

Dignity Health Medical Plan (DHMP) Nevada EPO Frequently Asked Questions (FAQs)

Dignity Health is offering a new medical plan option – the DHMP Nevada EPO – January 1, 2017 for employees working in Nevada. The DHMP Nevada EPO is a buy-up option. The following FAQs provide more detailed information about the DHMP Nevada EPO.

Plan Overview, Enrollment & Administration

1. Q. What is the DHMP Nevada EPO and how does it work?

- A. The DHMP Nevada EPO is an Exclusive Provider Organization (EPO) that:
- Is a buy-up plan for which you will pay a portion of the premium via payroll deduction
 - Has out-of-pocket costs, such as copayments, deductibles and coinsurance that you pay when you receive health care services
 - Offers two benefit Tiers where out-of-pocket costs differ based on providers of services, such as:
 - Tier 1: Dignity Health Preferred Network, which is made up of:
 - Dignity Health Medical Group Nevada and aligned physicians and providers where services are generally covered at 100% after a small copayment.
 - Dignity Health facilities where services are covered at 100% after a copayment.
 - Note that if a Dignity Health Preferred Network facility within the Nevada market does not offer a service that you need, you may obtain the service from any Sierra Health-Care Options (SHO) Network facility in Nevada, Dignity Health facility outside of Nevada or UnitedHealthcare (UHC) Options PPO Network facility outside of Nevada and receive the same benefit levels that you would have received if you had obtained the services from a Dignity Health Preferred Network facility. Appropriate approvals are required when utilizing a non-Tier 1 facility.
 - Tier 2: SHO / UHC Options PPO physician networks where services are covered at a percentage after an annual deductible or copayments.
 - SHO Network is used when seeking care from a Tier 2 provider in Nevada;
 - UHC Options PPO Network is used when seeking care from a Tier 2 provider outside of Nevada.
 - Allows members to seek care from any Tier 1 or Tier 2 Primary Care Provider (PCP). However, you must designate a Tier 1 PCP to comply with the Nevada Wellness Program requirements as described on page 2.
 - Requires PCP referral to any Tier 1 or Tier 2 specialist.
 - Provides no out-of-network benefits.

UMR, a UnitedHealthcare company, administers the plan. Express Scripts (ESI) manages the prescription benefit program for the plan. Quantum Health will provide customer service, assist members with provider selection and finding a participating network pharmacy, care coordination and clinical support, authorization of services and utilization review. If you have any questions about the DHMP Nevada EPO, contact the Quantum Health Care Coordinators at 1.877.219.2961.

The DHMP Nevada EPO Wellness Program provides the opportunity to earn credits toward the following year's premium. You and your covered adult dependents enrolled in the DHMP Nevada EPO effective January 1st are eligible to participate in the wellness program. To be eligible for a credit toward the DHMP Nevada EPO premium for the *following* calendar year, the following requirements must be completed:

- Have an annual physical with your Tier 1 PCP, which includes a complete blood panel no later than April 30th. If a covered adult resides outside of Nevada, they may have their annual physical performed by a Tier 2 PCP, with complete blood panel, no later than April 30th.
- Comply with care plans developed and recommended by your Tier 1 PCP, such as: annual mammogram, screening colonoscopy, monthly labs, medication compliance and diabetes testing, etc. If a covered dependent adult resides outside of Nevada, they must comply with the care plans developed and recommended by their Tier 2 PCP.

An eligible covered adult dependent to comply with the wellness requirement is your legal spouse, Legally Domiciled Adult (LDA) or Adult Tax Dependent (ATD).

Provider Network

2. Q. Which hospitals are considered part of the Dignity Health Preferred Network (Tier 1)?

- A. All Dignity Health hospitals in Nevada, Arizona and California are part of the Dignity Health Preferred Network (Tier 1); those within the Nevada market that are closest to where you work are:
- St. Rose Dominican – Rose de Lima Campus
 - St. Rose Dominican – Siena Campus
 - St. Rose Dominican – San Martin Campus

Note: As St. Rose Dominican opens new Dignity Health neighborhood hospitals in the future, these facilities will be included in the Dignity Health Preferred Network (Tier 1).

