

## Pacific Central Coast Health Centers - 2018 Benefit Changes Frequently Asked Questions

As you know, effective January 1, 2018, Pacific Central Coast Health Centers (PHC) will move to Dignity Health's benefits platform, which means that you will make your 2018 benefit elections through the Dignity Health Total Rewards Portal during Open Enrollment, (Monday, October 23 through Friday, November 10, 2017). All benefit-eligible employees must complete their benefit elections for 2018, including enrolling dependents and designating life insurance beneficiaries.

Through the Dignity Health Total Rewards Portal, you can manage your personal information, use the comprehensive suite of decision support tools, access benefits plan summaries and details, review your benefit options and costs and make your 2018 benefit elections.

For questions about your 2018 Dignity Health benefits or for help navigating the Dignity Health Total Rewards Portal, call the Dignity Health HR Service Center at 1.855.475.4747, option 1 for benefits. Benefit Specialists are available to assist you 6:00 a.m. – 5:00 p.m. Pacific Time, Monday – Friday.

We are working hard to ensure a smooth transition and we're sharing the following frequently asked questions to help you understand how specific changes in the benefits you are being offered for 2018 will affect you and your covered dependents.

### **Eligibility**

#### **1. Q. Can I cover my Registered Domestic Partner (RDP)?**

- A. Yes. You can enroll your Register Domestic Partner in your Dignity Health medical, dental or vision plan coverage. You may also enroll in Spouse Life coverage for your RDP.

Because your health plan premiums are paid for on a pre-tax basis, when you enroll your RDP, you will be asked if your RDP is your IRS tax dependent. If your RDP is not your federal tax dependent, the IRS requires Dignity Health to impute income on the value of your RDP's medical, dental and/or vision coverage. The imputed income amount is then subject to federal income tax withholding.

#### **2. Q. I plan to enroll my spouse and children in the medical, dental and vision plans. Will I have to provide anything to prove they are my legal dependents?**

- A. Yes. After enrolling your dependents you will be required to verify their eligibility under the Dignity Health plans. You can expect to receive a letter in the mail from our eligibility verification vendor, HMS, in December 2017, requesting the necessary

documentation. You will want to make sure that you provide the specific documentation by the deadline; failure to do so will result in cancellation of your dependents' coverage cancellation.

**3. Q. Where can I find out what's needed to verify my dependents' eligibility?**

When you log on to the Dignity Health Total Rewards Portal, you can find the "Required Documents" link on the 5 Easy Steps screen. You may want to review that list during your enrollment and begin to collect the required documents so you are ready to provide them to HMS, when requested.

The table below shows just some of the acceptable documents to verify eligibility for a spouse and child:

Eligibility Category	Verification Documents
<b>Spouse</b>	<p><b>Both</b> of the following items:</p> <ul style="list-style-type: none"> <li>• Copy of your marriage certificate</li> <li>• If you have been married more than 6 months, copy of page 1 of your current year federal income tax return listing your spouse OR a recurring bill or account statement in your spouse's name at your address of record with Dignity Health and dated within the past 60 days.</li> </ul>
<b>Child(ren)</b>	<p><b>One</b> of the following items:</p> <ul style="list-style-type: none"> <li>• Copy of the child's birth/adoption certificate naming you (or your spouse or Registered Domestic Partner) as the child's parent</li> <li>• Court order naming you (or your spouse or Registered Domestic Partner) as the child's legal guardian.</li> </ul>

For a complete list of eligible dependents and corresponding verification documents, see the *Dignity Health Dependent Eligibility Reference Sheet* on the Dignity Health Total Rewards Portal.

**4. Q. Will I need to do anything during Open Enrollment to ensure my eligible dependents and I will be enrolled in the Dignity Health benefits effective January 1, 2018?**

- A.** Yes. You must make your 2018 benefit elections through the Dignity Health Total Rewards Portal, including which family members will be covered under each benefit option and designate your life insurance beneficiaries. Open Enrollment begins on Monday, October 23, 2017 and ends on Friday, November 10, 2017. You can access the Dignity Health Total Rewards Portal at <https://employee.dignityhealth.org/totalrewards>.

## **Medical Plans**

Dignity Health has selected a new medical plans administrator for 2018. While the medical plan provisions and the provider networks for the plans shown below remain unchanged, effective January 1, 2018, Benefit & Risk Management Services, Inc. (BRMS), will replace POMCO in the management of Dignity Health's medical plans.

