to obtain a current directory of participating practitioners in AmeriHealth's network upon request. The directory includes addresses, telephone numbers, and a listing of providers who accept members who speak languages other than English.
- You have the right to file a complaint or appeal about your health plan or care provided with AmeriHealth or the Department of Banking and Insurance. You also have the right to receive an answer to those complaints within a reasonable period of time and to be notified of the disposition of an appeal or complaint and further appeal, as appropriate.
- You have the right to appeal a decision to deny or limit coverage, first within AmeriHealth and then through an independent organization for a filing fee. You also have the right to know that your doctor cannot be penalized for filing a complaint or appeal on your behalf. Appeal rights may differ for members of self-insured plans.
- You have the right to choose a primary care provider, within the limits of covered benefits and availability within the plan network. You have the right to refuse care from specific practitioners.
- You have the right to have a choice of specialists among participating network providers following an authorized referral, subject to their availability to accept new patients.
- For members with chronic disabilities, you have the right to obtain assistance and referrals to providers who are experienced in treating your disabilities.
- You have the right to participate with providers in decision making regarding your health care.
- You have the right to candid discussions of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage in terms that you understand including an explanation of your medical condition, recommended treatment, risks of treatment, expected results, and reasonable medical alternatives. If you are unable to easily understand this information, you have the right to have an explanation provided to your next of kin or guardian and documented in your medical record. AmeriHealth does not direct practitioners to restrict information regarding treatment options.
- You have the right to be treated with courtesy and consideration and with respect and recognition of your dignity and right to privacy.
- You have the right to have confidential treatment of your personally identifiable health information and to have access to your medical records in accordance with applicable federal and state laws.
- You have the right to have available and accessible services when medically necessary, including availability of care 24 hours a day, seven days a week for urgent and emergency conditions.
- You have the right to call 911 in a potentially life threatening situation without prior approval from AmeriHealth and the right to have AmeriHealth pay for a medical screening evaluation in the emergency room to determine whether an emergency medical condition exists.
- You have the right to continue receiving services from a provider who has been terminated from the AmeriHealth network (without cause) for up to four months if medically necessary. If you are pregnant, coverage extends to the postpartum evaluation, up to six weeks after delivery. If you are receiving postoperative care, coverage extends for up to six months, if medically necessary. If you are receiving oncological or psychiatric care, treatment will be extended for up to one year if medically

necessary. This continuation of care does not apply if the provider is terminated for reasons that would endanger you, public health or safety, or constitute breach of contract or fraud.

- You have the right to receive health care services without discrimination based on race, ethnicity, age, mental or physical disability, genetic information, color, religion, gender, national origin or source of payment.
- You have the right to formulate an advance directive and to have the directive implemented. The Plan will provide information concerning advance directives to members and participating providers.
- You have the rights afforded to you by law or regulation as a patient in a licensed health care facility, including the right to refuse medication and treatment after possible consequences of this decision have been explained in language you understand.
- You have the right to be free from balance billing by providers for medically necessary services that are authorized or covered by AmeriHealth except as permitted for copayments, coinsurance, and deductibles by contract.
- You have the right to prompt notification of terminations or changes in benefits, services, or provider network.
- You have the right to make recommendations regarding AmeriHealth's Member Rights and Responsibilities Policy by contacting Customer Services in writing.

Commercial HMO member responsibilities*

- You have the responsibility to review all benefits and membership materials carefully and to follow the regulations pertaining to your health plan.
- You have the responsibility to communicate, to the extent possible, information that AmeriHealth and participating practitioners and providers need in order to provide care.
- You have the responsibility to understand health care problems and participate in developing mutually agreed upon treatment goals to the degree possible.
- You have the responsibility to follow plans and instructions for care that you and your practitioners have agreed on, including the consideration of the possible consequences of failure to comply with recommended treatment.
- You have the responsibility to ask questions to assure understanding of the explanations and instructions given.
- You have the responsibility to treat your health care providers with respect and courtesy.
- You have the responsibility to keep scheduled appointments or to give adequate notice of delay or cancellation.
- You have the responsibility to pay deductibles, coinsurance or copayments, as appropriate, according to your contract.
- You have the responsibility to pay for charges incurred that are not covered under or authorized under your benefit policy or contract.
- You have the responsibility to pay for charges that exceed what AmeriHealth determines are customary and reasonable (usual and customary, or usual, customary and reasonable, as appropriate) for services that are covered under the out-of-network component of your contract with respect to point of service contracts.

