[The below table has been created to auto-populate key terms throughout the document. For proper function, use of Microsoft 2007 or later is required. If using a previous version of Word, follow the instructions below for removing the bookmark table and related instructions.

**Populating the bookmark table.** To populate the table and auto-populate the terms throughout the document, use the following steps:

1. Update the values for each of the data fields in the table below by highlighting the text between the carets (< >) and typing the appropriate value. After entering the value, delete the carets.
2. Press Ctrl+A to select all text in the main document sections.
3. Press F9 to update the field references. If a box appears asking to update the Table of Contents, select “Update entire table” and press OK.
4. Double click on the header. Press Ctrl+A to select all header text.
5. Press F9 to update the field references in the header.
6. If the header does not populate throughout the document, steps 5 and 6 should be repeated for each header section in the document.
7. Double click on the footer, and press Ctrl+A to select all footer text.
8. Press F9 to update the field references in the footer.
9. If the footer does not populate throughout the document, steps 8 and 9 should be repeated for each footer section in the document.
10. To correct any issues with the Table of Contents, right-click on any line of the Table of Contents, ensuring that the whole table is highlighted in light gray, then click “Update Fields” followed by “Update entire table.”

| **Data Field (bookmarkName)** | **Value** |
| --- | --- |
| Plan Name (planName) | <plan name> |
| Marketing Material ID (marketingMaterialId) | <marketing material ID> |
| Toll-free Number (tollfreeNumber) | <toll-free number> |
| Days and Hours of Operation (daysAndHoursOfOperation) | <days and hours of operation> |
| Web Address (webAddress) | <web address> |
| Plan Legal or Marketing Name (planLegalOrMarketingName) | <plan legal or marketing name> |
| State Medicaid Name (stateMedicaidName) | Rhode Island Medicaid |
| Name for Care Coordinator (nameForCareCoordinator) | <name for care coordinator> |
| Member Services Name (memberServicesName) | <member services name> |
| Name for Care Team (nameForCareTeam) | <name for care team> |
| Service Area State (state) | Rhode Island |
| Service Area Counties (serviceAreaCounties) | The State of Rhode Island |
| TTY Number (ttyNumber) | <TTY number> |
| Name of plan members (memberName) | Member |

*Note: Plan should pay attention to grammar and capitalization when populating the bookmark table and review the document to ensure the populated bookmarks appear appropriately throughout.*

***Correcting error messages in the document.*** *If an error message appears in the document indicating that the source could not be found (shown below), a bookmark may have been deleted.*

""

*To recreate a bookmark, plan should use the following steps:*

1. *In the document, highlight the value that is not updating or the error message.*
2. *On the Insert ribbon tab, in the Links group, select Bookmark.*
3. *Find and select the bookmark name (found within parentheses next to the data field name in the bookmark table above) from the available list and click “Add.”*
4. *If the value does not appear in the list, enter the bookmark name exactly as written in the bookmark table into the “Bookmark name” field and press “Add.”*
5. Return to the instructions found before the bookmark table, beginning at Step 2, to update the bookmarks throughout the document.
6. *Repeat steps 1-5 for each additional value showing an error in the document.*

***Moving a tagged field.*** *To move a tagged field to another location within the document, use the following steps:*

1. Highlight the entire tagged field and any surrounding text you want to move or copy and press Ctrl+C to make a copy, leaving the original in place, or Ctrl+X to move the field, removing the original.
2. Place the cursor where the copied text should begin, and press Ctrl+V.
3. Ensure the field has remained intact by placing the cursor anywhere within the field. The entire field should have a light gray background.
4. If the field’s background is not light gray, press Ctrl+Z to undo the previous steps.
5. Repeat the previous steps, being careful to highlight the entire field before pressing either Ctrl+C or Ctrl+X

**Removing the bookmark table and related instructions.** Oversight and monitoring entities (such as MMCO or individual states) must **not** remove the bookmark table or any of the relevant plan instructions even after they have entered values. Instead, the MMP should utilize the following instructions to remove the bookmark table and plan instructions only after all information has been entered and the document is final or if the MMP chooses to manually populate the document:

