

Central Coast EPO

Medical Plan User Guide

EFFECTIVE JANUARY 1, 2019



Your health. Your benefits. **Your choice.**



Dignity Health Central Coast EPO User's Guide

Dignity Health is committed to offering you comprehensive, affordable, and quality health care benefits. This guide will help you understand the Dignity Health Central Coast EPO. It also describes the resources available to help you make informed choices when you need care.

Your plan requires you to use network providers for all of your health care services, except in the case of an emergency. Be sure to carefully review the key features of the plan, including the fact that you must coordinate all care through the primary care provider that you select. Also, know where both you and your covered family members can go for routine medical visits, specialized care, hospital visits, lab work and imaging, and filling prescriptions.

We encourage you to take the time to review this guide and keep it as a reference to help you understand how to get the most out of your Dignity Health Central Coast EPO.

This user guide describes plan features and benefits effective January 1, 2019.



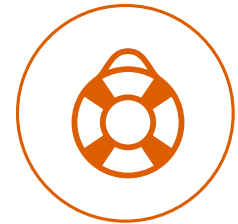
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Understanding My Medical Coverage

Your Primary Care Provider coordinates all your care

IN THIS SECTION

Your Primary Care Provider coordinates all your care

Important insurance terms and definitions

What I'll pay when I seek care

Using my plan ID card

What's an explanation of benefits (EOB)?

Using my Health Care Flexible Spending Account (FSA)



You must see your designated PCP—your PCP will coordinate all your care, referring you to network specialists, labs, and hospitals when needed.



FOR EMERGENCY CARE:

- Go to the nearest Emergency Room
- Call 9-1-1

Note: You may see a network mental health and substance abuse provider without a referral from your PCP. Call Anthem Behavioral Health at 1.866.470.6244 for help finding a network provider. Anthem Behavioral Health will coordinate getting authorization if any services require it.

Important insurance terms and definitions

With the Dignity Health Central Coast EPO, there are several key terms you should know.

What is preventive care?

In keeping with the Affordable Care Act (ACA), the Dignity Health Central Coast EPO covers certain preventive services at 100% when performed by a network provider. Preventive care will not be covered if you use an out-of-network provider. Refer to page 8 for more details about preventive care, including a link to the list of covered preventive services.

What is a deductible?

If the plan you enrolled in has a deductible, this is the amount you have to pay out of pocket before your plan will start to pay benefits. Once you reach your annual deductible, you and the plan will start sharing the cost of services. You can use money from your Health Care Flexible Spending Account (FSA) to pay toward your deductible.

What is coinsurance?

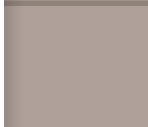
Once you meet your deductible, you may share in the cost of services by paying a percentage (called coinsurance) for covered services. The plan covers the remaining percentage.

What is a copayment?

This is a fixed amount you pay for covered services, including doctor's office visits and prescriptions. You usually pay your copayment at the time you receive the service. If your plan has a deductible, you will only pay a copayment for most services after you've met your deductible for the year.

What is an out-of-pocket maximum?

This is the most you will have to pay for your covered medical expenses in a given year. Once you pay this amount, the plan will cover additional eligible expenses at 100%.





Paying for Care

Many services are subject to copayments and cost-sharing—including, but not limited to, services provided by your PCP, any specialists, labs, urgent care or emergency facilities, or pharmacies. They are to be paid to the provider at the time services are rendered. Please refer to your summary of benefits for information on copayments and cost-sharing.

What I'll pay when I seek care

Be sure to take a close look at your plan's Summary of Benefits & Coverage (SBC). The SBC summarizes the benefit coverage provided for many health care services. You will see when copayments, the deductible, and coinsurance apply. Click on the "Summary of Benefits & Coverage" link from the *Resources* menu option in the *My Total Rewards* portal at <https://employee.dignityhealth.org/totalrewards>.

