

Medica Member Rights and Responsibility Statement

The following statement outlines Medica's belief of what a member can expect from our health plan and provider network as well as enumerate the expectations we have of our members so that, together, we might improve the health of our members:

Member Rights:

Members of Medica have certain legal rights including the right to:

1. Available and accessible services, including emergency services (as defined in the member's certificate of coverage) 24 hours a day, 7 days a week.
2. Information about their health condition, treatment options and risks so that they can make an informed choice about their health care.
3. Refuse treatment recommended to them by Medica or any provider. Get information about what might happen if they refuse treatment.
4. Privacy of their medical and financial records maintained by Medica or any participating provider. This will be done according to existing law.
5. File a complaint with Medica and Minnesota's Commissioner of Health for issues related to HMO benefits or Minnesota's Commissioner of Commerce for issues related to insurance benefits. They may begin a legal proceeding if they have a problem with Medica or any provider. For information, contact the Minnesota Department of Health ("MDH") at (651) 282-5600 or 1(800) 657-3916 and request HMO information or the Minnesota Department of Commerce at (651) 296-2488 or 1(800) 657-3602 and request insurance information. The North Dakota Insurance Commissioner can be contacted at 701-328-2440 or 1-800-247-0560. Members of Medica MinnesotaCare and Medica Choice Care may also call the State Ombudsperson at (651) 296-1256 or 1-800-657-3729. MinnesotaCare and Choice Care members also have specific appeal rights, as noted further into this statement. To access the TTY phone for the hearing impaired, call MN Relay Service at 1-800-627-3529.

In addition to these legal rights, Medica has identified additional rights including the right to:

1. Be treated with respect and recognition of the member's dignity and right to privacy.
2. Receive information about Medica, its services, its practitioners and providers and members' rights and responsibilities.
3. A candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage, and to participate in the decision making regarding their health coverage.
4. Make recommendations regarding Medica's members' rights and responsibilities statement.

Members of Individual Plans also have the right to:

1. A grace period of 31 days for payment of each premium due after their first premium payment. Their coverage will continue during this grace period.

Members of Medica Choice Care or Medica MinnesotaCare also have the right to:

1. A clear explanation of covered home care services.
2. Give written instructions about their medical care. This is called a "health care directive".

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3. Join with health care providers in decision making regarding their health care.
4. Choose where they will get family planning services.
5. Get a second opinion for medical, mental health, and chemical dependency services.
6. Be free of restraints or seclusion used as a means of coercion, discipline, convenience, or retaliation during their health care visits.
7. Request and receive a copy of their medical records. They also have the right to ask to correct the records.
8. File an appeal with Medica or the Minnesota Department of Human Services (also referred to as "the State"). They may file an appeal with the State before or at any time during Medica's appeal process. They do not have to file an appeal with Medica before they appeal to the State.

In addition to the rights stated above, Prime Solution™ and Select Solution™ members also have the right to:

1. A clear explanation of covered nursing home and home care benefits.
2. Voluntarily disenroll from their plan and not be requested or encouraged to disenroll except in circumstances specified in federal law.
3. A grace period of 30 days (Prime Solution) or 31 days (Individual Select Solution) for payment of each premium due after a member's first premium payment. A member's coverage will continue during this grace period.

Member Responsibilities:

To increase the likelihood of maintaining good health and to ensure that the best quality care is received, it is important that they take an active role in their health care. As a result, members should:

1. Provide, to the extent possible, information as it relates to their medical/health history that is needed to appropriately manage their health.
2. Participate in understanding their health problems and follow the plans and instructions for care that they have agreed on with Medica or any participating provider. Join in discussions with their provider in deciding their health care options.
3. Establish a relationship with a primary care doctor before becoming ill to assure continuity of care.
4. Practice self care, which involves knowing how to recognize common health problems, knowing what to do when they occur, knowing when and where to seek appropriate help and knowing how to prevent health problems from recurring.
5. Practice preventive health care by having the appropriate tests, exams and immunizations recommended for their gender and age and by engaging in healthy lifestyle choices that include exercise, proper diet and rest.
6. Live a healthy lifestyle that includes exercise, eating well-balanced meals, getting rest and not smoking.