1. Convert tagged fields into untagged text.
   1. Select all text within the body of the document by placing the cursor anywhere in the document and pressing Ctrl+A.
   2. Press Ctrl+F9 to convert all tagged fields in the main body of the document to untagged text.
      1. Note: After this step, changes made to the bookmarks will not update the tagged fields in the main body of the document.
   3. Double click within the header and press Ctrl+A to highlight all header text.
   4. Press Ctrl+F9 to convert all tagged fields in the header to untagged text. Steps c and d should be repeated for each header section in the document.
      1. Note: After this step, changes made to the bookmarks will not update the tagged fields in the document’s header.
   5. Double click within the footer and press Ctrl+A to highlight all footer text.
   6. Press Ctrl+F9 to convert all tagged fields in the footer to untagged text. Steps e and f should be repeated for each footer section in the document.
      1. Note: After this step, changes made to the bookmarks will not update the tagged fields in the document’s footer.
2. Delete all plan instruction pages prior, including these instructions and the bookmark table.
3. Ensure that all text generated from the recently converted tagged fields has remained intact in the header, footer, and main body of the document.]

**Instructions to Health Plan**

* [Plan may add a cover page to the Summary of Benefits. Plan may include the Marketing Material ID only on the cover page.]
* [*Where the template instructs inclusion of a phone number, plan must ensure it is a toll-free number and include a toll-free TTY/TDD number and days and hours of operation.*]
* [*Plan should note that any reference to a “Member Handbook” is also a reference to the Evidence of Coverage document.*]
* [*Plan should add or delete the categories in the “Services you may need” column to match State-specific benefit requirements.*]
* [*For the “Limitations, exceptions, & benefit information” column, plan should provide specific information about need for referrals, need for prior authorization, utilization management restrictions for drugs, maximum out of pocket costs on services, permissible OON services, and applicable cost sharing (if different than in-plan cost sharing).*]
* [*For the “You need help living at home” category of services, indicate if services are only available to beneficiaries in a waiver program, in which case the plan should indicate that State eligibility requirements may apply.*]
* [*The plan is subject to the notice requirements under Section 1557 of the Affordable Care Act. For more information, refer to* [*https://www.hhs.gov/civil-rights/for-individuals/section-1557*](https://www.hhs.gov/civil-rights/for-individuals/section-1557)*.*]
* [*Plan may place a QR code on materials to provide an option for members to go online.*]
* [Wherever possible, the plan is encouraged to adopt good formatting practices that make information easier for English-speaking and non-English speaking enrollees to read and understand. The following are based on input from beneficiary interviews:
* *Format a section, chart, table, or block of text to fit onto a single page. In instances where plan-customized information causes an item or text to continue to the following page, enter a blank return before right aligning with clear indication that the item continues (for example, similar to the Benefits Chart in Chapter 4 of the Member Handbook, insert:* ***This section is continued on the next page****).*
* *Ensure plan-customized text is in plain language and complies with reading level requirements established in the three-way contract.*
* *Break up large blocks of plan-customized text into short paragraphs or bulleted lists and give a couple plan-specific examples as applicable.*
* *Spell out an acronym or abbreviation before its first use in a document or on a page (for example, Long-term services and supports (LTSS) or low income subsidy (LIS)).*
* *Include the meaning of any plan-specific acronym, abbreviation, or key term with its first use.*
* *Avoid separating a heading or subheading from the text that follows when paginating the model.*
* *Use universal symbols or commonly understood pictorials.*
* *Draft and format plan-customized text and terminology in translated models to be culturally and linguistically appropriate for non-English speakers.*
* *Consider using regionally appropriate terms or common dialects in translated models.*
* *Include instructions and navigational aids in translated models in the translated language rather than in English.*
* *Consider producing translated models in large print.*]

**Introduction**

This document is a brief summary of the benefits and services covered by <plan name>. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of <plan name>. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

[*Plan must update the Table of Contents to this document to accurately reflect where the information is found on each page after plan adds plan-customized information to this template.*]

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# Disclaimers

This is a summary of health services covered by <plan name> for <date>. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