3. Q. Which physicians and facilities are included in the Dignity Health Preferred Network (Tier 1) and where can I find that list?

- A. The Dignity Health Preferred Network (Tier 1) is made up of:
- Dignity Health Medical Group Nevada and other physicians/providers who are aligned with, and admit to Dignity Health facilities.
 - Dignity Health owned and partnered hospitals, imaging centers, ambulatory surgery centers and other types of facility providers.
 - Behavioral Healthcare Options (BHO) Network for mental health/substance abuse providers.

You can find a link to the provider directory which includes the Dignity Health Preferred Network (Tier 1) providers on *My Health* on the Dignity Health Total Rewards Portal at <http://DignityHealthMember.org/TotalRewards> or go directly to the www.QuantumHealth-DHMPNevadaEPO, if you are a member of the DHMP Nevada EPO.

NOTE: a) You will find that Tier 1 providers include certain SHO Network providers who have been specifically added to Tier 1, even though they will also be listed in the SHO Network (Tier 2). b) Mental health/substance abuse providers are found through the Behavioral Healthcare Options (BHO) Network. For assistance in locating a contracted mental health or substance abuse provider, call 1.800.873.2246.

4. Q. My current Specialist is not part of the Dignity Health Preferred Network (Tier 1); how can they be added?

A. We will continually evaluate the Dignity Health Preferred Network (Tier 1) providers to ensure there are an adequate number of specialists to serve the plan members. If your specialty physician, who is not a Tier 1 provider, requests to be in Tier 1, have them contact Margie Roper, VP Ambulatory Services at St. Rose Dominican, at Margie.Roper@dignityhealth.org for consideration. Immediate consideration to add a provider will be given only in instances where a specialty is missing or there are not an adequate number of specialists in a given specialty in our Tier 1 provider network. All other requests will be considered on an annual basis.

5. Q. Do I need to designate a Primary Care Physician (PCP)?

A. Yes. Every employee and their covered dependents will need to designate a Tier 1 PCP. While you may seek care from any Tier 1 or Tier 2 PCP, the amount you pay for services will vary depending on the network Tier of your provider. To be eligible to earn the wellness program credit, you and your covered adult dependent must use your Tier 1 PCP to comply with the wellness requirements. If your covered adult dependent resides outside of Nevada, a Tier 2 PCP can be used to meet the wellness program requirements.

6. Q. What types of physicians are considered PCPs?

A. Your PCP generally serves as the entry point for substantially all of your health care needs. You can designate any of the following in the Dignity Health Preferred Network (Tier 1) as your PCP:

- Pediatrician
- Internal Medicine (Internist)
- General Practice
- Family Medicine (Family Practitioner)

In addition to the PCPs above, you may also visit the following Tier 1 or Tier 2 providers without a specialist referral.

- OB/GYN
- Physician Assistant
- Nurse Practitioner
- Mental Health/Substance Abuse Providers

- 7. Q. How do I designate my Tier 1 PCP and what happens if I don't?**
A. When you first enroll in the DHMP Nevada EPO, you will log on to the Dignity Health Total Rewards Portal to make your benefit elections. When you are at the Medical Plans section of the portal and you elect to enroll in the DHMP Nevada EPO, you will be asked to make your Tier 1 PCP designation. A link to the Dignity Health Preferred Network (Tier 1) physicians will be provided so you can enter your PCP's information. If you do not select a PCP when you first enroll, one will be assigned to you and/or your covered dependents and Quantum Health will send you a letter informing you about the PCP assignment. Once your coverage is effective, you can change your PCP designation by calling Quantum Health Care Coordinators at 1.877.219.2961.
- 8. Q. In the DHMP Nevada EPO, can I see a Dignity Health Preferred Network (Tier 1) PCP and see a specialist that is in the SHO Network (Tier 2)?**
A. Yes. You may see a Tier 1 PCP and a Tier 2 specialist. However, the DHMP Nevada EPO requires that you receive a referral from a PCP to any specialist, whether in Tier 1 or Tier 2. If you see a specialist and you do not obtain a specialist referral from a PCP, your specialist copayment will be \$100 or the full contracted rate of the visit, whichever is less.
- 9. Q. Can the specialist I'm seeing refer me to another specialist?**
A. No. A specialist referral must always be made by a PCP.
- 10. Q. How does the referral process work?**
A. If your PCP believes you need to be seen by a specialist, you will want to make sure you tell the PCP that you need a referral and that the PCP will need to contact Quantum Health. Generally within 48 hours Quantum Health will record the referral and notify you by U.S. mail about the specialist referral. Contact Quantum Health Care Coordinators at 1.877.219.2961 if you have any questions about a referral.
- 11. Q. What if one of my covered dependents or I am on vacation outside of Nevada and require emergency services. What network will I utilize in that situation?**
A. If you face a potentially life-threatening situation, while traveling outside of Nevada or at any time, call 911 or go to the nearest emergency room. In the event of a true emergency, you will pay a set copayment (which is waived if you're admitted) regardless of where you receive care. Members do not have to worry about utilizing a network provider/facility in an emergency.