Here's what to think about when looking at your plan's SBC:

- For services that list only a copayment, you can expect to pay that amount out of pocket at the time of your visit.
- For services that show a deductible and coinsurance/copayment requirement, you won't typically pay anything at the point of care. Your provider will submit a bill to the plan administrator, BRMS. The plan will pay its applicable share of the costs. Then, your provider will bill you for your share.

For more complete details about the Dignity Health Central Coast EPO, refer to the Medical Plan Document for your plan, available on the Dignity Health Total Rewards Portal.

Using my plan ID card

When you enroll in the Dignity Health Central Coast EPO Plan, you will receive an ID card in the mail. You will receive one card for yourself and an additional card for your covered family members. If you need additional cards, you may log on to the plan administrator's website, www.brmsonline.com/dignityhealth.

You must present your ID card every time you receive care—at the doctor's office, urgent care clinic, lab, hospital, outpatient facility, and pharmacy. It provides key information to make sure you'll get the right coverage, pay the correct copayments and/or deductibles, and experience smooth claims processing.

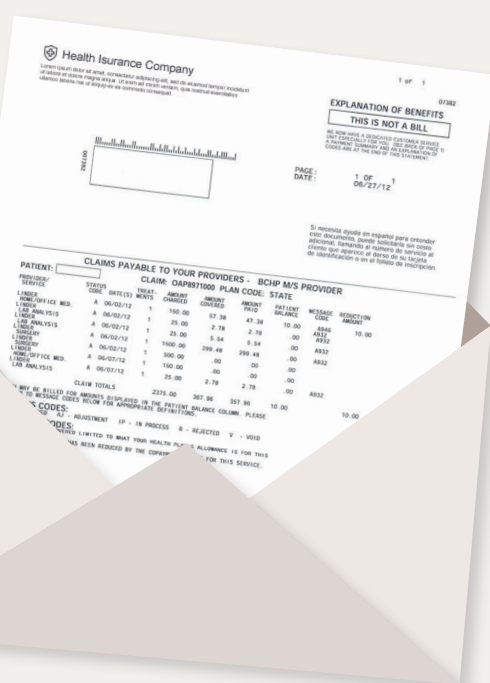
If you lose your card, contact BRMS at 1.866.755.6974.

What's an explanation of benefits (EOB)?

After you receive health care services, you will receive an explanation of benefits from the plan administrator, BRMS. An EOB includes the following information:

- The date you received care
- The provider(s) who cared for you
- The services you received
- The amount billed to the plan
- The amount of your total bill that your plan covers and pays
- Your responsibility—the amount you owe your provider

If you notice an issue or an unexpected expense on your EOB, contact BRMS immediately.



Remember, if you have a Health Care FSA, you can use your balance to pay for your share of eligible expenses.



Using my Health Care Flexible Spending Account (FSA)

A Health Care FSA allows you to set aside pre-tax money from your paycheck to pay for eligible health care expenses. You can view a list of eligible health care expenses on the IRS website at www.irs.gov/publications/p502/index.html.

Here's how the Health Care FSA works:

1. You have the opportunity to elect the Health Care FSA during annual enrollment or as a newly eligible employee.
2. The maximum Health Care FSA contribution amount for 2019 is \$2,650. Note, the maximum contribution may change each year depending on IRS regulations.
3. You can use your FSA funds to pay for eligible medical, dental, and vision expenses for you, your spouse, or eligible dependents. You can request an FSA debit card from PayFlex, the FSA administrator, or pay for services up front and submit a claim for reimbursement. Visit www.payflex.com to set up and manage your account. You can also call PayFlex at 1.800.284.4885 for information about your account.
4. Remember, you have until March 31 each year to submit claims for reimbursement of eligible expenses from the prior year. The FSA is a “use it or lose it” account. This means you must use the money you contribute each year or forfeit those funds.

Health Care FSA Tips

- Save all of your receipts; you may need them for reimbursements and to validate your expenses with the plan or IRS.
- You should use your available FSA funds before paying out of pocket, because you may have to forfeit leftover funds at the end of the year.
- Remember that you can use your FSA funds to pay your deductible, your copayments, and your share of coinsurance.





