

## Medicare Advantage

### Your Rights as a Member of Our Plan

**1. We must provide information in a way that works for you (in large print, audio tape or other alternate formats).**

To get information from us in a way that works for you, please call Customer Service at 888-645-6025. Our hours of operation are Monday through Friday, 8 a.m. to 8 p.m. TTY/TDD users should call 888-645-6023. Calls to these numbers are free.

Our plan has people and translation services available to answer questions from non-English speaking members. We can also give you information in large print or other alternate formats, if you need it. If you are eligible for Medicare because of disability, we are required to give you information about the plan's benefits that is accessible and appropriate for you.

If you have any trouble getting information from our plan because of problems related to language or disability, please call Medicare at 800-MEDICARE (800-633-4227), 24 hours a day, 7 days a week, and tell them that you want to file a complaint. TTY users call 877-486-2048.

**2. We must treat you with fairness and respect at all times.**

Our plan must obey laws that protect you from discrimination or unfair treatment. **We do not discriminate** based on a person's race, disability, religion, sex, health, ethnicity, creed (beliefs), age or national origin.

If you want more information or have concerns about discrimination or unfair treatment, please call the Department of Health and Human Services' **Office for Civil Rights** 800-368-1019 (TTY 800-537-7697) or your local Office for Civil Rights.

If you have a disability and need help with access to care, please call Customer Service at 888-645-6025. Our hours of operation are Monday through Friday, 8 a.m. to 8 p.m. TTY/TDD users should call 888-645-6023. Calls to these numbers are free. If you have a complaint, such as a problem with wheelchair access, Customer Service can help.

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

As a member of our plan, you also have the right to get your prescriptions filled or refilled at any of our network pharmacies without long delays.

**4. 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. We give you a written notice, called a “Notice of Privacy Practice,” that tells about these rights and explains how we protect the privacy of your health information.

### **How Do We Protect the Privacy of Your Health Information?**

We make sure that unauthorized people don’t 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 Medicare, we are required to give Medicare your health information including information about your Part D prescription drugs. If Medicare releases your information for research or other uses, this will be done according to Federal 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 consider your request and 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 Customer Service at 888-645-6025. Our hours of operation are Monday through Friday, 8 a.m. to 8 p.m. TTY/TDD users should call 888-645-6023. Calls to these numbers are free.

### **5. We must give you information about the plan, its network of pharmacies and your covered drugs.**

As a member of our plan, you have the right to get several kinds of information from us. This includes getting the information in languages primarily spoken in the plan's service area, other than English, and in large print or other alternate formats.

For certain kinds of information you can call Customer Service at 888-645-6025. Our hours of operation are Monday through Friday, 8 a.m. to 8 p.m. TTY/TDD users should call 888-645-6023. Calls to these numbers are free. Types of information you can call Customer Service for are:

- **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 and the plan's performance ratings, including how it has been rated by plan members and how it compares to other Medicare prescription drug plans.
- **Information about our network pharmacies.** For example, you have the right to get information from us about the pharmacies in our network. For a list of the pharmacies in the plan's network, see the *Pharmacy Directory*.
- **Information about your coverage and rules you must follow in using your coverage.**
- **Information about why something is not covered and what you can do about it.** If a Part D 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 drug from an out-of-network pharmacy. If you are not happy or if you disagree with a decision we make about what Part D drug is covered for you, you have the right to ask us to change the decision.

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

Sometimes people become unable to make health care decisions for themselves due to accidents or serious illnesses. 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 names 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 to 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. You can sometimes get advance directive forms from organizations that give people information about Medicare.
- **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.
- **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). According to law, no one can deny you care or discriminate against you based on whether or not you have signed an advance directive.

### **What If Your Instructions Are Not Followed?**

If you have signed an advance directive, and you believe that a doctor or hospital hasn't followed the instructions in it, you can file a complaint with:

Division of Elder Rights  
 South Carolina Lieutenant Governor's Office on Aging  
 1301 Gervais St., Ste. 200  
 Columbia, SC 29201  
 803-734-9900  
 800-868-9095

### **7. You have the right to make complaints and to ask us to reconsider decisions we have made.**

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 Customer Service at 888-645-6025. Our hours of operation are Monday

through Friday, 8 a.m. to 8 p.m. TTY/TDD users should call 888-645-6023. Calls to these numbers are free.

### **What Can You Do If You Think 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 think 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 800-368-1019 or TTY 800-537-7697. Or, call your local Office for Civil Rights.

### **Is It About Something Else?**

If you think you have been treated unfairly or your rights have not been respected, **and** it's **not** about discrimination, you can get help dealing with the problem you are having by:

- **Calling Customer Service**
- **Calling the State Health Insurance Assistance Program.**

### **How to Get More Information About Your Rights**

There are several places where you can get more information about your rights:

- You can **call Customer Service** at 1-888-645-6025.
- You can **call the State Health Insurance Assistance Program.**
- You can **contact Medicare.** You can visit the Medicare Web site (<http://www.medicare.gov>) to read or download the publication "Your Medicare Rights & Protections." Or, you can call 800-MEDICARE (800-633-4227) 24 hours a day, 7 days a week. TTY users should call 877-486-2048.

## Your Responsibilities as a Member of Our Plan

### What Are Your Responsibilities?

There are certain things you need to do as a member of the plan. If you have any questions, please call Customer Service at 888-645-6025. Our hours of operation are Monday through Friday, 8 a.m. to 8 p.m. TTY/TDD users should call 888-645-6023. Calls to these numbers are free. We're here to help. Your responsibilities are:

- **Get familiar with your covered drugs and the rules you must follow to get these covered drugs.**
- **If you have any other prescription drug coverage besides our plan, you are required to tell us.** Please call Customer Service to let us know.

We are required to follow rules set by Medicare to make sure that you are using all of your coverage in combination when you get your covered drugs from our plan. This is called "**coordination of benefits**" because it involves coordinating the drug benefits you get from our plan with any other drug benefits available to you. We'll help you with it.

- **Tell your doctor and pharmacist that you are enrolled in our plan.** Show your plan membership card whenever you get your Part D prescription drugs.
- **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 are able to 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.

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.

- **Pay what you owe.** As a plan member, you are responsible for these payments:
  - You must pay your plan premiums to continue being a member of our plan.
  - For some of your drugs covered by the plan, you must pay your share of the cost when you get the drug. This will be a copayment (a fixed amount) or coinsurance (a percentage of the total cost).
  - If you get any drugs that are not covered by our plan or by other insurance you may have, you must pay the full cost.

- **Tell us if you move.** If you are going to move, it's important to tell us right away. Call Customer Service.

**If you move *outside* of our plan service area, you cannot remain a member of our plan.** We can help you figure out whether you are moving outside our service area. If you are leaving our service 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 Customer Service at 888-645-6025 for help if you have questions or concerns.** We also welcome any suggestions you may have for improving our plan. Our hours of operation are Monday through Friday, 8 a.m. to 8 p.m. TTY/TDD users should call 888-645-6023. Calls to these numbers are free.