**Magellan Health Services provides similar rights and responsibilities. Magellan manages mental health and substance abuse benefits for most members.*

***When used in specific statements of rights and responsibilities, AmeriHealth has adopted the definition of "provider" used by the New Jersey Department of Health and Human Services in regulations at N.J.A.C 8:38-1.2 and 8:38A1.2, as follows: "Provider" means any physician or other health care professional, hospital, facility, or other person who is licensed or otherwise authorized to provide health care services or other benefits in the state or jurisdiction in which they are furnished.*

Commercial PPO member rights

- The right to information about your health plan, its benefits and services, policies, appeals procedures, participating providers**and members' rights and responsibilities.
- The right to be treated with respect and recognition of your dignity and right to privacy.
- The right to participate with providers in decision-making regarding your health care.
- The right to candid discussions of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage, in terms you understand including an explanation of your medical condition, recommended treatment, risks of treatment, expected results, and reasonable medical alternatives. AmeriHealth does not direct practitioners to restrict information regarding treatment options. If you are unable to easily understand this information, an explanation shall be provided to your next of kin or guardian and documented in your medical record.
- The right to be notified of the disposition of the appeal or complaint and further appeal, as appropriate.
- The right to voice appeals or complaints (about your health plan or care provided) with AmeriHealth or the Departments of Health and Senior Services and Banking and Insurance, and to receive an answer to those complaints within a reasonable period of time.
- The right to reasonable access to medical services and payment of appropriate benefits, when medically necessary and consistent with your benefits plan. This includes the right to have access to care 24 hours a day, 365 days a year for urgent or emergency services.
- The right to call 911 in a potentially life-threatening situation without prior approval from AmeriHealth; the right to have AmeriHealth pay for a medical screening evaluation in the emergency room to determine whether an emergency medical condition exists.
- The right to receive health care services without discrimination based on race, ethnicity, age, mental or physical disability, genetic information, color, religion, gender, national origin, or source of payment.
- The right to prompt notification of terminations or changes in benefits, services, or provider network.
- The right to make recommendations regarding the AmeriHealth Member Rights and Responsibilities policy.

Commercial PPO member responsibilities

- The responsibility to communicate, to the extent possible, information that AmeriHealth and providers participating in its network require in order to provide care.
- The responsibility to follow plans and instructions for care that you and your provider have agreed on, including consideration of the possible consequences of failure to comply with recommended treatment.
- The responsibility to understand health care problems and participate in developing mutually agreed upon treatment goals to the degree possible.
- The responsibility to pay deductibles, coinsurance, or copayments, as appropriate according to your contract. Also, the responsibility to pay for charges incurred that are not covered under or authorized under your benefit policy or contract.
- The responsibility to pay for charges that exceed what AmeriHealth determines are customary and reasonable (usual and customary, or usually, customary and reasonable, as appropriate) for services that are covered under the out-of-network component of the member's benefit contract with respect to point of service contracts.

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Medicare Advantage member rights

- The right to get information about AmeriHealth 65 HMO, our services included or excluded from coverage, our practitioners and providers, and members' rights and responsibilities.
- The right to be treated with fairness, respect, and recognition of his or her dignity.
- The right to the privacy of medical records and personally identifiable health/medical information and access to his or her medical records in accordance with applicable federal and state laws.
- The right to see network providers and obtain covered services within a reasonable period of time.
- The right to choose providers, within the limits of covered benefits and availability within the AmeriHealth 65 HMO network and the right to refuse care from specific providers.
- The right to have a choice of specialists among participating network providers following an authorized referral, subject to their availability to accept new patients.
- The right to know treatment choices and participate with providers in decisions about the member's health care.
- The right to participate with providers in decision-making regarding the member's health care.
- The right to a candid discussion of appropriate or medically necessary treatment options for the member's medical conditions, regardless of cost or benefits coverage. AmeriHealth does not direct practitioners to restrict information regarding treatment options.
- The right to use advance directives (such as a living will or a power of attorney).
- The right to voice complaints or appeals about AmeriHealth 65 HMO or the care it provides and to receive an answer to those complaints within a reasonable period of time. This includes the right to be notified of the disposition of an appeal or complaint and further appeal, as appropriate.
- The right to receive information about health care coverage and costs.
- The right to receive health care services without discrimination based on race, ethnicity, age, mental or physical disability, genetic information, color, religion, gender, national origin, or source of payment.
- The right to obtain information about the AmeriHealth 65 HMO in other formats.
- The right to make recommendations regarding AmeriHealth 65 HMO's Member's Rights and Responsibilities Policy by contacting Customer Service in writing.

Medicare Advantage member rights

- The responsibility to notify providers that the member is enrolled in AmeriHealth 65 HMO when seeking care (unless it is an emergency).
- The responsibility to give AmeriHealth 65 HMO and providers the information they need to provide care (to the extent possible) and to follow agreed upon the treatment plans and instructions.
- The responsibility to act in a way that supports the care provided to others and helps smooth the running of providers' offices and facilities.
- The responsibility to pay premiums and any cost shares the member may owe for covered services and meet other financial responsibilities as described in the *Evidence of Coverage*.
- The responsibility to understand their health problems and participate in developing mutually agreed upon treatment goals to the degree possible.
- The responsibility to advise AmeriHealth 65 HMO of any questions, concerns, problems, or suggestions.
- The responsibility to notify AmeriHealth 65 HMO if the member has additional health insurance.
- The responsibility to notify AmeriHealth 65 HMO if they move out of the service area.