



# Medical Plan User Guide

For represented employees  
eligible for the Central Coast EPO

Understand the benefits that let your spirit shine

CommonSpirit 





CommonSpirit Health is dedicated to providing you with comprehensive, affordable and high-quality health care benefits. Benefits that let your spirit shine. This guide will walk you through the Dignity Health Central Coast EPO Plan, empowering you to make informed choices about your healthcare needs.

Take a moment to explore the key features of the plan and discover where you and your loved ones can access routine care, specialized treatments, hospital services, lab work, imaging and prescriptions. Let this guide be your reference to maximizing the benefits of your Dignity Health Central Coast EPO Plan.

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# Understanding My Medical Coverage

## Key Features of the Medical Plan

It's important to understand key features of the Dignity Health Central Coast EPO Plan so you'll know how the plan works. Here's a look at a few insurance terms that are referenced throughout this Medical User Guide.

### Preventive Care

The Dignity Health Central Coast EPO Plan covers ACA-mandated preventive care at 100% when you use a network provider. Preventive care won't be covered if you use an out-of-network provider. Refer to page 12 for more details about preventive care, including a link to the list of covered preventive services.

### Deductible

If you choose a plan with a deductible, 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 maximum allowable charges. If you require more medical care, you'll pay 100% of the maximum allowable charges out of pocket until you reach the deductible. You can use money from your Health Care Flexible Spending Account (HCFSA) to pay toward your deductible.

### Coinsurance

Once you meet your annual deductible, you share in the cost of services by paying a percentage for covered services. The plan covers the remaining percentage.

### Copayments

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. Examples of services that require a copayment include:

- doctor office visits (except preventive care)
- prescription drugs
- emergency room care (waived if admitted).

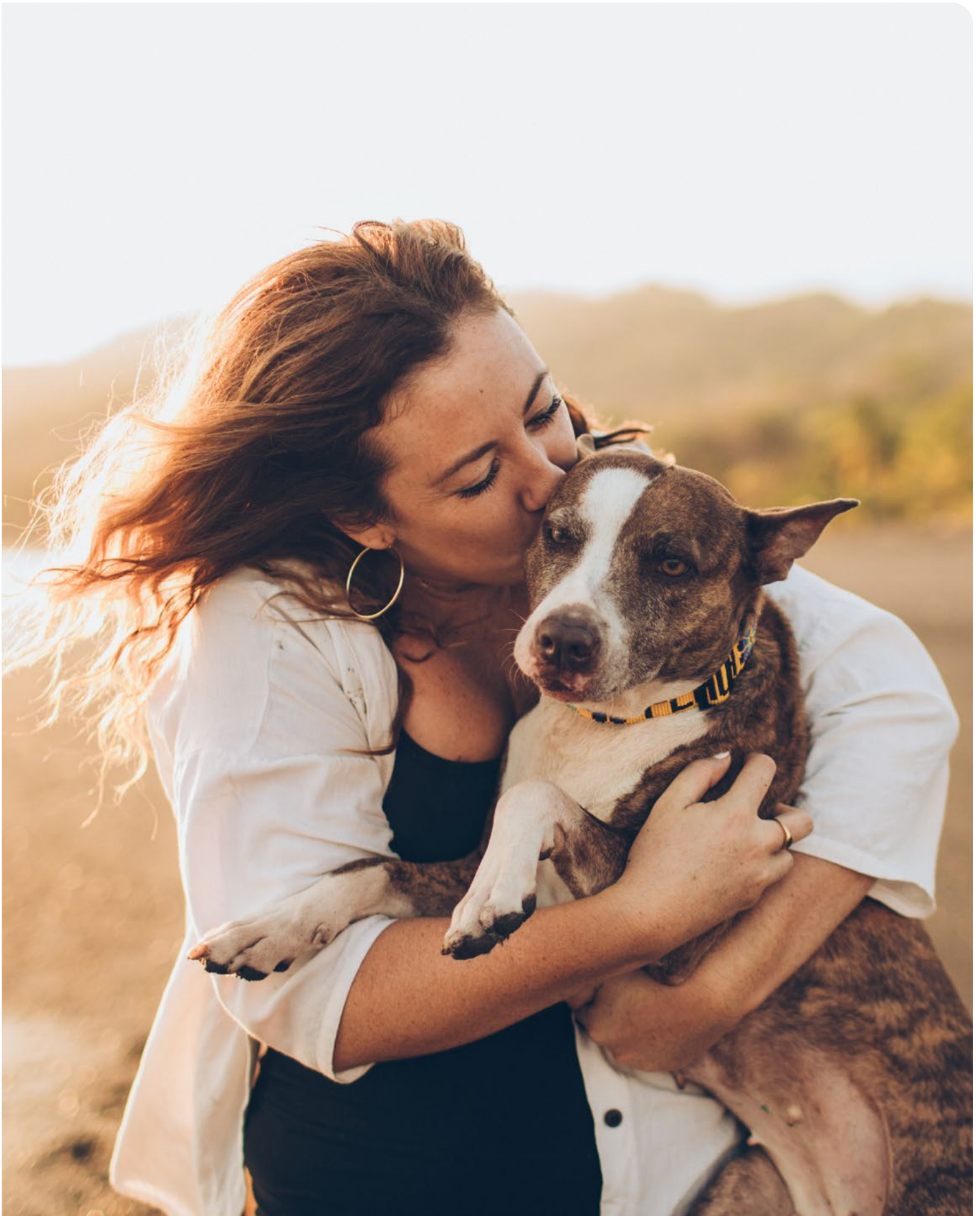
Copayments don't count toward your deductible, but they do count toward your out-of-pocket maximum. If your plan has a deductible, you'll only pay a copayment for most services after you've met your deductible for the year.