Knowing Where to Go

IN THIS SECTION

Your Primary Care Provider (PCP)

Coordinating care with your PCP

Finding your PCP

Specialist care: referrals required

Preventive care

Mental health and substance
abuse treatment

This plan has specific requirements to follow in order to get the highest coverage at the lowest cost. You must use a PCP in the plan's network, and he or she will coordinate all of your care. There is no coverage out of network except in an emergency. Learn the ins and outs of your plan and know where to go, if you want to be sure your care is covered.

Your Primary Care Provider (PCP)

With the Dignity Health Central Coast EPO, you must select a PCP for yourself as well as one for each of your enrolled dependents.

Your PCP will coordinate your medical care and provide referrals when you need more specialized care. It's important and required that you select a PCP when you first enroll in the Dignity Health Central Coast EPO. If you don't, one will be assigned to you, and you will be notified by BRMS about your PCP assignment. You can change your PCP at any time by calling BRMS at 1.866.755.6974.

Here are the types of providers you can designate as your PCP:

- Pediatrician
- General Practice
- Internal Medicine (Internist)
- Family Medicine (Family Practitioner)
- OB-GYN

You and your enrolled dependents must coordinate with your designated PCP to ensure that your care is covered. There is no coverage out of network except in an emergency. If you have a family member who is traveling or living in another area, they must return to see their network PCP in order to have their care covered, except for emergencies.

Coordinating care with your PCP

An important benefit of coordinating all care through your PCP is being able to build a close relationship with your doctor and receiving continuity of care. Your PCP will refer you for any other services (specialists, labs, etc.) you need. Here's how you can prepare for your PCP visits:

- Confirm your PCP is in the network and listed on your ID card.
- Always bring your plan ID card.
- Understand your share of costs.
- Write down a list of the medications and vitamins/supplements you are taking.
- Think about questions for your doctor in advance (see box to the right).

Finding your PCP

When you enroll, you'll be asked to name a doctor as your PCP, or one will automatically be assigned to you. You should confirm that the doctor you plan to use as your PCP is in the Dignity Health Central Coast EPO network. Remember that you can select a new PCP at any time by calling BRMS at 1.866.755.6974.

You can find a link to the provider directory, which includes the Dignity Health Central Coast EPO providers, on the plan's website at www.brmsonline.com/dignityhealth or by visiting the *My Total Rewards* portal at <https://employee.dignityhealth.org/totalrewards>.

Specialist care: referrals required

You must coordinate all of your care through your PCP to ensure your care will be covered. In this plan, you must obtain a referral from your PCP to see a specialist.

Note: You may visit a network OB-GYN or behavioral health provider without a specialist referral from your PCP.

Great questions to ask your doctor:

1. What screenings or tests am I receiving at this visit? Are they covered by my insurance?
2. Why do I need this medication? Is there a generic available?
3. Do I need to see a specialist, and if so can you refer me to one?
4. What are the most important things I need to remember when I leave the office today?
5. What happens next? Do I need to come back? If so, when?

Which Dignity Health hospitals are in the Central Coast EPO network?

They are...

- Arroyo Grande Community Hospital
- French Hospital Medical Center
- Marian Regional Medical Center

To find a complete list of the Dignity Health Central Coast EPO providers and facilities, log on to www.brmsonline.com/dignityhealth or call BRMS at 1.866.755.6974.





When you see your PCP for preventive care, he or she will determine if you need any further lab tests or screenings, like a mammogram or colonoscopy. Your PCP will then refer you to a network provider.

LiveHealth Online video visit

You can also make an appointment for a video visit with a licensed therapist for mental health and substance abuse treatment. Appointments can be scheduled online at www.livehealthonline.com or by phone at 1.888.548.3432 from 7:00 a.m. to 7:00 p.m., seven days a week. Refer to pages 10 and 11 for more details about LiveHealth Online, including how to register.

