



IMPERIAL HEALTH PLAN
OF CALIFORNIA

Member Rights and Responsibilities

Your Rights as a Plan Member

As a member of **Imperial Health Plan of California, Inc. (HMO) (HMO SNP)**, you have the following rights. For complete details, please refer to **Chapter 8** of your Evidence of Coverage (EOC).

1. You have the right to receive information in a way that works for you.

We provide information at no cost in languages other than English, large print, Braille, audio, and other accessible formats. Free interpreter services are also available.

To request information in another format or language, or to file a grievance if your communication needs are not met, contact **Member Services** at **1-800-838-8271**.

Member Service Hours

- **October 1 – March 31:** Monday–Sunday, 8:00 a.m.–8:00 p.m. PST
- **April 1 – September 30:** Monday–Friday, 8:00 a.m.–8:00 p.m. PST

You may also contact **1-800-MEDICARE (1-800-633-4227)** or the U.S. Department of Health and Human Services Office for Civil Rights.

2. You have the right to timely access to covered care and prescription drugs.

You have the right to:

- Choose a Primary Care Provider (PCP) from our network.
- Receive covered services and appointments within a reasonable time.
- See a women's health specialist, such as a gynecologist, without a referral when allowed.
- Fill covered prescriptions at network pharmacies without unnecessary delays.

If you believe you are not receiving timely care or your coverage has been denied, you have the right to request a coverage decision, file an appeal, or submit a grievance. See **Chapter 9** of your EOC.

3. You have the right to be treated with respect and have your privacy protected.

You have the right to:

- Be treated with dignity, respect, and fairness.
- Receive care without discrimination.
- Have your personal health information kept private as required by federal and state law.
- Review your medical records and request corrections when appropriate.
- Know how your health information is used and shared.

If you have questions about your privacy rights, contact Member Services.

4. You have the right to information about your health plan and coverage.

You may request information about:

- Your plan benefits and services.
- Network providers and pharmacies.



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- Provider qualifications.
- Plan rules, costs, and coverage limitations.
- Your rights to request coverage decisions, file appeals, or submit grievances.
- The plan's quality ratings and appeals information.

Your Provider Directory, Formulary, and Evidence of Coverage are available through Member Services and on the plan website.

5. You have the right to make decisions about your health care.

You have the right to:

- Receive understandable information about your health condition and treatment options.
- Participate in decisions about your care.
- Know the risks and benefits of treatment options.
- Accept or refuse medical treatment.
- Receive an explanation if coverage for care or medications is denied.

6. You have the right to make advance directives.

You may decide in advance who can make health care decisions for you if you become unable to do so.

You may:

- Complete an Advance Directive, Living Will, or Durable Power of Attorney for Health Care.
- Provide copies to your physician, family members, or others involved in your care.

You will not be denied care if you choose not to complete an advance directive.

7. You have the right to file complaints and appeals.

If you have concerns about your care, services, or prescription drug coverage, you have the right to:

- Request a coverage decision.
- File an appeal.
- Submit a grievance.

We will review your concerns fairly and according to Medicare requirements. See **Chapter 9** of your EOC.

8. You have the right to be free from discrimination.

You have the right to receive services without discrimination based on race, color, national origin, age, disability, religion, sex, or other protected characteristics. Imperial does not exclude anyone or treat them unfairly because of race, color, national origin, age, disability, or sex.

If you believe you have experienced discrimination, you may contact the U.S. Department of Health and Human Services Office for Civil Rights or Member Services.



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9. You have the right to learn more about your rights.

Additional information is available through:

- Member Services
- Your State Health Insurance Assistance Program (SHIP)
- Medicare at **1-800-MEDICARE (1-800-633-4227)** or **www.medicare.gov**

10. You may share recommendations about this policy.

You may submit comments regarding the Member Rights and Responsibilities Policy to:

Imperial Health Plan of California, Inc.

Attention: Member Experience

P.O. Box 60874

Pasadena, CA 91116

Your Responsibilities as a Plan Member

As a member, you also have responsibilities that help us provide quality care.

You are responsible for:

- Reading your Evidence of Coverage (EOC) to understand your benefits, costs, and plan rules.
- Informing us if you have other health insurance or prescription drug coverage.
- Showing your member ID card whenever you receive medical services or prescription drugs.
- Providing accurate health information to your doctors and following agreed-upon treatment plans.
- Asking questions if you do not understand your care or treatment.
- Respecting the rights of other patients and treating providers and staff with courtesy.
- Paying any required Medicare premiums, copayments, coinsurance, deductibles, or other applicable costs.
- Paying for services or medications that are not covered by the plan.
- Informing Member Services if you move or if your contact information changes.
- Contacting Member Services whenever you have questions, need assistance, or wish to provide feedback.

Need Help?

Member Services: 1-800-838-8271

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