* [*Plan must include all applicable disclaimers as required in the Medicare Communications and Marketing Guidelines and State-specific Marketing Guidance.*]
* Under <plan name> you can get your Medicare and Medicaid services in one health plan. A <plan name> <name for care coordinator> will help manage your health care needs.[Plan should change “care coordinator” to the term used by the state and/or plan.]
* This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the *Member Handbook*.
* ATTENTION: If you speak [insert language of the disclaimer], language assistance services, free of charge, are available to you. Call [insert Member Services toll-free phone and TTY/TDD numbers, and days and hours of operation]. TTY users should call <TTY number>. The call is free.[This disclaimer must be included in Spanish and all non-English languages that meet the Medicare and/or state thresholds for translation.]
* You can get this document for free in other formats, such as large print, braille, or audio. Call <member services name> at <toll-free number>, <days and hours of operation>. TTY users should call <TTY number>. The call is free.
* [*The plan must also describe how members can make a standing request to get this document, now and in the future, in a language other than English or in an alternate format*.]

# Frequently Asked Questions

The following chart lists frequently asked questions.

[*Plan may add a maximum of two additional FAQs to this section. For example, plan may add an FAQ giving additional information about its specific plan. Answers must be kept brief, consistent with the pre-populated responses in the template.*]

| **Frequently Asked Questions (FAQ)** | **Answers** |
| --- | --- |
| **What is a Medicare-Medicaid Plan?** | A Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Rhode Island Medicaidto provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid. A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has <name for care coordinator>s to help you manage all your providers and services. They all work together to provide the care you need. |
| **What is a <plan name> <name for care coordinator>?** | A <plan name> <name for care coordinator> is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need. |
| **What are long-term services and supports?** | Long-term services and supports are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. |
| **Will you get the same Medicare and Medicaid benefits in <plan name>** **that you get now?** | You will get your covered Medicare and Medicaid benefits directly from <plan name>. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change. [*Plan should add if applicable:* You will get almost all of your covered Medicare and Medicaid benefits directly from <plan name>, but you may get some benefits the same way you do now, outside of the plan.]  When you enroll in <plan name>, you and your <name for care team> will work together to develop an Individualized Care Plan to address your health and support needs. During this time, [*Plan should add information about continuity of care: e.g.,* you can keep seeing your doctors and getting your current services for 90 days, or until your care plan is complete]. When you join our plan, if you are taking any Medicare Part D prescription drugs or Medicaid covered drugs that <plan name> does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for <plan name> to cover your drug, if medically necessary. |
| **Can you go to the same doctors you see now?** | Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with <plan name> and have a contract with us, you can keep going to them.   * Providers with an agreement with us are “in-network.” **You must use the providers in <plan name>’s network.** * If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of <plan name>'s plan. [*Plan may insert additional exceptions as appropriate.*]   To find out if your doctors are in the plan’s network, call <member services name> or read <plan name>’s *Provider and Pharmacy Directory*.  If <plan name> is new for you, you can continue seeing the doctors you go to now for [*plan should discuss the state’s continuity of care requirement, e.g., for 90 days.*] |
| **What happens if you need a service but no one in <plan name>’s network can provide it?** | Most services will be provided by our network providers. If you need a service that cannot be provided within our network, <plan name> will pay for the cost of an out-of-network provider. |
