



SAMBA HEALTH BENEFIT PLAN MEMBER RIGHTS AND RESPONSIBILITIES

As a SAMBA Health Benefit Plan ("Plan") member, we are committed to your health and wellness. Regardless of your race, physical or mental disability, ethnicity, gender, sexual orientation, creed, age, religion, cultural or educational background, economic or health status, English proficiency, reading skills, genetic information, or source of payment for your care, we can help you receive the best available healthcare.

Member Rights

- To be treated with respect and dignity by your health care providers and our Plan
- To know the credentials 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 get up-to-date information about the health care professionals, hospitals and other providers participating in our Plan's network
- To get up-to-date information about the programs and services offered by our Plan, including the qualifications of staff that support wellness and similar programs and any contractual relationships related to such programs
- 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 receive complete information from your health care provider about your health conditions and treatment in terms and language you understand
- To receive necessary care, including preventive, from primary care physicians, specialists, hospitals, and other health care professionals
- To participate with your health care professionals in candid discussions of appropriate or medically necessary treatment options for your condition
- 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. Language interpretation and TTY services are available for complaint and appeal processes
- 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 receive urgently needed medically necessary care which includes going 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 make recommendations regarding this policy

- 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 complete an Advance Directive, Living Will or other health care directive

Member Responsibilities

- To provide, as soon as possible, honest and complete information that our Plan or your health care providers need, including changes in family size, address, phone number, or status with your plan
- 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 upon with your health care providers
- To review and understand information provided about your health plan, and ask questions about how to obtain services and supplies that are covered under your plan, including any emergency services needed outside of normal business hours or when you are away from your usual place of residence or work
- To show your member ID card to health care providers before getting care from them
- To treat your health care professionals and their staff with dignity and respect. Keep scheduled appointments and notify the health care professional's office ahead of time if you are going to be late or miss an appointment
- To know what medicine you take, why, and how to take it
- To pay your health care providers for applicable copayments, coinsurances, deductibles, charges for missed appointments, and services not covered by your plan
- To promptly follow our Plan's [complaint procedures](#) if you believe you need to submit a complaint
- To inform your health care providers of an Advance Directive, Living Will or other health care directives

We Want to Hear from You

Do you have any questions, suggestions, complaints, or grievances about SAMBA Health Plan, the Cigna PPO Network, the Express Scripts pharmacy program, or a specific health care provider? If you do, we want to hear from you.

Call: 800-638-6589 (for TTY, use 301-984-4155) Monday - Friday, 8:00 am - 5:00 pm ET

Secure Email: Go to SambaPlans.com and click on the "Contact Us" link

Write:

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