### Out-of-Pocket Maximum

Consider this your safety net. You pay copayments, deductibles and coinsurance until you reach the out-of-pocket maximum. This is the most you'll have to pay for your covered medical expenses in a given year.

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





## 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](http://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 Plan, you'll receive a medical plan 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 plan administrator directly. Your Dignity Health Central Coast EPO Plan administrator is BRMS. Refer to the section titled "When I Need Help" to see BRMS' contact information.

## What's an explanation of benefits (EOB)?

After you receive health care services, you'll receive an EOB from your 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 your plan administrator immediately.

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.





# 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](https://brmsonline.com/dignityhealth) or by visiting MyBenefits at [home.commonspirit.org/employeecentral/mybenefits](https://home.commonspirit.org/employeecentral/mybenefits).

## Which Dignity Health hospitals are in my market?

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](https://brmsonline.com/dignityhealth) or call BRMS at (866) 755-6974.*





## Working with my primary doctor

With the Dignity Health Central Coast EPO Plan 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 below).

## Seeing a specialist

With the Dignity Health Central Coast EPO Plan 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 8 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?





### LiveHealth Online video visit

You can 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](https://livehealthonline.com) or by phone at (888) 548-3432 from 7 a.m. to 7 p.m., seven days a week. Refer to page 13 for more details about LiveHealth.



## Using preventive care

In keeping with the Affordable Care Act, the Dignity Health Central Coast EPO Plan 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 Plan go to [healthcare.gov/coverage/preventive-care-benefits/](https://healthcare.gov/coverage/preventive-care-benefits/).

## If I need 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.

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.

To find network providers and facilities, follow the instructions outlined on page 8.

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.

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. Refer to page 16 for more details.

# 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
- 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 care doctor for routine care or for your annual preventive care. You can also contact their office to learn if same-day appointments are available when you need immediate care.

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](http://brmsonline.com/dignityhealth).

## Access LiveHealth Online telemedicine

LiveHealth Online gives you access to a board-certified doctor 24 hours, 7 days a week by smartphone, tablet, or computer for less than a typical doctor's visit copayment. Use LiveHealth Online if you're considering an ER or urgent care center visit for a non-emergency issue, or if you don't have easy access to a doctor. Set up your account in advance so when you need care, a LiveHealth Online doctor is just a call or click away.

Visit [livehealthonline.com](http://livehealthonline.com) or download the free LiveHealth Online app to your mobile device. Click Sign Up to create your LiveHealth Online account. Then enter your information.

**Keep in mind: telemedicine should not be used for emergency situations.**

Download the free Sydney Health app

App Store or Google Play

## 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](http://brmsonline.com/dignityhealth) and choose Central Coast EPOs 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.

