Member Rights and Responsibilities (Blue Shield HMO and PPO Commercial)

Blue Shield has established Member Rights and Responsibilities that all Blue Shield members receive in their *Evidence of Coverage (EOC)* or *Certificate of Insurance (COI).* The information below is taken from the Members EOC/COI.

Statement of Member Rights

Blue Shield health plan members have the right to:

1. Receive information about your rights and responsibilities.
2. Receive information about your Plan, the services your Plan offers you, and the Health Care Providers available to care for you.
3. Make recommendations regarding the Plan's member rights and responsibilities policy.
4. Receive information about all health care services available to you, including a clear explanation of how to obtain them and whether the Plan may impose certain limitations on those services.
5. Know the costs for your care, and whether your deductible or out-of-pocket maximum have been met.
6. Choose a Health Care Provider in your Plan's network and change to another doctor in your Plan's network if you are not satisfied.
7. Receive timely and geographically accessible health care.
8. Have a timely appointment with a Health Care Provider in your Plan's network, including one with a specialist.
9. Have an appointment with a Health Care Provider outside of your Plan's network when your Plan cannot provide timely access to care with an in-network Health Care Provider.
10. Certain accommodations for your disability, including:
    a. Equal access to medical services, which includes accessible examination rooms and medical equipment at a Health Care Provider's office or facility.
    b. Full and equal access, as other members of the public, to medical facilities.
    c. Extra time for visits if you need it.
    d. Taking your service animal into exam rooms with you.
11. Purchase health insurance or determine Medi-Cal eligibility through the California Health Benefit Exchange, Covered California.
12. Receive considerate and courteous care and be treated with respect and dignity.
13. Receive culturally competent care, including but not limited to:
    a. Trans-Inclusive Health Care, which includes all Medically Necessary services to treat gender dysphoria or intersex conditions.
    b. To be addressed by your preferred name and pronoun.

Member Rights and Responsibilities (Blue Shield HMO and PPO Commercial) *(cont'd.)*

Statement of Member Rights *(cont'd.)*

14. Receive from your Health Care Provider, upon request, all appropriate information regarding your health problem or medical condition, treatment plan, and any proposed appropriate or Medically Necessary treatment alternatives. This information includes available expected outcomes information, regardless of cost or benefit coverage, so you can make an informed decision before you receive treatment.
15. Participate with your Health Care Providers in making decisions about your health care, including giving informed consent when you receive treatment. To the extent permitted by law, you also have the right to refuse treatment.
16. A discussion of appropriate or Medically Necessary treatment options for your condition, regardless of cost or benefit coverage.
17. Receive health care coverage even if you have a pre-existing condition.
18. Receive Medically Necessary treatment of a Mental Health or Substance Use Disorder.
19. Receive certain Preventive Health Services, including many without a co-pay, Coinsurance, or Deductible.
20. Have no annual or lifetime dollar limits on basic health care services.
21. Keep eligible Dependent(s) on your Plan.
22. Be notified of an unreasonable rate increase or change, as applicable.
23. Protection from illegal balance billing by a Health Care Provider.
24. Request from your Plan a second opinion by an Appropriately Qualified Health Care Provider.
25. Expect your Plan to keep your personal health information private by following its privacy policies and state and federal laws.
26. Ask most Health Care Providers for information regarding who has received your personal health information.
27. Ask your Plan or your doctor to contact you only in certain ways or at certain locations.
28. Have your medical information related to sensitive services protected.
29. Get a copy of your records and add your own notes. You may ask your doctor or health plan to change information about you in your medical records if it is not correct or complete. Your doctor or health plan may deny your request. If this happens, you may add a statement to your file explaining the information.
30. Have an interpreter who speaks your language at all points of contact when you receive health care services.

Member Rights and Responsibilities (Blue Shield HMO and PPO Commercial) *(cont'd.)*

Statement of Member Rights *(cont'd.)*

31. Have an interpreter provided at no cost to you.
32. Receive written materials in your preferred language where required by law.
33. Have health information provided in a usable format if you are blind, deaf, or have low vision.
34. Request continuity of care if your Health Care Provider or medical group leaves your Plan or you are a new Plan member.
35. Have an Advanced Health Care Directive.
36. Be fully informed about your Plan's grievances procedure and understand how to use it without fear of interruption to your health care.
37. File a complaint, grievance, or appeal in your preferred language about:
    a. Your Plan or Health Care Provider.
    b. Any care you receive, or access to care you seek.
    c. Any covered service or benefit decision that your Plan makes.
    d. Any improper charges or bills for care.
    e. Any allegations of discrimination on the basis of gender identity or gender expression, or for improper denials, delays, or modifications of Trans-Inclusive Health Care, including Medically Necessary services to treat gender dysphoria or intersex conditions.
    f. Not meeting your language needs.
38. Know why your Plan denies a service or treatment.
39. Contact the Department of Managed Health Care if you are having difficulty accessing health care services or have questions about your Plan.
40. Ask for an Independent Medical Review if your Plan denied, modified, or delayed a health care service.

Member Rights and Responsibilities (Blue Shield HMO and PPO Commercial) *(cont'd.)*

Statement of Member Responsibilities

Blue Shield health plan members have the responsibility to:

1. Treat all Health Care Providers, Health Care Provider staff, and Plan staff with respect and dignity.
2. Share the information needed with your Plan and Health Care Providers, to the extent possible, to help you get appropriate care.
3. Participate in developing mutually agreed-upon treatment goals with your Health Care Providers and follow the treatment plans and instructions to the degree possible.
4. To the extent possible, keep all scheduled appointments, and call your Health Care Provider if you may be late or need to cancel.
5. Refrain from submitting false, fraudulent, or misleading claims or information to your Plan or Health Care Providers.
6. Notify your Plan if you have any changes to your name, address, or family members covered under your Plan.