Preventive care

In keeping with the Affordable Care Act, the Dignity Health Central Coast EPO covers preventive services at 100% when performed by any network provider. Covered services include:

- Physical exam
- Immunizations, based on guidelines for your age
- Pap tests
- Mammogram, based on guidelines for your age
- Colonoscopy, based on guidelines for your age
- Prostate cancer screening, based on guidelines for your age
- Tests for cholesterol and blood pressure

For a complete list of preventive services covered under the Dignity Health Central Coast EPO, go to <https://www.healthcare.gov/coverage/preventive-care-benefits/>.

Mental health and substance abuse treatment

The Dignity Health Central Coast EPO provides coverage for mental health services and substance abuse treatment. You may see a network mental health and substance abuse provider without a referral from your PCP. Call Anthem Behavioral Health at 1.866.470.6244 for help finding a network provider. Anthem Behavioral Health will coordinate getting authorization if any services require it. There is no coverage out of network except in an emergency.



Immediate Care

It's important to know the resources available to you when you have an unexpected medical situation or face a life-threatening emergency. This section describes where to go for immediate care, including:

- Your PCP's office or a walk-in clinic
- LiveHealth Online telemedicine
- An urgent care center
- An emergency room

Visit your Primary Care Provider or a walk-in clinic

You should see your PCP for routine care or for your annual preventive care, as well as contact their office first for immediate care to see if a same-day appointment is available.

Walk-In Clinics are an alternative method of accessing care when your designated PCP is not available. These services are subject to the standard PCP copayment. To find Walk-In Clinics in the network, go to www.brmsonline.com/dignityhealth.

Access LiveHealth Online telemedicine

LiveHealth Online gives you and your covered family members access to board-certified doctors through video visits 24/7, and generally for less than your regular PCP copayment. Your claim is processed through BRMS, like other medical claims.

You do have to register for LiveHealth Online prior to your first visit, so we recommend you complete the registration process in advance. Registration only takes a few minutes and once complete, you can request a consultation any time you need care—via video visits from your smartphone, tablet, or computer. Spanish-speaking doctors are also available.

Know where to go to get care based on your condition. There are many places to get care—from your personal doctor, by accessing LiveHealth Online telemedicine, at an urgent care center, or by calling the Nurse Advice Line. Knowing where to go for care can help save you time and money.





HOW TO REGISTER FOR LIVEHEALTH ONLINE

1. Go to livehealthonline.com or **download the free LiveHealth Online app** at the Apple Store or on Google Play.
2. Choose “Sign Up” and follow the instructions

Good to Know!

- Have your medical ID card handy when you register to complete your insurance information. Adding your Member ID upon registration will ensure you see the cost of your visit based on your plan benefits. Don't worry, you'll always know your share of the costs prior to the start of any LiveHealth Online visit.
- You'll be asked to provide your medical history and medications, so the doctors have the information they need to make an accurate diagnosis during your video visit.
- Take advantage of this valuable benefit and register today so when you need care, you can be seen right away!

When Should You Use LiveHealth Online?

LiveHealth Online's board-certified doctors can help assist you with many conditions including:

- Cold and flu
- Bronchitis
- Respiratory infection
- Sinus problems
- Allergies
- Urinary tract infection
- Pediatric care
- Poison ivy
- Pink eye

You may also access mental health care assistance and treatment through LiveHealth Online. Seeking help for anxiety, depression, grief, panic attacks, and more is an important step. Using LiveHealth Online Psychology makes it easier for you to...

- Get access to a licensed therapist from 7 a.m. to 11 p.m. during the week and weekends.
- Visit with a psychologist or therapist from a convenient and comfortable environment, such as your own home.
- Schedule the first visit within four days in most cases, and in some cases, on demand.

It's important to note that online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 1.800.784.2433 (National Suicide Prevention Lifeline) or 911 and ask for help. Additionally, if your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

Go to an urgent care center

For common issues like a cold, high fever, flu, allergic reactions to food, animal or bug bites, ear infections, sprains, and minor cuts, that should be treated immediately and your doctor's office is not available, you may want to visit an urgent care center. You can receive same-day care, and urgent care centers are often open after normal business hours. You will also pay less at urgent care than at the emergency room.