- Pacific Central Coast Health Centers Health Plan
  - EPO Plus Option
  - HSA Option

**5. Q. Will the PHC EPO Plus Option and PHC HSA Option maintain their current names?**

A. No. Currently, you have two plan options within one medical plan. As of January 1, 2018, each medical plan option will be considered a separate plan and will be known as:

- PHC EPO Plus
- PHC HDP/HSA

**6. Q. Will the medical plans' network providers change?**

A. The Tier 1 Pacific Health Centers Network and the Tier 2 Anthem Blue Cross Network for CA providers will remain the same. The Anthem Blue Cross Network will replace the First Health Network for providers outside of CA.

If you need to locate a network provider and are currently enrolled in one of these medical plan options, you may continue to utilize the POMCO website at [www.mypomco.com](http://www.mypomco.com). If you currently waive medical coverage and are interested in looking at the network providers, beginning October 23, 2017 you can use the BRMS website at [www.brmsonline.com/dignityhealth](http://www.brmsonline.com/dignityhealth). Here you will be able to identify which providers are in Tier 1, the Pacific Health Centers Network, and in Tier 2, the Anthem Blue Cross Network.

**7. Q. Will I get a new medical plan identification (ID) card?**

A. Yes. BRMS will issue a new medical plan ID card effective January 1, 2018. As a covered employee, you will receive a new ID card and additional ID cards for your covered dependents (if applicable). Your new medical plan ID card will provide you with your new member ID number, plan name, group information, and important phone numbers to access BRMS's Member Services, 24/7 NurseLine, and Pre-Authorization line. Show your new ID card to your doctor's office, pharmacy and any other health care providers during your first visit in 2018 so they can update their records.

Beginning January 1, 2018, you will have access to your ID card at all times from your mobile device by downloading the BRMS Mobile app. For information on the Mobile app, or to print a copy of your ID card or request additional ID cards, log on to

[www.brmsonline.com/dignityhealth](http://www.brmsonline.com/dignityhealth). During Open Enrollment, please ensure that Dignity Health has your current home address on file, so your new ID card can be delivered to you on time.

- 8. Q. Will any of the medical plan provisions change, like copayments or coverage?**
- A. No. There are no changes to the medical plans' coverage or services or the associated copayments.
- 9. Q. I cover my husband and children under my medical plan and in the past have had to let POMCO know if they are covered under any other medical plan. Will I be required to provide that same information to BRMS?**
- A. Yes. The medical plan requires that employees, who enroll dependents under the medical plan, provide information to let the plan administrator know if the dependents are enrolled under other medical plans. To provide other coverage information for your dependents, log on to [www.brmsonline.com/dignityhealth](http://www.brmsonline.com/dignityhealth) beginning January 1, 2018. If you do not let BRMS know whether or not your dependents have other coverage, any claims received for your dependents may be delayed. If you have questions about providing other coverage information, call BRMS at 1.866.750.0578.
- 10. Q. How do I get a detailed list of services that are covered under the plans for 2018?**
- A. Beginning on the first day of Open Enrollment, October 23, 2017, you will have access to the Dignity Health Total Rewards Portal, where you can access your Facility Specific Benefits Information (FSBI) and the Medical Plan Comparison Tool. Both provide detailed information about services and coverage. For even more information about your 2018 medical plans and how services are covered, contact BRMS at 1.866.750.0578.
- 11. Q. Will the Prescription Drug Program change in 2018?**
- A. No. BRMS partners with Express Scripts (ESI), Inc., just as POMCO does, so you will see no changes in your copayments and out of pocket maximums. You can access the 2018 ESI Drug Formulary by visiting the BRMS website at [www.brmsonline.com/dignityhealth](http://www.brmsonline.com/dignityhealth). Here you will be able to see which Tier each drug falls under, identify if a drug requires prior authorization, and view instructions on how to set-up mail order and other helpful information.
- 12. Q. Will I get a new Prescription Drug Program identification (ID) card because of this change?**
- A. No. Your medical and pharmacy information will be combined on the one medical plan ID card issued by BRMS.
- 13. Q. What if I am currently taking a medication that requires Prior Authorization (PA), will I have to start over and get a new PA?**
- A. No. Since both POMCO and BRMS utilize ESI as their Prescription Benefits Manager, ESI will have all of your medication, PA and program compliance history. If you are

prescribed a new medication after January 1, 2018 that requires PA, you will need to have your provider's office contact ESI after January 1, 2018 to generate an authorization.