| **Where is <plan name> available?** | The service area for this plan is the state of Rhode Island. You must live in Rhode Island to join the plan.  [*Plan enter if applicable:* \* Denotes partial county. Call <member services name> for more information about whether the plan is available where you live. ] |
| **Do you pay a monthly amount (also called a premium) under <plan name>?** | You will not pay any monthly premiums to <plan name> for your health coverage.  [*If a plan has a monthly premium that was approved by CMS and the state, the plan should discuss it here.*] |
| **What is prior authorization?** | Prior authorization means that you must get approval from <plan name> before you can get a specific service or drug or see an out-of-network provider. <plan name> may not cover the service or drug if you don’t get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.  See Chapter 3, [*plan may insert reference, as applicable*] of the *Member Handbook* to learn more about prior authorization. See the Benefits Chart in Chapter 4 of the *Member Handbook* to learn which services require a prior authorization. |
| **What is a referral?**  [If the plan does not require referrals for any of its services, the plan may delete this question.] | A referral means that your primary care provider (PCP) must give you approval before you can see someone that is not your PCP or use other providers in the plan’s network. If you don’t get approval, <plan name> may not cover the services. You don’t need a referral to see certain specialists, such as women’s health specialists.  See Chapter 3, [*plan may insert reference, as applicable*] of the *Member Handbook* to learn more about when you will need to get a referral from your PCP. |
| **What is Extra Help?**  [If the plan is electing to reduce Part D co-payments to $0, the plan may delete this question.] | Extra Help is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the “Low-Income Subsidy,” or “LIS.”  Your prescription drug copays under <plan name> already include the amount of Extra Help you qualify for. For more information about Extra Help, contact your local Social Security Office, or call Social Security at 1-800-772-1213. TTY users may call 1-800-325-0778. [Plan may substitute TTY/TDD number with or add contact information for Video Relay or other accessible technology.] |
| **Who should you contact if you have questions or need help? (continued on the next page)** [*Plan may modify the call-lines as appropriate*] | **If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call <plan name> <member services name>:**   |  |  | | --- | --- | | **CALL** | <toll-free number>  Calls to this number are free. <days and hours of operation>. [*Include information on the use of alternative technologies*.]  <member services name> also has free language interpreter services available for people who do not speak English. | | **TTY** | <TTY number>  [*Insert if the plan uses a direct TTY number*: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  Calls to this number are free. <days and hours of operation>. | |
| **Who should you contact if you have questions or need help? (continued from previous page )** [*Plan may modify the call-lines as appropriate*] | **If you have questions about your health, please call the Nurse Advice Call line:**   |  |  | | --- | --- | | **CALL** | <Phone number>  Calls to this number are free. <Days and hours of operation.> [*Include information on the use of alternative technologies*.] | | **TTY** | <TTY/TDD phone number>  [*Insert if the plan uses a direct TTY number*: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  Calls to this number are [*Insert if applicable*: not] free. <Days and hours of operation.> |   [*Insert if applicable:* **If you need immediate behavioral health services, please call the Behavioral Health Crisis Line:**   |  |  | | --- | --- | | **CALL** | <Phone number>  Calls to this number are free. <Days and hours of operation.> [*Include information on the use of alternative technologies*.] | | **TTY** | <TTY/TDD phone number>  [*Insert if the plan uses a direct TTY number*: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  Calls to this number are [*Insert if applicable*: not] free. <Days and hours of operation.>] | |