To find a network urgent care provider, visit www.brmsonline.com/dignityhealth and scroll down to Finding a Provider. Then you can:

- Download the Dignity Health Central Coast Network PDF, or
- Click the link to the Anthem network. For help with an Anthem search, see the **Member Urgent Care Search Guide**.





Go to an emergency room

If you face a potentially life-threatening situation, call 911 or go to the nearest emergency room—the preferred facilities for emergency services include Dignity Health hospitals, Marian Regional Medical Center, French Hospital Medical Center and Arroyo Grande Community Hospital. However, all legitimate emergency claims are considered in-network, regardless of where you receive care—even if you or your dependents are outside of the Central Coast region at the time.

You will have to pay a copayment, which is waived if you are admitted. If the plan you are enrolled in has a deductible, your copayment and deductible will be waived if you are admitted. After that, services received are covered at the network benefit level. If you go to the emergency room for a non-emergency, you will be responsible for the full cost.



See the table below to understand when it's recommended you visit the emergency room versus an urgent care center based on your symptoms:

Emergency Room	Urgent Care
<ul style="list-style-type: none">• Difficulty breathing or speaking• Chest pain or pressure• Sudden or severe pain• Uncontrolled bleeding/large open wounds• Severe head injury• Spinal injuries• Severe or persistent vomiting or diarrhea• Coughing or vomiting blood• Severe allergic reactions• Severe burns• Fainting, sudden dizziness, weakness, or change in vision	<ul style="list-style-type: none">• Flu, fever, nausea• Earaches• Minor bone fractures• Sprains and strains• Minor cuts, infections• Rashes, animal, and insect bites

If you are admitted to the hospital from the emergency room, or you have gone to an emergency room out of the area, you or a family member must contact BRMS by the next business day to let them know. Follow-up care should be provided in-network, and should be coordinated by your PCP.





Prescription Medications

The Dignity Health Central Coast EPO includes comprehensive prescription drug coverage, and this section describes:

- Filling and paying for a prescription
- Prior Authorization prescriptions
- Prescription utilization and care management programs
- Important prescription drug terms and definitions

Filling and paying for a prescription

Your prescription drug coverage is provided through Express Scripts (ESI).

Log on to the plan's website at www.brmsonline.com/dignityhealth and link to the ESI website. You will need to register with ESI and then you can find a network pharmacy, view prescriptions, review your benefits coverage, request mail order service, and track your claims. The plan covers both walk-up retail and home delivery prescriptions.

Find a participating network pharmacy

Log on to the plan's website at www.brmsonline.com/dignityhealth and link to the ESI website, or call BRMS at 1.866.755.6974.

Your medical and pharmacy information will be combined on one medical plan ID card.

Walk-up—when you need your medication immediately	<ul style="list-style-type: none">• You will use a network pharmacy when you need to get a medication immediately.• Present your medical ID card when you pick up your prescription.• You will pay for your prescription at the pharmacy. Remember, you can use money from your Health Care FSA to pay for prescription drugs. Refer to page 5 for details on using your FSA.
Mail order—for medication you take regularly	<ul style="list-style-type: none">• For medication you take regularly to treat conditions such as high cholesterol, high blood pressure, and diabetes, using the home delivery option is a convenient and easy way to fill your prescriptions.• To get started, go to the website or call the phone number listed on your medical plan ID card.

Take note: If you need specialty medications, you will work directly with the Plan's specialty pharmacy program—contact the number listed on your medical plan ID card for details. Specialty medications may require Prior Authorization.

You can visit www.brmsonline.com/dignityhealth.com to access the ESI Drug Formulary and determine what tier your prescription is on.

Prior Authorization prescriptions

Your prescription may require Prior Authorization. If it does, have your provider contact ESI at 1.844.547.4402.

Prescription utilization and care management programs

Your prescription drug coverage comes with special programs, such as ESI Utilization Management, that work behind the scenes to help you receive the highest quality, most cost-efficient health care. The program analyzes select drugs to ensure you are being provided the safest and most effective drug for your medical condition. ESI Utilization Management coordinates Drug Quantity Management (quantity limits), Step Therapy and Prior Authorization for your prescriptions (see below for more information).

