

Integra Managed Care

Member Rights & Responsibilities

- Our plan must honor your rights as a member of the plan.
 - We must provide information in a way that works for you (in languages other than English, in Braille, in large print or other alternate formats, etc.).
 - We must treat you with fairness and respect at all times.
 - We must ensure that you get timely access to your covered services and drugs.
 - We must protect the privacy of your personal health information.
 - We must give you information about the plan, its network of providers and your covered services.
 - We must support your right to make decisions about your care.
 - You have the right to know your treatment options and participate in decisions about your health care.
 - You have the right to give instructions about what is to be done if you are not able to make medical decisions for yourself.
 - You have the right to make complaints and to ask us to reconsider decisions we have made.
 - We must provide guidance regarding what you can do if you believe you are being treated unfairly or your rights are not being respected.
 - You have some responsibilities as a member of the plan.
 - **What are your responsibilities?**
 - *Get familiar with your covered services and the rules you must follow to get these covered services.*
 - *If you have any other health insurance coverage or prescription drug coverage in addition to our plan, you are required to tell us.*
 - *Tell your doctor and other health care providers that you are enrolled in our plan.*
 - *Help your doctors and other providers help you by giving them information, asking questions and following through on your care.*
 - *Be considerate.*
 - *Pay what you owe.*
 - *Tell us if you move*
 - *If you move outside of our plan service area, you cannot remain a member of our plan.*
 - *If you move within our service area, we still need to know.*
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Rights & Responsibilities upon Disenrollment

When can you end your membership in our plan?

- From October 15 through December 7 of each year, anyone can make any type of change, including adding or dropping Medicare Prescription Drug Coverage.
- From January 1 through March 31 of each year, anyone enrolled in a Medicare Advantage Plan has an opportunity to disenroll from that plan and return to Original Medicare.
- Generally, you may not make changes at other times unless you meet certain special exceptions, such as:
 - If you move out of the plan's service area.
 - If you have Medicare and Medicaid, Extra Help for our prescription drug costs, or are enrolled in the Medicare Savings Program.
 - If you move in or out of a Nursing Home.
 - If our plan is no longer offered in your residential area.

How can you end your membership in our plan?

- **Written Request:** You may complete a Disenrollment Request form. The form must be signed by you (or your legal representative).
- **By Telephone:** You can call 1-800-MEDICARE (1-800-633-4227) anytime, 24 hours a day, 7 days a week to disenroll by telephone. TTY users should call 711. If you're receiving coverage through your employer, you should contact your employer instead of calling 1-800-MEDICARE to find out how this affects your retiree benefits.
- **Enrolling into another Medicare Advantage (MA) or Prescription Drug Plan (PDP):** If you are planning to enroll, or have enrolled, in another Medicare Advantage or other Medicare Health Plan, enrolling in another Medicare plan will automatically disenroll you from our plan.

Upon notification of your request to disenroll from Integra Managed Care, we will send you confirmation of your request within 10 calendar days of receiving your disenrollment request. Your disenrollment will become effective the first of the month following receipt of your request to disenroll.

Please be advised Integra Managed Care may deny your request to disenroll if:

- The request was made outside of an allowable period and you do not qualify for a Special Election.
- The request was made by someone other than yourself or your legal representative.
- The request was incomplete and the required information is not provided within the required time frame.

Call Member Services at 1-877-388-5195 for help if you have any questions or concerns.

To access the plan Evidence of Coverage (EOC) for all plans please visit our Member Website at <https://www.integramanagedcare.com/member-resources>