Accessing Care

- 12. Q. Are all specialties available or represented in the Dignity Health Preferred Network (Tier1)?**
A. Every effort has been made to have all specialties represented in the Dignity Health Preferred Network (Tier 1). However, if services cannot be provided by a Dignity Health Preferred Network (Tier 1) physician, services may be provided by a Tier 2 physician – SHO Network if seeking care in Nevada or UHC Options PPO Network if seeking care outside of Nevada. This will be covered at the Tier 2 benefit. Your PCP, whether in Tier 1 or Tier 2, can refer you to any Tier 1 or Tier 2 specialist. If you do not obtain a

specialist referral from your PCP, your specialist office visit copayment will be \$100 or the full contracted rate of the visit, whichever is less.

- 13. Q. How can I determine which providers are in Tier 2 – the SHO Network or the UHC Options PPO Network?**
- A. A complete listing of the SHO Network and the UHC Options PPO Network providers is available at www.umar.com/DHMPNevadaEPO or if you are a member of the DHMP Nevada EPO, go to www.QuantamHealth-DHMPNevadaEPO.
- 14. Q. If I have a child covered under my medical plan who is going to college in California and requires a surgery that isn't an emergency, where can she have her surgery?**
- A. If you enroll in the DHMP Nevada EPO and your covered child who lives outside of Nevada requires non-emergency surgery, the child must have the surgery performed at a Dignity Health Preferred Network (Tier 1) facility in order for the facility charges to be covered. In this case, if your dependent child lives in California, then she could have the non-emergency surgery performed at any Dignity Health hospital in California.
- 15. Q. What providers will my covered dependent, who lives outside of Nevada, be able to utilize and how are those services covered under the DHMP Nevada EPO?**
- A. If you enroll in the DHMP Nevada EPO, your covered dependent who lives outside of Nevada, would utilize the UHC Options PPO Network. However, certain services, unless in an emergency situation, are not covered in Tier 2. If your dependent child needs facility-based services and procedures, your dependent would need to travel to a Dignity Health Preferred Network facility to receive non-emergency facility-based services, in order for the facility charges to be covered by the plan.

These services include:

Inpatient Hospital (Medical)
Diagnostic X-ray/Imaging – Outpatient Radiology Center
Outpatient Surgery (Facility/Hospital)
Outpatient Diagnostic Labs – Outpatient Lab Center

Plan Benefits & Coverage

- 16. Q. If I elect the DHMP Nevada EPO, what are the benefits for inpatient/outpatient services?**
- A. Inpatient/Outpatient medical services are covered at 100% after a copayment, if rendered at any Dignity Health Preferred Network (Tier 1) facility. If a Dignity Health Preferred Network (Tier 1) facility in the Nevada market does not provide the service that you need, you may obtain the service from any Tier 2 facility at the Tier 1 benefit – SHO Network for services in Nevada or UHC Options PPO Network for services outside of Nevada. (Examples: Transplants, Burns and NICU Level 4, others may apply).