**14. Q. How do I transfer my open mail order refills from POMCO to BRMS?**

- A. Since ESI will continue to manage the Prescription Drug Program for these medical plans, your prescriptions will be in ESI's system and no transfer is required. However, should your current medication no longer have any remaining refills, a PA has expired, or your doctor prescribes a new medication that you want filled through Mail Order, you will need to contact ESI after January 1, 2018.

**15. Q. I utilize the POMCO website as it relates to my medical plan benefits. Does BRMS have a website and if so, when will my covered dependents and I have access to it?**

- A. BRMS has a robust member portal, and beginning October 23, 2017 you can log on to [www.brmsonline.com/dignityhealth](http://www.brmsonline.com/dignityhealth) to access important and valuable information. Beginning January 1, 2018, you will be able to register as a medical plan member through this website, so you can order duplicate ID cards, check on the status of claims and much more. You may also link to the BRMS website through Dignity Health's Total Rewards Portal.

**16. Q. Who do I call if I have any questions about how a claim was processed in 2017?**

- A. You will continue to contact POMCO for any 2017 claims questions at 1.844.344.8307, 6:00 a.m. – 5:00 p.m. PT, Monday through Friday.

**17. Q. If I'm having a procedure in late November 2017 or later that requires prior authorization, who will manage that?**

- A. Your provider will continue to contact POMCO at 1.844.344.8307 for any procedures you're having done in 2017 that require prior authorization. If you're scheduling a procedure after December 31, 2017 that requires prior authorization your provider will call BRMS Care Management at 1.866.750.0578.

**18. Q. Who do I call if I have questions about the plans for 2018?**

- A. Beginning October 23, if you have specific questions about the 2018 medical plan, you can call BRMS's Member Service Center at 1.866.750.0578, 7:00 a.m. – 6:00 p.m. PT, Monday through Friday. Remember that if you have questions about any of your Dignity Health benefits, you should call the Dignity Health HR Service Center at 1.855.475.4747, option 1 for benefits.

**19. Q. Beginning on January 1, 2018, will I call BRMS for all my claims questions?**

- A. No. You will call either POMCO or BRMS depending on the date of your claim(s). If you received services:
- Prior to January 1, 2018: Medical claims will continue to be processed by POMCO. If you have questions about these claims, you must contact POMCO at 1.844.344.8307, 6:00 a.m. – 5:00 p.m. PT, Monday through Friday.

- After December 31, 2017: Medical claims for services incurred on and after January 1, 2018 will be processed by BRMS. If you have questions about these claims, contact BRMS's Member Service Center at 1.866.750.0578, 7:00 a.m. – 6:00 p.m. PT, Monday through Friday.

## **Dental Plans**

### **20. Q. Will the PHC Assurant PPO Dental Plan be available to me in 2018?**

- A. No. You will have two new dental plans to choose from: 1) Dignity Health Delta 1500 and 2) Dignity Health Delta 2500. The Dignity Health Delta 1500 is comparable to your current PHC Assurant PPO Dental Plan. Both new plans allow access to the full Delta Dental provider network, with the same benefit level regardless of whether you utilize a network or non-network provider. Both plans also provide orthodontia coverage and the Dignity Health Delta 2500 plan provides coverage for implants.

### **21. Q. Where can I see what dental providers are available through the Delta Dental Network?**

- A. Beginning October 23, 2017, you can find a link to Delta Dental Network providers on the Dignity Health Total Rewards Portal on the Dental Plan Election screen.

### **22. Q. Are there any differences in what the dental plans cover based on a Delta Dental network provider versus a non Delta Dental contracted provider?**

- A. The coverage for dental services are the same whether you utilize a network or non-network provider, however, your patient responsibility may differ. You may select the Dental Plan Comparison Tool on the Dignity Health Total Rewards Portal to compare the coverage provisions, including orthodontia, of each dental plan offered at your location.

### **23. Q. I just got braces and it will be 2 years before they come off. Will I be eligible for orthodontia benefits through these new dental plans, even though I am already banded?**

- A. Yes, you will be eligible for orthodontic coverage if you select one of the Delta Dental plans offered for 2018. Since your treatment began prior to you becoming covered under the new plan, Delta Dental will pro-rate your orthodontic benefit based on the full length of the treatment and eligible remaining months.

### **24. Q. I need a crown and plan to have that procedure done closer to the end of this year. If the procedure is started in December 2017, but I don't get my permanent crown until January 2018, how will these charges get paid?**

- A. Since the services were started in 2017, you should contact your 2017 dental plan carrier for verification that those charges will be paid based on when the procedure was started.

