



Benefits that work for you

Central Coast EPO

Medical Plan User Guide

CommonSpirit 



Dignity Health Medical Plan User's Guide

CommonSpirit 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 and 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.



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Understanding My Medical Coverage

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 won't 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 (HCFSAs) 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 office visits and prescriptions. You usually pay your copayment at the time you receive the service. If your plan has a deductible, you'll 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'll 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%.

In this section

Important insurance terms and definitions

Here's how the plan's key features fit together

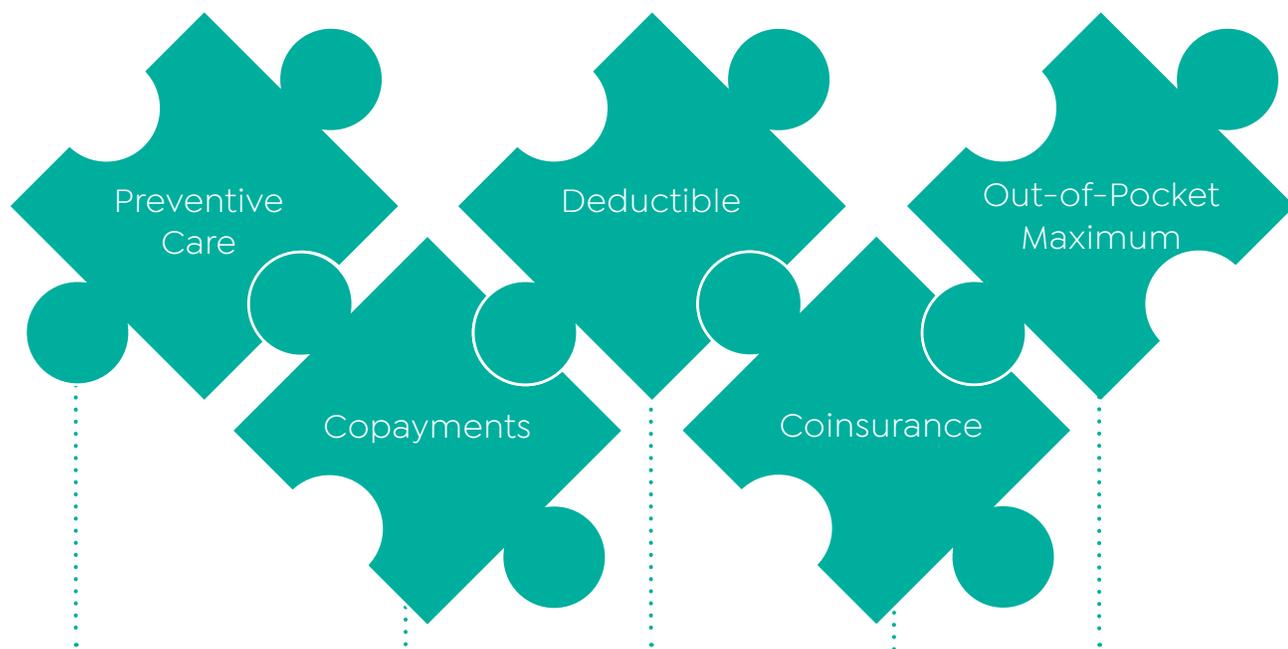
What I'll pay when I seek care

Using my medical plan ID card

What's an explanation of benefits (EOB)?



Here's how the plan's key features fit together



The Dignity Health Medical Plan covers ACA-mandated preventive care at 100% when you use a network provider. The deductible doesn't apply to these services.

You'll pay with your own money for certain services until you reach your annual deductible. If your annual costs are less than the deductible, you're responsible for paying 100% of the total costs. If you require more medical care, you'll pay 100% out of pocket until you reach the deductible.

Consider this your safety net. You pay copayments, deductibles and coinsurance until you reach the out-of-pocket maximum.

After that, the plan pays 100% for covered medical expenses for the rest of the year.

You pay for a portion of the cost for some services and prescriptions through a set copayment. Dignity Health pays the remaining charges for the service. Copayments apply to doctor office visits, prescription drugs and emergency room care (waived if admitted). Copayments don't count toward your deductible, but they do count toward your out-of-pocket maximum. Copayments don't apply to preventive care.

Once you meet your annual deductible, you and Dignity Health share costs by paying a percentage for covered services.



You need to present your ID card every time you receive care – at the doctor’s office, urgent care clinic, lab, hospital, outpatient facility and pharmacy.