Important prescription drug terms and definitions

With prescription drugs, there are several terms you should know as you use the plan:

Brand Name Drug. A drug protected by a patent, which prohibits other companies from manufacturing the drug while the patent remains in effect. The name is unique and usually does not describe the chemical makeup (for example, Tylenol).

Dispense as Written (DAW). It's a good rule of thumb to confirm whether your doctor is prescribing generic drugs. If you choose a brand name medication when there is a generic available, you will be required to pay your copayment plus the difference between the cost of the brand name medication and the generic, unless your physician has written DAW (dispense as written).

Drug Quantity Management (Quantity Limit). For safety and cost reasons, certain medications, such as drugs to treat migraines, may have quantity limits on the amount covered for a period of time. The plan's quantity limits follow guidelines developed by the U.S. Food & Drug Administration (FDA). These guidelines recommend the maximum quantities considered safe for prescribing certain drugs.

Formulary. A formulary is a list of commonly prescribed medications preferred by the Dignity Health Central Coast EPO. You will pay a lower cost for drugs on the formulary.

Generic Drug. A prescription drug that is proven to be as safe and effective as a brand name drug. Generic drugs generally have the same active ingredients as brand name drugs, and they usually become available after the patent expires on a brand name drug. Generic drugs are usually the least expensive option.

Prior Authorization. Some medications require approval before the medication can be covered by the plan. Generally, ESI, our pharmacy administrator, will contact your doctor to request additional information. ESI will notify you and your doctor, usually within two business days, whether coverage has been approved.

Specialty Drug. A drug used to treat complex conditions like cancer and auto-immune diseases. Specialty drugs are typically high-cost prescription medications that require special handling and administration.

Step Therapy. Certain medications may require you to try one or more specified drugs that have been proven effective for most people with your condition before you can move up a "step" to a more expensive drug, even one initially prescribed by your doctor. This might mean you'll try a less expensive generic drug instead of a brand name medication. Step therapy is intended to reduce costs by encouraging the use of medications that are less expensive but can still treat your condition effectively. To see which medications are affected by step therapy, visit www.express-scripts.com or call ESI Member Services.



When I Need Help



When you need to...	Contact	Phone	Website
Find out more details about my Dignity Health Central Coast EPO <ul style="list-style-type: none"> • Network Providers • Prior Authorizations • Claims • ID Cards • Mental health or substance abuse providers 	BRMS Anthem Behavioral Health	1.866.755.6974 1.866.470.6244	www.brmsonline.com/dignityhealth
Find out about prescription drug benefits under the Central Coast EPO	Express Scripts (ESI)	1.844.547.4402	www.express-scripts.com
Get answers to Dignity Health benefit questions	Dignity Health Employee Service Center	1.855.475.4747, press Option 1 for Benefits	https://employee.dignityhealth.org/totalrewards
Access LiveHealth Online telemedicine	LiveHealth Online	1.888.548.3432	www.livehealthonline.com or download the app and register on your phone or tablet
See qualified medical expenses for Health Care FSA <i>OR</i> Submit claims for FSA	PayFlex	1.800.284.4885	www.payflex.com

My Quick Reference

Fill out this sheet now and save it for future reference when you may need it.

My and my family members' primary care doctor(s)

Physician's name: _____

Phone number: _____

Address: _____

Additional PCPs: _____

To find a Dignity Health primary care doctor, see page 6.

Closest urgent care center

Address: _____

To learn when to visit an urgent care center vs. visiting the ER, see pages 11-13.

Closest ER and hospital

Address: _____

My pharmacy

Name/pharmacist: _____

Phone number: _____

Address: _____

To learn more about prescription coverage, see pages 14-15.

Additional important medical information:





This document is a brief summary of your plan benefits; it's not a complete description or binding contract. If there is any difference between the information in this document, any verbal description you receive, the Summary Plan Description (SPD), and legal plan contracts or plan documents, the legal documents will govern.

Central Coast