

IMPORTANT ENROLLEE INFORMATION AND ENROLLEE BILL OF RIGHTS

IMPORTANT ENROLLEE INFORMATION

- 1. COVERED SERVICES:** Services provided by the Health Plan will be covered only if services are provided by participating Health Plan providers or authorized by the Health Plan. Your contract fully defines what services are covered and describes procedures you must follow to obtain coverage.
- 2. PROVIDERS:** Enrolling in the Health Plan does not guarantee services by a particular provider on the list of providers. When a provider is no longer part of the Health Plan you must choose among remaining Health Plan providers.
- 3. REFERRALS:** Certain services are covered only upon referral. See Section 2 of your contract for referral requirements. All referrals to non-Health Plan providers and certain types of health care providers must be authorized by the Health Plan.
- 4. EMERGENCY SERVICES:** Emergency services from providers who are not affiliated with the Health Plan will be covered only if proper procedures are followed. Your contract explains the procedures and benefits associated with emergency care from the Health Plan and non-Health Plan providers.
- 5. EXCLUSIONS:** Certain services or medical supplies are not covered. You should read the contract for a detailed explanation of all exclusions.
- 6. CONTINUATION:** You may convert to an individual health maintenance organization contract or continue coverage under certain circumstances. These continuation and conversion rights are explained fully in your contract.
- 7. CANCELLATION:** Your coverage may be canceled by you or the Health Plan only under certain conditions. Your contract describes all reasons for cancellation of coverage.
- 8. NEWBORN COVERAGE:** If your health plan provides for dependent coverage, a newborn infant is covered from birth, but only if services are provided by participating Health Plan providers or authorized by the Health Plan. Certain services are covered only upon referral. The Health Plan will not automatically know of the infant's birth or that you would like coverage under your plan. You should notify the Health Plan of the infant's birth and that you would like coverage. If your contract requires an additional premium for each dependent, the Health Plan is entitled to all premiums due from the time of the infant's birth until the time you notify the Health Plan of the birth. The Health Plan may withhold payment of any health benefits for the newborn infant until any premiums you owe are paid.

9. **PRESCRIPTION DRUGS AND MEDICAL EQUIPMENT:** Enrolling in the Health Plan does not guarantee that any particular prescription drug will be available or that any particular piece of medical equipment will be available, even if the drug or equipment is available at the start of the contract year.

ENROLLEE BILL OF RIGHTS

1. Enrollees have the right to available and accessible services including emergency services, as defined in your contract, 24 hours a day and seven days a week;
2. Enrollees have the right to be informed of health problems and to receive information regarding treatment alternatives and risks which is sufficient to assure informed choice;
3. Enrollees have the right to refuse treatment, and the right to privacy of medical and financial records maintained by the health maintenance organization and its health care providers, in accordance with existing law;
4. Enrollees have the right to file a complaint with the health maintenance organization and the commissioner of health and the right to initiate a legal proceeding when experiencing a problem with the health maintenance organization or its health care providers;
5. Enrollees have the right to a grace period of 31 days for the payment of each premium for an individual health maintenance contract falling due after the first premium during which period the contract shall continue in force;
6. Medicare enrollees have the right to voluntarily dis-enroll from the health maintenance organization and the right not to be requested or encouraged to dis-enroll except in circumstances specified in federal law; and
7. Medicare enrollees have the right to a clear description of nursing home and home care benefits covered by the health maintenance organization.

In the event that Quartz Health Plan MN Corporation enters into an agreement with your employer to provide you with a health care benefit plan please note the following: THIS HEALTH CARE PLAN MAY NOT COVER ALL YOUR HEALTH CARE EXPENSES; READ YOUR CONTRACT CAREFULLY TO DETERMINE WHICH EXPENSES ARE COVERED.