# Overview of Services

The following chart is a quick overview of what services you may need, your costs, and rules about the benefits. [*Plan should add text in bold at the end of a service title if the service continues onto the next page*: **(This service is continued on the next page)**. *Plan should add text in bold after the service title on the following page*: <**name of service**> **(continued)**. *Plan should also be aware that the flow of services from one page to the next may vary after plan-customized information is added, which may necessitate adding and/or removing these instructions in other services as needed. Additionally, the plan should maintain consistency of table formatting, borders, and color scheme throughout after adding plan-customized information*.]

| **Health need or problem** | **Services you may need** [*This category includes examples of services that beneficiaries may need. The health plan should add or delete any services based on the services covered by the State.*] | **Your costs for  in-network providers** [*Plan should insert cost sharing where applicable.*] | **Limitations, exceptions, & benefit information (rules about benefits)** [*Plan should provide specific information about: need for referrals, need for prior authorization, utilization management restrictions for drugs, maximum out of pocket costs on services, and permissible OON services and applicable cost sharing (if different than in-network cost sharing).*] |
| --- | --- | --- | --- |
| **You want to see a doctor** | Visits to treat an injury or illness | [$–] |  |
| Wellness visits, such as a physical | [$–] |  |
| Transportation to a doctor’s office | [$–] |  |
| Specialist care | [$–] |  |
| Care to keep you from getting sick, such as flu shots | [$–] |  |
| **You need medical tests (This service is continued on the next page)** | Lab tests, such as blood work | [$–] |  |
| **You need medical tests (continued)** | X-rays or other pictures, such as CAT scans | [$–] |  |
| Screening tests, such as tests to check for cancer | [$–] |  |
| **You need drugs to treat your illness or condition (This service is continued on the next page)** | Generic drugs (no brand name) | [*Plan should insert a single amount or all applicable copay amounts for a tier with LIS copay amounts*] for a [*must be at least 30-day*] supply.  [Plan may delete the following statement if they charge $0 for all generic drugs.]  Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details. | There may be limitations on the types of drugs covered. Please see <plan name>’s *List of Covered Drugs* (Drug List) for more information.  [*Plan must indicate if extended-day supplies are available at retail and/or mail order pharmacy locations and make clear that the cost sharing amount for these extended-day supplies is the same as for a one-month supply.*] |
| **You need drugs to treat your illness or condition (continued)** | Brand name drugs | [*Plan should insert a single amount or all applicable copay amounts for a tier with LIS copay amounts*] for a [*must be at least 30-*day] supply.  [Plan may delete the following statement if they charge $0 for all brand name drugs.] Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details. | There may be limitations on the types of drugs covered. Please see <plan name>’s *List of Covered Drugs* (Drug List) for more information.  [*Plan must indicate if extended-day supplies are available at retail and/or mail order pharmacy locations and make clear that the cost sharing amount for these extended-day supplies is the same as for a one-month supply.*] |
| Over-the-counter drugs | [*Plan should insert a single amount, multiple amounts, or minimum/ maximum range.*] | There may be limitations on the types of drugs covered. Please see <plan name>’s *List of Covered Drugs* (Drug List) for more information. |
| **You need drugs to treat your illness or condition (continued)** | Medicare Part B prescription drugs | [$–] | Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the *Member Handbook* for more information on these drugs. |
| **You need therapy after a stroke or accident** | Occupational, physical, or speech therapy | [$–] |  |
| **You need emergency care**  **You need emergency care**  **You need emergency care** | Emergency room services | [$–] | [*Plan must state that emergency room services must be provided OON and without prior authorization requirements.*] |
| Ambulance services | [$–] |  |
| Urgent care | [$–] | [*Plan must state that urgent care services must be provided OON and without prior authorization requirements.*] |
| **You need hospital care**  **You need hospital care** | Hospital stay | [$–] |  |
| Doctor or surgeon care | [$–] |  |
| **You need help getting better or have special health needsYou need help getting better or have special health needs**  **You need help getting better or have special health needs** | Rehabilitation services | [$–] |  |
| Medical equipment for home care | [$–] |  |
| Skilled nursing care | [$–] |  |
| **You need eye care**  **You need eye care** | Eye exams | [$–] |  |
| Glasses or contact lenses | [$–] |  |
| **You need dental care** | Dental check-ups | [$–] |  |
| **You need hearing/ auditory services need hearing/ auditory services** | Hearing screenings | [$–] |  |
| Hearing aids | [$–] |  |
| **You have a chronic condition, such as diabetes or heart disease have a chronic condition, such as diabetes or heart disease** | Services to help manage your disease | [$–] |  |
| Diabetes supplies and services | [$–] |  |
| **You have a mental health condition** | Mental or behavioral health services | [$–] |  |
| **You have a substance use problem** | Substance use treatment services | [$–] |  |
| **You need long-term mental health services** | Inpatient care for people who need mental health care | [$–] |  |
| **You need durable medical equipment (DME)**  **You need durable medical equipment (DME) (continued)**  **You need durable medical equipment (DME) (continued)**  **You need durable medical equipment (DME) (continued)**  **You need durable medical equipment (DME) (continued)** | Wheelchairs | [$–] |  |
| Nebulizers | [$–] |  |
| Crutches | [$–] |  |
| Walkers | [$–] |  |
| Oxygen equipment and supplies | [$–] |  |
| **You need help living at home (This service is continued on the next page)** | Meals brought to your home | [$–] | [For all LTSS, indicate if services are only available to beneficiaries on a waiver.] |
| You need help living at home (continued) | Home services, such as cleaning or housekeeping | [$–] |  |
| You need help living at home (continued) | Changes to your home, such as ramps and wheelchair access | [$–] |  |
| **You need help living at home (continued)**u need help living at home (continued)  You need help living at home (continued)  You need help living at home (continued)  You need help living at home (continued) | Personal care assistant  (You may be able to employ your own assistant. Call <member services name> for more information.) | [$–] |  |
| Training to help you get paid or unpaid jobs | [$–] |  |
| Home health care services | [$–] |  |
| Services to help you live on your own | [$–] |  |
| Adult day services or other support services | [$–] |  |
| **You need a place to live with people available to help you** | Assisted living or other housing services | [$–] |  |
| **You need a place to live with people available to help you** | Nursing home care | [$–] |  |
| **Your caregiver needs some time off** | Respite care | [$–] |  |

