



Medical Plan User Guide

For non-represented employees
eligible for the DHMP Central
Coast Select R and DHMP Central
Coast Premier Plans

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 Medical Plans, empowering you to make informed choices about your healthcare needs.

Take a moment to explore the key features of the plans 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 Medical Plans.

Table of Contents

4 Understanding My Medical Coverage

- 4 Key Features of the Medical Plan
- 6 What I'll pay when I seek care
- 6 Using my medical plan ID card
- 6 What's an explanation of benefits (EOB)?

8 Knowing Where to Go

- 8 Tier 1 vs. Tier 2: What's the difference?
- 9 Finding a Tier 1 doctor or provider
- 10 Using Tier 1 facilities
- 11 What if my covered family members don't live in the same area I do?
- 11 Working with my primary doctor
- 12 Using preventive care
- 12 Seeing a specialist
- 12 If I need mental health and substance abuse treatment

14 Immediate Care

- 14 Call the Nurse Advice Line
- 14 Visit your primary doctor
- 14 Access LiveHealth Online telemedicine
- 15 Go to an urgent care center
- 15 Go to an emergency room

16 Lab, Imaging and X-ray Services

- 16 Lab
- 16 Imaging and X-ray

18 Prescription Medications

- 18 Filling and paying for a prescription
- 19 Terms you should know

20 Planning Ahead

- 20 Elective surgery
- 20 Mammogram
- 20 MRI of the knee
- 21 Colonoscopy
- 21 Delivering a baby

23 When I Need Help

Understanding My Medical Coverage

Key Features of the Medical Plan

It's important to understand key features of the Dignity Health Medical Plans 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 Medical Plans cover ACA-mandated preventive care at 100% when you use a Tier 1 or Tier 2 provider. The deductible doesn't apply to these services. Refer to page 12 for more details about preventive care, including a link to the list of covered preventive services.

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:

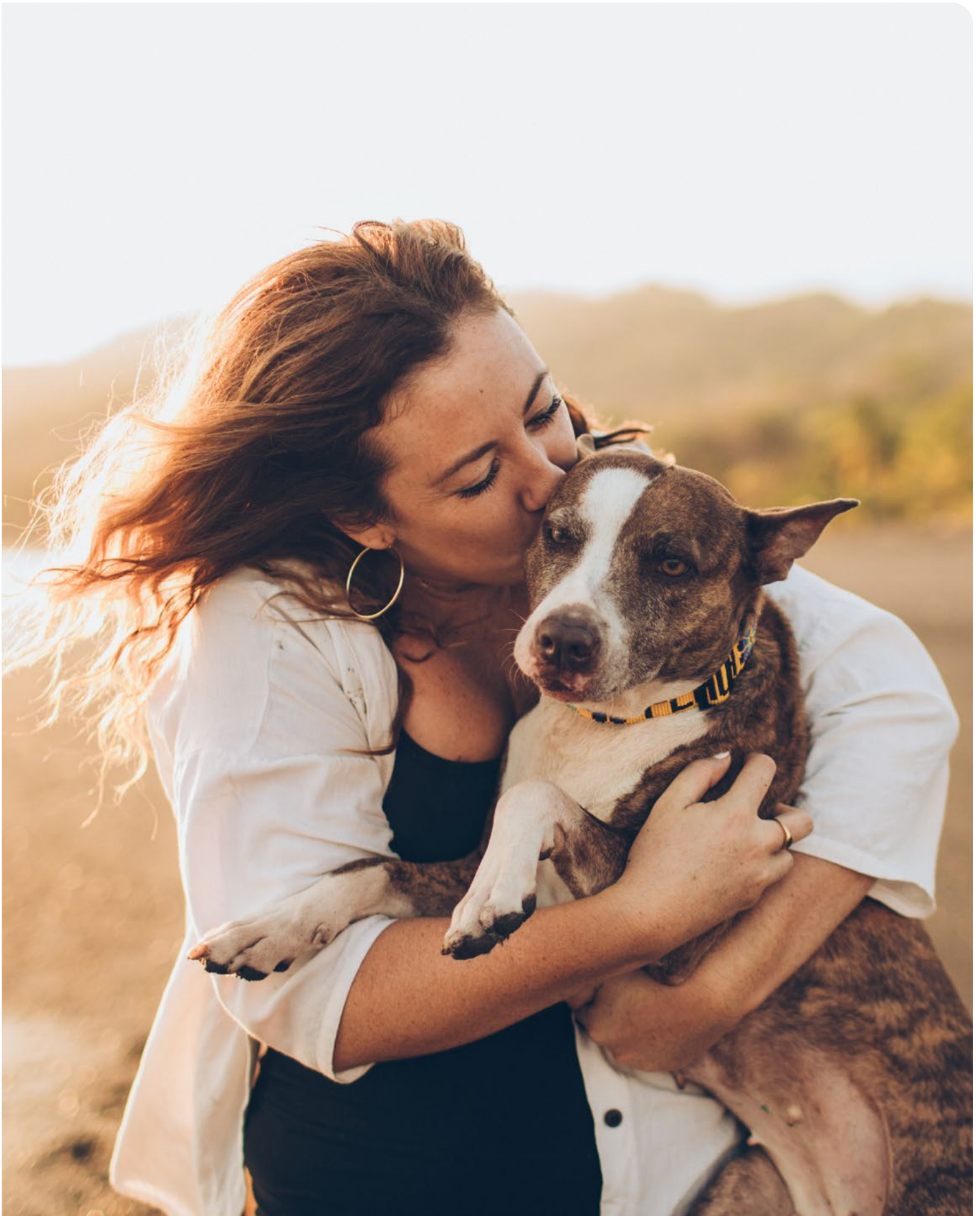
- doctor office visits (except preventive care)
- prescription drugs
- emergency room care (waived if admitted).

