



Member Rights and Responsibilities

Members are treated with respect, consideration, and dignity.

Members are provided appropriate privacy.

Member disclosures and records are treated confidentially, and members are given the opportunity to approve or refuse their release, except when release is required by law.

Members are provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment, and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.

Members are given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.

Information is available to members and network provider staff concerning:

1. Member rights, including those specified above.
2. Member conduct, responsibilities, and participation.
3. Services available at the organization.
4. Provisions for after-hours and emergency care.
5. Fees for services.
6. Payment policies.
7. Members' right to refuse to participate in research.
8. Advance directives, as required by state or federal law and regulations.
9. The credentials of health care professionals.

Prior to receiving care, members are informed of their responsibilities. These responsibilities require the member to:

1. Get familiar with covered services and the rules that must be followed to get these covered services. Use their Evidence of Coverage booklet to learn what is covered and the rules members need to follow to get covered services.
2. Provide complete and accurate information to the best of his/her ability about his/her health, any medications (including over-the-counter products and dietary supplements), and any allergies or sensitivities.
3. If members have any other health insurance coverage or prescription drug coverage in addition to their plan, members are required to tell their health plan.
4. Inform his/her doctor and other health care providers that they are enrolled in a health plan.
5. Help his/her doctors and other providers help them by giving them information, asking questions, and following through on their care.
6. Follow the treatment plan prescribed by the member's provider and participate in his/her care plan.
7. Inform his/her provider about any living will, medical power of attorney, or other directive that could affect care.
8. Pay what he/she owes. Members must pay their share of the cost when they receive a covered medical service or drug and also accept personal financial responsibility for any charges not covered by his/her insurance.
9. Be considerate and be respectful of all the health care professionals and staff, as well as others.

10. Inform his/her health plan if moving; it's important to tell them right away.
11. Call Member Services for help with any questions or concerns. 305-559-5366 or toll-free at 1-866-393-5366 (TTY 711), 8am to 8pm, seven days a week October 1st – March 31st and 8am - 8pm, Monday – Friday from April 1st – September 30th. Messaging service used on weekends, after hours, and on federal holidays.

Members are informed of their right to change their network provider if other qualified network providers are available.

Members are provided with appropriate information regarding the absence of malpractice insurance coverage where applicable.

Members are informed about procedures for expressing suggestions, complaints, and grievances, including those procedures required by state and federal regulations.

When the need arises, reasonable attempts are made for health care professionals and other staff to communicate in the language or manner primarily used by patients.

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