



PO Box 2140
Folsom, CA 95763

FORWARDING SERVICE REQUESTED

MEMBER NAME
MBR ADDRESS
CITY STATE, ZIP

Enclosed are your new Medical Plan ID Card(s).

Benefit & Risk Management Services (BRMS) provides administrative services for your Dignity Health Central Coast EPO Plan. We are dedicated to providing the highest quality service in claims administration and management of your employer sponsored benefit plans.

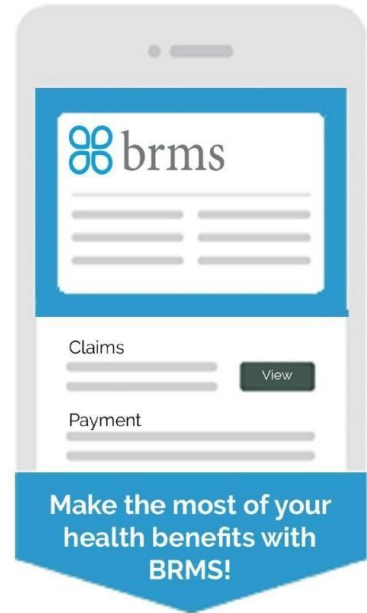
Please provide your medical plan ID card information to all your doctors, hospitals, and labs. Your medical ID card provides key information to make sure you get the right coverage, pay the correct co-payments and/or deductible and experience smooth claims processing.

Capital Rx is the pharmacy benefit manager. If you have any questions about your pharmacy benefits, contact Capital Rx at 1-844-306-6901 or log on to <https://app.cap-rx.com/login>.

Providing you with superior quality service is our top priority. Should you have any questions regarding your Dignity Health Central Coast EPO plan benefits, the network or prior authorizations please contact BRMS member services at 1-866-755-6974. BRMS can be reached Monday - Friday, 7:00 a.m. to 6:00 p.m. PT.

To assist you in accessing your Dignity Health Central Coast EPO Plan benefits, we have prepared information for you on the following page.

To find a PCP for you or your covered dependents, log on to:
brmsonline.com/dignityhealth



Access the BRMS website at **brmsonline.com/dignityhealth** to review benefit plan information, find a provider, submit medical ID card requests, or print temporary medical ID plan cards. You can also view and print explanation of benefits (EOB) statements, and much more!



Importance of Primary Care Physician (PCP)

While your medical plan does not require you to designate a PCP, it is important to establish a relationship with someone you consider 'your doctor'.

A PCP gives you and your dependents a valuable resource as a personal health advocate and maintains the physician patient relationship. They aid their patients in coordinating medical and hospital services and their overall healthcare needs, such as:

- Managing all your preventative care and routine medical needs
- Recommending specialists, if needed
- Ordering the laboratory and radiology tests you need
- Coordinating hospital services, if needed

If you have questions, please contact BRMS member services at: **1-866-755-6974**

For more benefit plan information and a list of Network Providers visit:
brmsonline.com/dignityhealth



Provider Network: The Dignity Health Central Coast EPO utilizes an Exclusive Provide Organization, which consists of the:

- Central Coast EPO Network
- Southern California Integrated Care Network (SCICN)

Out-of-Network services are not covered unless in an emergency situation, or otherwise authorized.

Primary Care Physician (PCP): While your medical plan does not require you to designate a PCP, it is important to establish a relationship with someone you consider “your doctor”. To find a PCP for you or your covered dependents log on to brmsonline.com/dignityhealth.

Lab Work and X-rays/ Imaging: All lab work and x-rays/imaging must be done by a Network Provider. Use of a provider outside of the network will result in a denial of the claim and you will be financially responsible for the charges.

Rehabilitation Services: Authorization for rehabilitative services is issued by your Provider directly by providing a written order for physical therapy, occupation therapy or speech therapy when provided by a Network Provider. Members are responsible for monitoring the number of visits used based on plan benefits. Please refer to your summary of benefits for information on benefit limitations relating to these services.

Walk-In Clinics and Urgent Care: Walk-In Clinics or Urgent Care Centers are alternative methods of accessing care when your Provider is not available.

Emergency Services: In a life-threatening emergency situation, dial 911 or go to the nearest emergency room.

Emergent services, including inpatient hospital admissions obtained out of the area, should be reported to BRMS by you or a family member by the next business day following the event. Follow-up care should be provided locally by a Network provider.

Copayments / Cost Sharing: Many services are subject to copayments and cost-sharing including but not limited to services provided by your PCP, a specialist or an emergency facility. 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.