Copayments don't count toward your deductible, but they do count toward your out-of-pocket maximum. When a service requires a copayment, the annual deductible doesn't apply.

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. 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, Anthem. 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 Medical 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 Medical 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

Office Visits and Facility-based Services

Tier 1 vs. Tier 2: What's the difference?

You have the option to visit the provider of your choice. However, the amount you pay for services will depend on your network provider's tier. You'll receive the highest level of benefits and pay less of your own money when you seek care through the Dignity Health Preferred Network, also known as Tier 1.

TIER

1

Dignity Health Preferred Network

Tier 1 uses the Dignity Health Preferred Network, made up of:

- Select physicians where services are generally covered by a copayment and/or coinsurance after an annual deductible, depending on the plan.
- Dignity Health facilities and aligned facilities, where services are covered by a copayment and/or coinsurance after an annual deductible, depending on the plan.

Important: Most facility-based services must be received at a Tier 1 provider. If the facility-based service is not available at a Dignity Health Preferred Network (Tier 1) facility in your market, then you may use any Tier 1 facility outside of your market or any Anthem National PPO Network (Tier 2) facility for the service, and the plan pays the Tier 1 benefit level.

TIER

2

Anthem National PPO Network

- Anthem offers plan members access to a regional and national network of doctors, hospitals and other health care providers and facilities.
- Most services you receive through the Anthem National PPO Network are covered at 75% after you meet the annual deductible.

Except in a medical emergency, you may not go out of network for care. If you do, you're responsible for the full cost.

Finding a Tier 1 doctor or provider

Before scheduling health care services, you should confirm that your doctor and other providers you plan to visit are in Tier 1.



I have a doctor

Call your plan administrator at (866) 755-6974 to confirm your doctor is a Tier 1 provider. If not, ask for the names of Tier 1 doctors accepting new patients near you.



I need to find a doctor

To find a doctor or facility and to confirm your provider's tier:

- Use BRMS' online tool. Visit brmsonline.com/dignityhealth. Then select Central Coast Plans and then DHMP Central Coast Select R/Premier Plans. Under Finding a Provider you'll find Dignity Health Preferred Network providers (Tier 1), in addition to Anthem PPO network providers (Tier 2).
- Call (866) 755-6974 and talk to a BRMS representative.



Using Tier 1 facilities

Choosing to use the Dignity Health Preferred Network for facility-based services will affect the benefits provided to you and your share of costs. Here's what you need to know.

Is the service you need offered by a Dignity Health Preferred Network (Tier 1) facility within the market in which you work?



YES

- You must use a Tier 1 facility for the service.
- You may use any Dignity Health Preferred Network facility—in or outside of your market.
- When you use a Dignity Health Preferred Network facility, the plan covers the claim based on plan provisions. If not, you pay the full cost.



NO

- You may use any Tier 1 facility outside of your market or any Anthem National PPO (Tier 2) facility for the service.
- When you use a Tier 1 or Tier 2 facility, the plan pays the Tier 1 benefit level.
- If you use an out-of-network provider, you pay the full cost.

Which Dignity Health hospitals are in my market?

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

Other facilities may be in your market. Check with your plan administrator to obtain a list of Dignity Health Preferred Network (Tier 1) providers and facilities.

Before you go...

Be sure to check with your plan administrator when you're seeking care outside of your doctor's office. Ask a simple question: "Is the facility I'm visiting in Tier 1?"