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’ll see when copayments, the deductible and coinsurance apply. Go to MyBenefits on EmployeeCentral or log on to **home.commonspirit.org/employeecentral/mybenefits**. Next, click on “Summary of Benefits and Coverage” on the Benefit Resources tab.

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

- For services that list 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 requirement, you won’t typically pay anything at the point of care. Your provider will submit a bill to your plan administrator, BRMS. The plan will pay its applicable share of the costs. Then, your provider will bill you for your share.

Using my medical plan ID card

When you enroll in the Dignity Health Central Coast EPO, you’ll receive an ID card in the mail. You’ll receive one card for yourself and an additional card for your covered family members. If you need additional cards, you may log on to your plan administrator’s website and order those or print temporary medical plan ID cards.

If you lose your medical plan ID card, contact your Dignity Health Medical Plan administrator which is BRMS. Refer to the section titled “When I Need Help” to see BRMS’ contact information.





Knowing Where to Go

This plan does not require you to designate a Primary Care Provider (PCP). You have the option to visit the provider of your choice, as long as they are in the network. There's 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.

Finding a network provider

The Dignity Health Preferred Network includes the Central Coast EPO and the Southern California Integrated Care (SCICN) networks.

You can find a link to the provider directory on the plan's website at brmsonline.com/dignityhealth or by visiting MyBenefits at home.commonspirit.org/employeecentral/mybenefits.

In this section

Finding a network provider

Working with my primary doctor

Seeing a specialist

Preventive care

Mental health and substance abuse treatment

What if my covered family members don't live in the same area I do?

Which Dignity Health hospitals are in the Dignity Health Preferred Network?

They are...

- Arroyo Grande Community Hospital
- French Hospital Medical Center
- Marian Regional Medical Center
- St. John's Regional Medical Center
- St. John's Hospital Camarillo

To find a complete list of the Dignity Health Preferred Network providers and facilities, log on to brmsonline.com/dignityhealth or call BRMS at 866.755.6974.

Working with my primary doctor

With the Dignity Health Central Coast EPO, you have many choices to make when you schedule and receive care. You'll get the most out of the plan by taking an active role in your health.

And while you're not required to formally designate a "Primary Care Physician," it's important to establish a relationship with someone you consider to be "your doctor." Your primary doctor may coordinate your preventive care, help you with unexpected illnesses like the flu or a cold, and consult with other providers when you need more specialized care.

Here's how you can prepare for your primary doctor's visits:

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

Seeing a specialist

With the Dignity Health Central Coast EPO, you don't need a referral from your primary doctor to visit a specialist. To find the right specialist for your condition, you may want to ask your primary doctor for recommendations, or you can follow the instructions on page 6 to find one on your own.

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?





You may need to do a little homework as you get your annual preventive care. If your doctor requests related lab tests and imaging, make sure you visit a network provider for those services.

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 **livehealthonline.com** or by phone at 888.548.3432 from 7 a.m. to 7 p.m., seven days a week. Refer to page 9-11 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 **healthcare.gov/coverage/preventive-care-benefits/**.

Mental health and substance abuse treatment

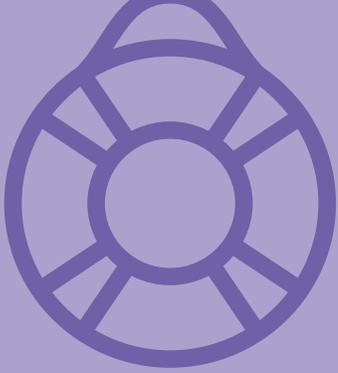
The Dignity Health Central Coast EPO provides coverage for mental health services and substance abuse treatment. You may see a network mental health and substance abuse provider without a referral. Call Anthem Behavioral Health at 866.470.6244 for help finding a network provider. Anthem Behavioral Health will coordinate getting authorization if any services require it. There's no coverage out of network except in an emergency.

What if my covered family members don't live in the same area I do?

Your covered family members need to receive services from network providers for non-emergency care.

For example, if your covered child attends college in Colorado and needs non-emergency surgery, they must utilize a provider in the Dignity Health Preferred Network.

To find network providers and facilities, follow the instructions outlined on page 6. Also, for a medical emergency, remind your family members to seek care at the nearest hospital immediately and call the plan administrator, BRMS, as soon as possible if admitted.