Behavioral Health: To find a Behavioral Health Provider in the network, log on to brmsonline.com/dignityhealth or call BRMS member services at 1-866-755-6974.

Care Coordination: If you are living with a complex or chronic health condition, you might be eligible to participate in the Dignity Health Care Coordination Program. Care teams work with your primary care physician to provide individual support and assistance. For more information, please contact BRMS member services at 1-866-755-6974.

If you have any questions regarding your healthcare, procedures, or coverage, please call BRMS member services at 1-866-755-6974.

For more benefit plan information and a list of Network Providers visit:
brmsonline.com/dignityhealth

Your medical plan ID card is your direct link to healthcare. Remember to carry your ID card and show it to physicians and other providers whenever you need care. Please encourage your healthcare providers to make a copy of the front and back of this ID card, as it contains information necessary for the accurate submission and processing of claims.

WHAT INFORMATION IS INCLUDED ON YOUR ID CARD?

1. Eligibility Information

- Your eligibility information for the Dignity Health Central Coast EPO; Employee (the enrolled member’s name); Identification Number (enrolled member’s ID number).

2. Medical Plan Group Number

- The number associated with your Dignity Health Central Coast EPO Plan.

3. Prescription Identification

- Identifies who provides your medical pharmaceutical plan.

4. Dependents

- The dependents that are covered on your plan.

5. Plan Name / Copays

- The name of the medical plan you are enrolled in, and the copay amounts you are responsible for.

6. Claims Submission

- Claims submittal mail address.

7. Member Customer Service

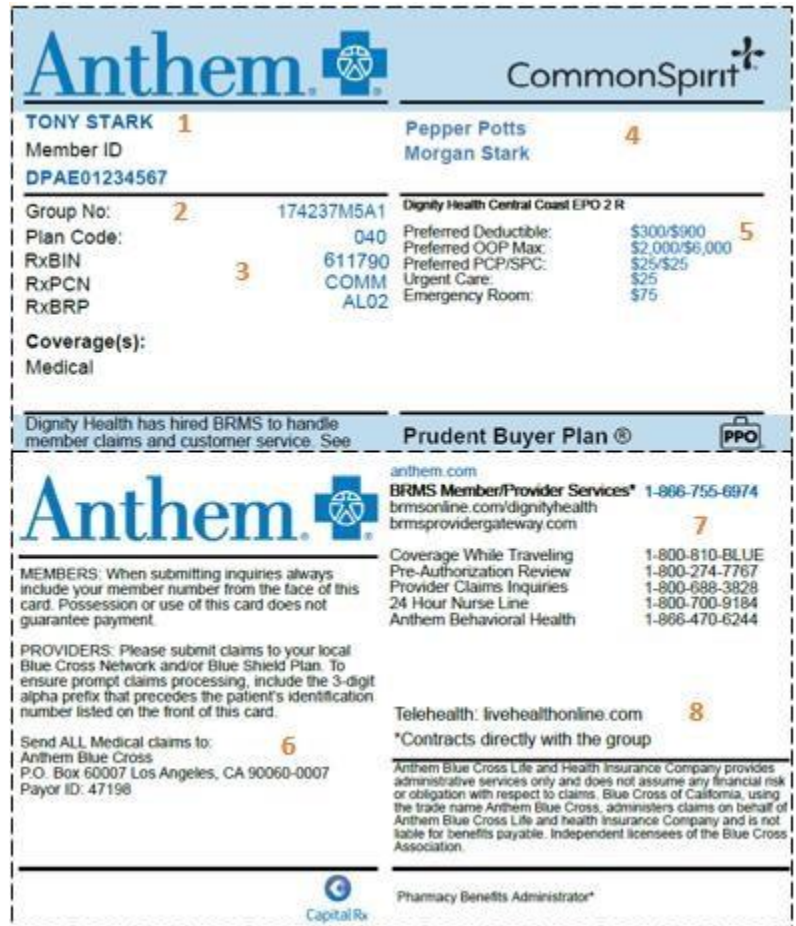
- BRMS Member Services – All plan questions
- Coverage While Traveling – Call when you have coverage questions when traveling outside of CA
- 24 Hour Nurse Line – Nurses available to provide advice to you 24/7

There are some phone numbers for Providers Only and they are:

- Provider Only Claims Inquiries
- Pre-Authorization Review
- Anthem Behavioral Health

8. Telehealth

- Sign up through the LiveHealthOnline website or download the app and get immediate access to a board-certified doctor 24/7, using your smartphone, tablet, or computer.



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