

## Blue Choice PPO<sup>SM</sup> and Blue High Performance Network<sup>®</sup> (BlueHPN)<sup>®</sup> Provider Manual - Subscriber(s) Rights and Responsibilities

**Important note:**

Throughout this provider manual there will be instances when there are references unique to Blue Choice PPO, Blue High Performance Network, Blue Edge, EPO and the Federal Employee Program. These specific requirements will be noted with the plan/network name. If a Plan/network name is not specifically listed or "Plan" is referenced, the information will apply to all PPO products.

**In this  
Section**

The following topics are covered in this section.

| Topic   | Page  |
|---|-------|
| <a href="#">Subscriber(s) Rights and Responsibilities</a> | O - 2 |
| <a href="#">Communication Rights and Responsibilities</a> | O - 2 |

## Blue Choice PPO and BlueHPN Provider Manual - Subscriber(s) Rights and Responsibilities

---

### Rights and Responsibilities

As a provider for Blue Cross and Blue Shield of Texas (BCBSTX), you are obligated to be aware of subscribers' rights and informed of subscribers' responsibilities. Our health plan subscribers may refer to their benefit booklet for a listing of their rights and responsibilities, which are also included below; you can also access these documents on our website at [bcbstx.com](http://bcbstx.com).

---

| <b>Rights</b>   | <b>Responsibilities</b>  |
|---|--|
| <b>Subscriber(s)</b>  | <b>Subscriber(s)</b>   |
| <b>You have the right to:</b>   | <b>You have the responsibility to:</b>   |
| Receive information about the organization, its services, its practitioners and providers and subscribers' rights and responsibilities. | Provide, to the extent possible, information that your health benefit plan and practitioner/provider need, in order to provide care. |
| Make recommendations regarding the organization's subscribers' rights and responsibilities policy.                                      |  |

| <b>Rights</b>   | <b>Responsibilities</b>   |
|---|---|
| <b>Communication</b>  | <b>Communication</b>  |
| <b>You have the right to:</b>   | <b>You have the responsibility to:</b>  |
| Participate with practitioners in making decisions about your health care.  | Follow the plans and instructions for care you have agreed to with your practitioner.   |
| Be treated with respect and recognition of your dignity and your right to privacy.  | Understand your health problems and participate in the development of mutually agreed upon treatment goals, to the degree possible. |
| A candid discussion of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage. |   |
| Voice complaints or appeals about the organization or the care it provides.   |   |

---