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:

- The Nurse Advice Line
- Your primary doctor's office or a walk-in clinic
- LiveHealth Online telemedicine
- An urgent care center
- An emergency room

Call the Nurse Advice Line

When you have a medical question, for example about a symptom or a prescription, you can call the Nurse Advice Line. You'll connect with a registered nurse and get a professional opinion on where you should go for treatment or the steps you can take at home. This can save you time and money, especially in non-emergency situations. The Nurse Advice Line is available 24 hours a day, seven days a week, at 800.700.9184.

Visit your primary doctor or a walk-in clinic

You should see your primary doctor 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.

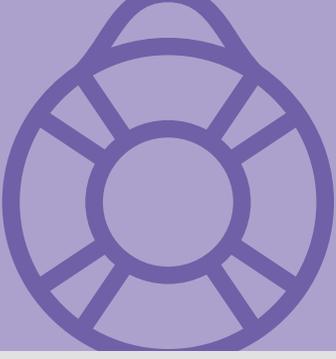
Walk-In clinics are an alternative method of accessing care when your primary doctor is not available. These services are subject to the standard primary doctor copayment. To find walk-in clinics in the network, go to brmsonline.com/dignityhealth.

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 primary doctor copayment. Your claim is processed through BRMS, like other medical claims.

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.





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.

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 and respiratory infections
- Sinus problems and 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're in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 988 (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 doesn't offer emergency services.

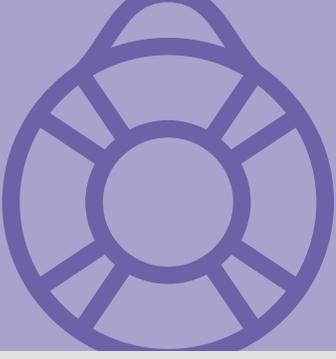
Go to an urgent care center

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'll also pay less at urgent care than at the emergency room.

To find a network urgent care provider, visit brmsonline.com/dignityhealth and choose "Central Coast EPOs & Dental Plans" in the Select Plans section. Next, scroll down to Finding a Provider. Then you can:

- Search the Dignity Health Preferred Network, 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, Arroyo Grande Community Hospital, St. John’s Regional Medical Center and St. John’s Hospital Camarillo. 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’ll have to pay a copayment, which is waived if you’re admitted. If the plan you’re enrolled in has a deductible, your copayment and deductible will be waived if you’re admitted. After that, services received are covered at the network benefit level. If you go to the emergency room for a non-emergency, you’ll 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're 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.





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

The plan covers both walk-up retail and home delivery prescriptions.

Walk-up – when you need your medication immediately

- You'll use a network pharmacy when you need to get a medication immediately.
- Present your ID card when you pick up your prescription.
- You'll pay for your prescription at the pharmacy. Remember, you can use money from your Health Care FSA to pay for prescription drugs.

Mail order – for medication you take regularly

- 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 ID card.

Take note: If you need specialty medications, you'll work directly with the Pharmacy Benefit Manager (PBM) – contact the number listed on your ID card for details. Specialty medications may require Prior Authorization.

Prior Authorization prescriptions

Your prescription may require Prior Authorization. If it does, have your provider contact the PBM at the number on the back of your ID card.

Prescription utilization and care management programs

Your prescription drug coverage comes with special programs, such as 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're being provided the safest and most effective drug for your medical condition. 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 doesn't 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's a generic available, you may 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 Limits). 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'll 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, the PBM will contact your doctor to request additional information. The PBM will notify you and your doctor whether coverage has been approved.

Specialty Drug. A drug used to treat complex conditions like cancer and autoimmune 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.

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	866.755.6974	brmsonline.com/dignityhealth
	Anthem Behavioral Health	866.470.6244	anthem.com/ca/find-care/
Find a network pharmacy or sign up for mail order prescriptions	Capital Rx	844.306.6901	cap-rx.com
Get answers to CommonSpirit Health benefit questions	CommonSpirit Health Benefits Contact Center	855.475.4747, press Option 1	home.commonspirit.org/employeecentral/mybenefits
Access LiveHealth Online telemedicine	LiveHealth Online	888.548.3432	livehealthonline.com or download the app and register on your phone or tablet

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 doctor(s)

Physician's name: _____

Phone number: _____

Address: _____

Additional doctors: _____

To find a Dignity Health Preferred Network doctor, see page 6.

Closest urgent care center

Address: _____

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

Closest ER and hospital

Address: _____

My pharmacy

Name/pharmacist: _____

Phone number: _____

Address: _____

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

Additional important medical information:



This document is a brief summary of your plan benefits; it is 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.

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