# Other services that <plan name> covers

This is not a complete list. Call <member services name> or read the *Member Handbook* to find out about other covered services.

| **Other services covered by <plan name>** | **Your costs for in-network providers** |
| --- | --- |
| [*Insert special services offered by your program. This does not need to be a comprehensive list.*] | [*Plan should include copays for listed services.*] |
|  |  |
|  |  |
|  |  |

# Services covered outside of <plan name>

This is not a complete list. Call <member services name> to find out about other services not covered by <plan name> but available through Medicare [insert if appropriate: or Medicaid].

| **Other services covered by Medicare [insert if appropriate: or Medicaid]** | **Your costs** |
| --- | --- |
| [*Insert services covered outside the plan by Medicare fee-for-service and/or Medicaid fee-for-service, as appropriate. This does not need to be a comprehensive list.*] | [*Plan should include copays for listed services.*] |
| Some hospice care services | $0 |
|  |  |
|  |  |

# Services that <plan name>, Medicare, and Medicaid do not cover

This is not a complete list. Call <member services name> to find out about other excluded services.

| **Services not covered by <plan name>, Medicare, or Medicaid** | |
| --- | --- |
| [*Insert any excluded benefit categories. This does not need to be a comprehensive list. Plan may consult Section G of Chapter 4 of the Member Handbook for examples.*] |  |
|  |  |
|  |  |
|  |  |

# Your rights as a Member of the plan

As a Member of <plan name>, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

* **You have a right to respect, fairness and dignity.** This includes the right to:
  + Get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, gender identity, genetic information, ability to pay, or ability to speak English
  + Get information in other formats (e.g., large print, braille, audio)
  + Be free from any form of physical restraint or seclusion
  + Not be billed by network providers
* **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
  + Description of the services we cover
  + How to get services
  + How much services will cost you
  + Names of health care providers and care managers
* **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  + Choose a Primary Care Provider (PCP) and you can change your PCP at any time during the year
  + See a women’s health care provider without a referral
  + Get your covered services and drugs quickly
  + Know about all treatment options, no matter what they cost or whether they are covered
  + Refuse treatment, even if your doctor advises against it
  + Stop taking medicine
  + Ask for a second opinion. <plan name> will pay for the cost of your second opinion visit.
* **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  + Get timely medical care
  + Get in and out of a health care provider’s office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act
  + Have interpreters to help with communication with your doctors and your health plan.
* **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  + Get emergency services without prior approval in an emergency
  + See an out of network urgent or emergency care provider, when necessary
* **You have a right to confidentiality and privacy.** This includes the right to:
  + Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected.
  + Have your personal health information kept private.
* **You have the right to make complaints about your covered services or care.** This includes the right to:
  + File a complaint or grievance against us or our providers
  + Ask for a state fair hearing
  + Get a detailed reason for why services were denied

For more information about your rights, you can read the <plan name> *Member Handbook*. If you have questions, you can also call <plan name> <member services name>.

# How to file a complaint or appeal a denied service

If you have a complaint or think <plan name> should cover something we denied, call <plan name> at <toll-free number>. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the <plan name> *Member Handbook*. You can also call <plan name> <member services name>.

[*Plan should include contact information for complaints, grievances, and appeals.*]

# What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

* Call us at <plan name> <member services name>. Phone numbers are on the cover of this summary.
* Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
* [*Plan may also insert additional State-based resources for reporting fraud.*]