- 25. Q. Who do I call if I have specific questions about the new dental plans?**
- A. For claims, eligibility and benefit information, link to the Delta Dental website through Useful Links under Quick Links on *My Health* of the Dignity Health Total Rewards Portal or call Delta Dental Member Services at 1.800.765.6003.
- 26. Q. If I enroll in one of these dental plans, do I get an identification card?**
- A. No. A dental plan ID card is not needed under either Delta Dental plan offered. However, you should tell your dentist which plan you're enrolled in and provide your social security number and employer name or group number, if possible.
- 27. Q. Beginning on January 1, 2018, will I call Delta Dental for all my claims questions?**
- A. No. You will call either Sun Life Dental or Delta Dental depending on the date of your claim(s). If you received services:
- Prior to January 1, 2018: Dental claims will continue to be processed by Sun Life Dental. If you have questions about these claims, you must contact Sun Life at 1.800.442.7742, 8:00 a.m. – 6:00 p.m. PT, Monday through Friday.
  - After December 31, 2017: Dental claims for services incurred on and after January 1, 2018 will be processed by Delta Dental. If you have questions about these claims, contact Delta Dental Member Services at 1.800.765.6003, 8:00 a.m. – 8:00 p.m. PT, Monday through Friday.

## **Vision Plans**

- 28. Q. Will the PHC Assurant Vision Plan be available to me in 2018?**
- A. No. You will have two new vision plans to choose from in 2018: 1) Dignity Health Vision Plan, and 2) Dignity Health Vision Plan Plus. These plans utilize the Vision Services Plan (VSP) provider network, which is the same network used by your current PCH Assurant Vision.
- 29. Q. Where can I see how these two vision plans differ, so I can tell which one is best for me?**
- A. You may select the Vision Plan Comparison Tool to compare the coverage provisions of each vision plan offered at your location. You may also refer to your Facility Specific Benefit Information in Summary Plan Descriptions under Quick Links on *My Health* of the Dignity Health Total Rewards Portal to determine the corresponding benefit levels and what plan works best for you.
- 30. Q. Will my eye exams and glasses that I received through the PHC Assurant Vision plan, count against the limits under the new vision plans?**
- A. No. Services or benefits received under your current vision plan will not affect your eligibility for benefits under the VSP plans.
- 31. Q. Who do I call if I have questions about the new vision plans?**
- A. For claims, eligibility and benefit information, link to the VSP website through Useful Links under Quick Links on *My Health* of the Dignity Health Total Rewards Portal or call VSP Member Services at 1.800.877.7195.

## **Employee Life**

**32. Q. PHC currently offers me basic life coverage, which is fully paid by the employer. Will there be any additional coverage amounts available to me in 2018?**

A. Yes. Additional employee life coverage will be offered for 2018 and coverage will be through Prudential, rather than Sun Life. You will continue to be provided coverage at 1 times annual salary, up to a maximum of \$300,000. For 2018, you can choose from the following options, subject to a \$1 million maximum.

- \$10,000
- 1 times annual salary
- 4 times annual salary
- \$50,000
- 2 times annual salary
- 5 times annual salary
- \$300,000
- 3 times annual salary

When you purchase additional life insurance coverage that is either 3 times annual salary, or more than \$500,000, you will be required to complete an Evidence of Insurability (EOI) questionnaire. The EOI questionnaire is available online, when you enroll through the Dignity Health Total Rewards Portal.

**33. Q. How is the cost of employee life insurance calculated for the additional coverage under Prudential?**

A. The cost of coverage varies by age and tobacco/non-tobacco use. You can see your actual per pay period cost on the Dignity Health Total Rewards Portal based on your age, the actual coverage amount you select and whether or not you use tobacco.

**34. Q. Can I choose to have coverage that is less than what my employer provides to me and if so, how is the cost affected?**

A. If you elect coverage that is less than that provided by your employer, then the cost difference between the employer paid coverage and the lesser coverage is paid to you as taxable income each payday. As you enroll in your benefits through the Dignity Health Total Rewards Portal, this amount is shown to you on the Employee Life Election screen and on the Benefits Summary.

**35. Q. Will the cost of my supplemental life insurance coverage be taxed?**

A. Your Employee Life insurance premiums will be taken on a pre-tax basis. However, Federal tax laws require you to pay income tax on the value of any life insurance coverage in excess of \$50,000. The value of coverage exceeding \$50,000 will be imputed each pay day for purposes of calculating tax withholding. The value of coverage is not the coverage amount in excess of \$50,000, but rather an estimate of the premium to purchase the additional coverage.