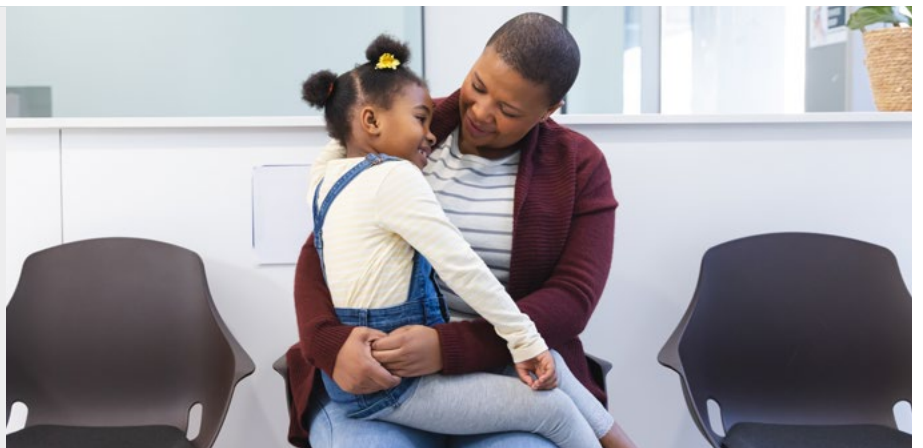
## Go to an emergency room

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 on page 15 to understand when it's recommended you visit the emergency room versus an urgent care center based on your symptoms.

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, 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.





### Emergency Room

- 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

### Urgent Care

- Flu, fever, nausea
- Earaches
- Minor bone fractures
- Sprains and strains
- Minor cuts, infections
- Rashes, animal and insect bites



# Prescription Medications

The Dignity Health Central Coast EPO includes comprehensive prescription drug coverage. The plan covers both walk-up retail and home delivery prescriptions. Be sure to check the plan's formulary for lower-cost medications.

## Filling and paying for a prescription

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### When you need your medication immediately

- Visit a local network pharmacy.
- Present your ID card when you pick up your prescription.
- Pay for your prescription. Remember, you can use money from your Health Care FSA to pay for prescription drugs.



### For medication you take regularly

- Home delivery is a convenient and easy way to fill your prescriptions for medication you take regularly to treat conditions such as high cholesterol, high blood pressure and diabetes.
- To get started, go to the website or call the phone number listed on your ID card.



### When you need a specialty medication

- These are high-cost medications that treat complex conditions like cancer, hepatitis C or rheumatoid arthritis.
- These medications require special handling, monitoring, or education, and some may require prior authorization.
- To fill these prescriptions, you'll work directly with the plan's specialty pharmacy.
- Contact the number listed on your ID card for details.

Find a participating network pharmacy

(844) 306-6901  
[app.cap-rx.com/login](https://app.cap-rx.com/login)

## 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).

### Terms you should know

**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).** Your doctor will write "DAW" (dispense as written) on your prescription to indicate when a substitution for a generic alternative is not permissible. If your doctor does not write DAW on your prescription for a brand name drug and a generic alternative is available, you may be required to pay your copayment plus the difference between the cost of the brand name medication and the generic. Ask your doctor to indicate DAW or if a less expensive generic drug is available.

**Formulary.** A formulary is a list of commonly prescribed medications preferred by the Dignity Health Medical Plan. 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.

**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.





# When I Need Help

When I need to...	Contact	Phone	Website
Get answers to my CommonSpirit Health benefit questions	CommonSpirit Health Benefits Contact Center	(855) 475-4747, press Option 1	<a href="http://home.commonspirit.org/employeecentral/mybenefits">home.commonspirit.org/employeecentral/mybenefits</a>
Find out more details about my Dignity Health Central Coast EPO <ul style="list-style-type: none"> <li>• Network providers</li> <li>• Prior Authorizations</li> <li>• Claims</li> <li>• ID cards</li> <li>• Mental health or substance abuse providers</li> </ul>	BRMS Anthem Behavioral Health	(866) 755-6974 (866) 470-6244	<a href="http://brmsonline.com/dignityhealth">brmsonline.com/dignityhealth</a> <a href="http://anthem.com/ca/find-care/">anthem.com/ca/find-care/</a>
Access Virtual Care	LiveHealth Online	(888) 548-3432	Visit <a href="http://livehealthonline.com">livehealthonline.com</a> or download the free LiveHealth Online app to your mobile device.
Find a network pharmacy or sign-up for mail order prescriptions	Capital Rx	Member Services (844) 306-6901	<a href="http://app.cap-rx.com/login">app.cap-rx.com/login</a>
Call the Nurse Advice Line	Anthem	(800) 700-9184	N/A



*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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