

Member Rights

Members have the right to:

- › Be treated fairly, with courtesy and respect, regardless of race, religion, gender, ethnicity, age, disability, illness, sexual orientation or financial status.
- › Receive information in a way that you can understand (i.e., in your preferred language, in Braille, in large print, TTY).
- › Receive care that is considerate and respects your expressed personal values and belief system.
- › Obtain information about your pharmacy benefit plan.
- › Have access to a current listing of network pharmacies.
- › Have questions about your pharmacy benefits answered in a timely manner.
- › Have the right to participate with healthcare providers in making decisions about your care and be informed of your treatment choices.
- › Have your personal health information kept confidential. Only where permitted by law may records be released without your consent.
- › Provided with an explanation for any non-coverage decisions.
- › Be given information on how to file a complaint or appeal.
- › Make complaints and file appeals (ask us to reconsider decisions we have made) without fear of discrimination or reprisal.
- › Choose not to comply with recommended care or treatment and be informed of the potential consequences of not complying with the treatment recommendations.
- › Receive requested information about FairoRx clinical guidelines & programs.
- › Decline to participate or withdraw from programs and services.
- › Make recommendations or give input on FairoRx's Member Rights and Responsibilities policies.

Member Responsibilities

Members have the responsibility to:

- › Act with respect and courtesy to those providing care or services.
- › Supply accurate and complete information to your healthcare providers.
- › Know your pharmacy benefit coverage. Review your materials and ask questions if you do not understand.
- › Show your healthcare provider your plan's formulary if you need a prescription.
- › Present your Member ID card when filling or picking up a prescription.
- › Pay your required copay, deductible and/or coinsurance for any prescriptions you fill or services received.
- › Inform your benefits manager, healthcare providers, and pharmacy staff of any changes in name, address or phone number.
- › Report any healthcare fraud, abuse or unethical practices.