## **Accidental Death & Dismemberment (AD&D)**

**36. Q. PHC currently offers Accidental Death & Dismemberment (AD&D) coverage, which is fully paid by the employer. Will there be any additional coverage amounts available to me in 2018?**

A. Yes. Additional AD&D coverage will be offered for 2018 and coverage will be through Prudential, rather than Sun Life. You will continue to be provided coverage at 1 times annual salary, up to a maximum of \$300,000. For 2018, you can choose from the following options, subject to a \$1 million maximum.

- \$10,000
- \$300,000
- 1 times annual salary
- 2 times annual salary
- 3 times annual salary
- 4 times annual salary

**37. Q. How is the cost of AD&D calculated for the additional coverage through Prudential?**

A. The monthly cost of coverage is \$0.01 per \$1,000 of coverage. You can see the actual per pay period deduction on the Dignity Health Total Rewards Portal based on the various coverage options. Coverage for 1 times annual salary will continue to be fully paid by the employer.

## **Dependent Life**

**38. Q. Will I be able to purchase life insurance for my dependents in 2018?**

A. Yes. You will be offered Dependent Life for your spouse and/or children. Spouse and child life coverage is available in the following coverage amounts:

<b>Spouse Life</b>	\$5,000	\$10,000	\$25,000	\$50,000
<b>Child Life</b>	\$2,000	\$5,000	\$10,000	

**39. Q. Who is the dependent life insurance carrier and how much does it cost?**

A. The dependent life insurance carrier is Prudential. The cost of coverage per pay period is shown below, and is also on the Dignity Health Total Rewards Portal when you enroll.

<b>Dependent Life – Spouse</b>		<b>Dependent Life – Child(ren)</b>	
<b>Coverage Amount</b>	<b>Employee Premium</b>	<b>Coverage Amount</b>	<b>Employee Premium</b>
\$5,000	\$0.60	\$2,000	\$0.10
\$10,000	\$1.19	\$5,000	\$0.24
\$25,000	\$2.98	\$10,000	\$0.48
\$50,000	\$5.95		

## Long-Term Disability

**40. Q. PHC currently offers me Long-Term Disability (LTD) coverage through Sun Life Financial and it is fully employer paid. Will there be any additional coverage amounts available to me in 2018?**

A. No. You will continue to be provided LTD coverage, which will be fully employer paid. However, the coverage will be through Liberty Mutual, rather than Sun Life Financial.

**41. Q. Who do I call if I have a LTD claim?**

A. That depends on the date of your disability. Disability claims:

- Prior to January 1, 2018: Contact Sun Life Financial at 1.800.451.4531, 8:00 a.m. – 5:00 p.m. PT, Monday through Friday.
- After December 31, 2017: Contact Liberty Mutual at 1.855.832.9300.

**42. Q. Are there any changes to the LTD benefit that I should be aware of under the new carrier?**

A. The core plan design remains the same including the current 90-day elimination period.

## Health Care / Dependent Care Spending Account

**43. Q. I currently participate in the PHC Health Care and Dependent Care Spending Accounts. Will those benefits still be offered to me in 2018?**

A. Yes. Dignity Health's Health Care and Dependent Care Spending Accounts are administered by PayFlex. The benefit levels for each account are:

<b>Health Care Spending Account</b>	\$100 - \$2,600 ( <i>Grace Period: Allows for reimbursement of expenses incurred through March 15 of the following year</i> )
<b>Dependent Care Spending Account</b>	\$100 - \$5,000

**44. Q. What happens to the money I have left in my 2017 spending accounts?**

A. TASC will continue to manage your 2017 spending account benefits. Your deadlines for filing eligible expenses are described in the table below:

<b>Health Care Spending Account</b>	You may incur healthcare expenses against your 2017 health care spending account election through March 15, 2018, and you have until March 31, 2018 to file the claims.
<b>Dependent Care Spending Account</b>	You must file your 2017 eligible expenses by March 31, 2018.

**45. Q. I am currently enrolled in the PCH HSA Option and plan to enroll in the PCH DHP/HSA medical plan for 2018. If I contribute to the HSA through my bank, will I be able to also contribute and participate in the Health Care Spending Account for 2018?**

A. No. If you enroll in the PCS HDP/HSA medical plan for 2018, you cannot participate in the Health Care Spending Account.