Here are some examples of facility-based services:

- Imaging, including MRI, CT/PET scans and ultrasounds
- X-rays
- Outpatient surgeries
- Outpatient procedures (e.g., biopsy or endoscopy)
- Infusion services
- Wound care
- Inpatient hospitalization

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

Your covered family members need to visit Tier 1 or Tier 2 providers for non-emergency care (remember, Tier 2 doctors include those within the Anthem National PPO Network).

However, take note that for facility-based services, the rules outlined on the previous page apply. For example, if your covered daughter attends college in Colorado and needs non-emergency surgery, she must visit a Dignity Health Preferred Network (Tier 1) facility if the service she needs is offered within the market where you work. If not, she may visit any Tier 2 facility to receive care.

For medical emergencies, 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 Tier 1 or Tier 2 providers and facilities, follow the instructions outlined on page 9.

Working with my primary doctor

With the Dignity Health Medical 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's participation in the plan's Tier 1 or Tier 2 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).

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?



Using preventive care

In keeping with the Affordable Care Act, the Dignity Health Medical Plans cover preventive services at 100% when performed by any Tier 1 or Tier 2 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 Medical Plans, go to healthcare.gov/coverage/preventive-care-benefits/.

Seeing a specialist

With the Dignity Health Medical Plans, you don't need a referral from your primary doctor to visit a specialist. You can visit any Tier 1 or Tier 2 provider. 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 9 to find one on your own.

If I need mental health and substance abuse treatment

The Dignity Health Medical Plans provide coverage for mental health services and substance abuse treatment. As with other health care services, you need to visit a Tier 1 or Tier 2 provider. The amount you pay for services will depend on your provider's network "tier."

All Anthem Behavioral Health providers are part of Tier 1.

Tier 1 mental health and substance abuse providers are found through the plan administrator's website, brmsonline.com/dignityhealth.

You may also call Anthem Behavioral Health at (866) 470-6244 for help finding a provider.

Anthem Behavioral Health will coordinate getting authorization for only the services required. Except in an emergency, you may not go out of network for care. If you do, you're responsible for the full cost.

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 Tier 1 or Tier 2 provider for those services. Refer to page 16 for more details.



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 14 for more details about LiveHealth.

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

Typically, you'll visit your doctor for routine care or for your annual preventive care. Also note, many doctors may be able to schedule a same-day visit. For non-emergencies, it's always good to check with your primary doctor before seeking care from other resources.

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 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 LiveHealth Online app | [App Store](#) or [Google Play](#)

Go to an urgent care center

For common issues like a cold, flu, routine allergies, ear infections, sprains and minor cuts 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.

When using urgent care, you'll pay the same cost whether you use a Tier 1 or Tier 2 provider. You can find a Tier 1 or Tier 2 urgent care center online. Visit brmsonline.com/dignityhealth, and then select Central Coast Plans and then DHMP Central Coast Select R/Premier Plans. Under Finding a Provider, click Find an Anthem Urgent Care Provider.

Go to an emergency room

If you face a potentially life-threatening situation, call 911 or go to the nearest emergency room. According to the American College of Emergency Physicians, you should visit the ER if you have any of these symptoms:

- 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

In the event of a true emergency, you'll pay a \$100 copayment (plus the deductible if you're enrolled in the Select R plan), regardless of where you receive care. If you're admitted, the copayment is waived.



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.

Lab, Imaging and X-ray Services

Understanding where to go for lab services, imaging and X-rays is a key component to the plan. Your doctor may suggest you use a specific provider – but sometimes that provider is not affiliated with Dignity Health or Anthem (e.g., certain freestanding outpatient centers). So it's important to make sure that the services ordered will be covered with the provider you choose to visit.

This section explains what to think about before you receive one of these services.

Lab

- Use any Tier 1 or Tier 2 provider for preventive and diagnostic lab services – for example, at the doctor's office or a network lab – services will be covered based on plan provisions. Services performed at a Tier 2 hospital or facility are not covered and you will be responsible for the full cost.
- Common examples include urinalysis or blood tests to measure your glucose or cholesterol. These are screening tests based on current medical standards as part of a routine preventive physical/exam.

Imaging and X-ray

Your benefit is based on the type of service provided and where you receive it.



Preventive

- Use any Tier 1 or Tier 2 provider, and the plan pays 100%.
- A common example is a breast cancer screening for women.



Diagnostic

- Services performed in a Tier 1 or Tier 2 doctor's office are covered based on plan provisions.
- For facility-based services, you must use a Tier 1 Dignity Health Preferred Network provider. When you do, the plan covers the claim based on plan provisions. If you don't, you're responsible for the full cost.
- Common examples include MRI of the knee or shoulder, ultrasound during pregnancy, X-rays and PET imaging.

