

SAMBA HEALTH BENEFIT PLAN

MEMBER RIGHTS AND RESPONSIBILITIES

As a SAMBA Health Benefit Plan (“Plan”) member, we are committed to your health and wellness. As a member of our Plan, together we can ensure that you are receiving the best in healthcare.

Member Rights

- To know the names and qualifications of health care providers involved in your medical treatment
- To get up-to-date information about the services covered or not covered by our Plan, and any related definitions, limitations or exclusions
- To know how we decide which services to cover
- To get an explanation about non-covered services
- To get up-to-date information about the health care professionals, hospitals and other providers participating in our Plan’s network
- To choose your own health care providers
- To know how our Plan pays both in-network and out-of-network health care professionals for providing services to you
- To get information about our Plan’s deductibles, coinsurance, copayments and fees that you must pay in order to obtain care
- To be informed if a health care professional plans to use an experimental treatment or procedure in your care. You have the right to refuse to participate in research projects
- To be treated with respect and dignity by your health care providers and our Plan.
- To receive clear and complete information from your health care provider about your health conditions and treatment
- To participate with your health care professionals in a candid discussion of appropriate or medically necessary treatment options for your conditions
- To make decisions about your treatment, including, the right to refuse treatment, even against the advice of health care professionals (providing you accept responsibility and the consequences of the decision)
- To tell your health care providers if you do not understand the treatment you receive and to speak up if you do not understand how to care for your illness or injury.
- To voice suggestions, complaints, grievances, or appeals about our Plan, the care provided, or your health care provider
- To see your medical records, to keep copies for yourself, and to ask to have corrections made, if needed.
- To have your medical information kept confidential whether it is in written, oral, or electronic format, except when permitted by law or with your approval
- To be told by your health care professionals how to schedule appointments and get health care during and after office hours. This includes continuity of care.
- To call 911 (or any available emergency response service) or go to the nearest emergency facility when you have a medical condition with acute symptoms that are severe enough that a prudent layperson, who has average knowledge of health and medicine, could reasonably expect the lack of immediate medical attention to result in serious danger to the person's health
- To receive urgently needed medically necessary care
- To receive necessary primary and preventive care
- To get necessary care from specialists, hospitals and other health care professionals
- To use these rights regardless of your race, physical or mental disability, ethnicity, gender, sexual orientation, creed, age, religion, national origin, cultural or educational background, economic or health status, English proficiency, reading skills, genetic information, or source of payment for your care

- To complete an Advance Directive, Living Will or other directive and give it to your health care professionals
- To know that you or your health care professional cannot be punished for filing a complaint or appeal
- To make recommendations regarding this policy
- To have any person who has legal responsibility to make medical care decisions for you make use of these rights on your behalf

Member Responsibilities

- To provide, to the fullest extent possible, information that our Plan or your health care providers need
- To participate, to the extent possible, in understanding any health or behavioral health problems you may have and developing mutually agreed upon treatment goals
- To follow plans and instructions for care that you have agreed on with your health care providers
- To ask questions about how to access health care services appropriately
- To treat your health care professionals and their staff with dignity and respect. The same treatment you expect from us, we ask you to provide us and anyone else involved in your healthcare.
- To make sure you have the correct prior authorization for certain services, such as inpatient hospitalization
- To show your member ID card to health care providers before getting care from them
- To provide a safe environment for services rendered in your home
- To pay your health care providers for applicable, copayments, coinsurances, and deductibles
- To promptly follow our Plan's complaint procedures if you believe you need to submit a complaint
- To not be involved in dishonest activity directed to the plan or any health care professional.

For questions about how to exercise these rights, to learn more about these responsibilities or our Plan generally, you can reach our customer service department at:

1/800-638-6589 or 301/984-1440 (for TDD, use 301/984-4155)
or through our website: www.SambaPlans.com

The address for our administrative offices is:

SAMBA Health Benefit Plan
11301 Old Georgetown Road
Rockville, MD 20852-2800