If you're in doubt about where you should go for lab, imaging and X-ray services, contact your plan administrator, BRMS, at (866) 755-6974.

Before receiving lab, imaging or X-ray services, you must confirm your provider's Tier to ensure the service will be covered.



Prescription Medications

The Dignity Health Medical Plans include comprehensive prescription drug coverage. The plans cover both walk-up retail and home delivery prescriptions. Be sure to check the plan formulary for lower-cost medications.

Filling and paying for a prescription



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



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 Plans. 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 auto-immune diseases. Specialty drugs are typically high-cost prescription medications that require special handling and administration.

Planning Ahead

A few “real-world” scenarios

This section describes a few common health situations and provides guidelines for planning and navigating your care.

Elective surgery

When planning an elective (non-emergency) surgery, such as shoulder surgery, take these steps:

- Check to see if a Dignity Health Preferred Network (Tier 1) facility offers the service you need within your market. If yes, you can visit any Tier 1 facility (in or out of your market) and receive coverage for facility charges. If no, you can visit any Tier 1 facility outside of your market or visit any Anthem National PPO Network (Tier 2) facility.
- Confirm your surgeon is a Tier 1 or Tier 2 provider. If so, his or her professional services are covered at the corresponding benefit level. If not, you'll pay the full cost for his or her services.
- If you need diagnostic lab and imaging services during your treatment, make sure you follow the guidelines on page 16.

Mammogram

Your doctor may order a mammogram as part of your annual preventive visit or if you face a potentially serious condition. If a mammogram is part of your annual preventive screening, be sure to visit a Tier 1 or Tier 2 facility. To get 100% coverage for non-preventive visits, you may receive this service in your doctor's office or through a Tier 1 facility.

MRI of the knee

If you have an injury to your knee or need surgery, your doctor will likely order MRI imaging to assess the extent of the damage. In a non-emergency situation, this may be performed in your Tier 1 or Tier 2 doctor's office. If your doctor refers you to another office or facility (e.g., a freestanding imaging center), be sure to confirm it's in the Tier 1 network. Otherwise you'll pay the full cost.

You have the option to visit the provider of your choice. However, you receive the highest level of benefits when you visit a Tier 1 provider.

Colonoscopy

The same guidelines for “Mammogram” apply.

Delivering a baby

When you're pregnant and planning your delivery, you may want to keep these things in mind:

- Confirm whether your OB-GYN or other health provider is a Tier 1 or Tier 2 provider. Services provided through out-of-network providers are not covered through the plan.
- Confirm the facility at which your OB-GYN has admitting privileges. If it's not a Dignity Health Preferred Network facility, consider the following guidelines for facility-based care.
- When deciding where you want to deliver your baby, check to see if a Dignity Health Preferred Network (Tier 1) facility offers the service you need within your market. If yes, you can visit any Tier 1 facility (in or out of your market) and receive full coverage for facility charges. If no, you can visit any Tier 1 facility outside of your market or visit any Anthem National PPO Network (Tier 2) facility. **Take note: If you go out of network, you're responsible for 100% of the billed facility charges.**
- If you need diagnostic lab and imaging services during your pregnancy, make sure you follow the guidelines on page 16.



We recognize that in many situations, you have a team of health professionals working behind the scenes while you receive care – for example, anesthesiologists, assistant surgeons, hospitalists and radiologists. You may not be in a position to select them or ask them about their affiliation with Dignity Health and Anthem. The plan calls these professionals “no choice” providers. As such, you won't be liable if their charges exceed the amounts you'd pay for services received through a Tier 1 or Tier 2 provider.



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	home.commonspirit.org/employeecentral/mybenefits
Find a Tier 1 or Tier 2 provider or facility -or- See if my current provider is Tier 1 or Tier 2	BRMS	(866) 755-6974	brmsonline.com/dignityhealth Select Central Coast Plans, then DHMP Central Coast Select R/Premier Plans.
Access Virtual Care	LiveHealth Online	(888) 548-3432	Visit livehealthonline.com or download the free LiveHealth Online app to your mobile device.
Find an urgent care provider	BRMS	(866) 755-6974	brmsonline.com/dignityhealth
Find a network pharmacy or sign-up for mail order prescriptions	Capital Rx	Member Services (844) 306-6901	app.cap-rx.com/login
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.

*DHMP Central Coast Select R/DHMP Central Coast Premier
© 2025 ALL RIGHTS RESERVED. [010125 BENEFITS]*

Hello humankindness®

CommonSpirit 