PLAN	DIGNITY HEALTH PREFERRED NETWORK TIER 1	SHO/UHC OPTIONS PPO NETWORK TIER 2
DHMP Nevada EPO	<ul style="list-style-type: none"> • Outpatient Surgi-centers: \$50 copayment • Dignity Health Hospital: \$100 copayment 	Not Covered (<i>unless service is not provided at a Tier 1 facility in the Nevada market or an emergency</i>)

17. Q. How is Urgent Care covered?

A. Urgent care is covered with a \$20 copayment for Tier 1 and Tier 2 urgent care facilities.

18. Q. Where can I go for lab services?

A. There are a number of labs in the Dignity Health Preferred Network (Tier 1). You can find those providers at www.umar.com/DHMPNevadaEPO and search under "Laboratory Services". Lab services will be covered after a \$5 copayment if you have the lab services performed at a Tier 1 laboratory or physician's office. Labs drawn in your Tier 2 physician's office are covered at 80% after meeting the annual deductible. Labs drawn at a Tier 2 laboratory are not covered.

19. Q. Will outpatient diagnostic imaging/x-rays need to be performed at a Dignity Health Preferred Network (Tier 1) facility in order be covered?

A. Yes, unless they are performed in your physician's office. The table below shows how these services are covered. You will notice that x-rays/imaging and PET Scans are not covered in an outpatient setting in Tier 2.

PLAN	DIGNITY HEALTH PREFERRED NETWORK TIER 1	SHO/UHC OPTIONS PPO NETWORK TIER 2
DHMP Nevada EPO	<p>X-ray:</p> <ul style="list-style-type: none"> • Outpatient Radiology Center or Provider's office: \$5 copayment • Dignity Health Hospitals: \$25 copayment <p>Imaging:</p> <ul style="list-style-type: none"> • Outpatient Radiology Center: \$25 copayment; • Dignity Health Hospital: \$75 copayment <p>PET Scan: Dignity Health Hospital: \$100 copayment</p>	<p>X-ray:</p> <ul style="list-style-type: none"> • Outpatient Radiology Center/Outpatient hospital facility: Not Covered • Physician's office: 80% after deductible <p>Imaging: Not Covered</p> <p>PET Scan: Not Covered</p>

20. Q. What if I need surgery and my surgeon doesn't have privileges at a Dignity Health Preferred Network facility, will my surgery be covered?

If your surgery is offered at a Dignity Health Preferred Network (Tier 1) facility in the Nevada market, but you choose not to have your surgery performed at a Dignity Health Preferred Network (Tier 1) facility, then the facility charges related to your surgery would not be covered by the plan. However, if your surgeon is a member of the Tier 1 or Tier 2 network, your surgeon's claim for his/her professional services would still be covered at the Tier 1 or Tier 2 benefit level, respectively. Your surgeon may obtain privileges at a Dignity Health Preferred Network (Tier 1) facility and perform the surgery at a Dignity Health Preferred Network (Tier 1) facility, in order to have the facility charges covered by the plan.

21. Q. How is an Emergency Room charge covered?

A. Emergency room services are covered 100% after a \$75 copayment, regardless of where you receive care. The copayment is waived if you are admitted into the hospital. Non-emergent services are not covered.

22. Q. If I go to the emergency room for non-emergency services, such as a cold, is that covered under my emergency room benefit?

A. Generally a cold is not considered an emergency and therefore would not be covered if services were rendered at a hospital emergency room. Emergency rooms should be accessed for emergency service only. According to the American College of Emergency Physicians (ACEP) you should visit the ER if you have any of the following warning signs/symptoms:

- Chest pain or pressure
- Uncontrolled bleeding
- Sudden or severe pain
- Coughing or vomiting blood
- Suicidal feelings
- Difficulty breathing/speaking
- Heavy bleeding/large open wounds
- Spinal injuries
- Severe head injury
- Severe or persistent vomiting or diarrhea
- Fainting, sudden dizziness, weakness, change in vision

The ACEP recommends a visit to urgent care for:

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

23. Q. What happens if I'm traveling out of the service area and have a legitimate emergency that requires immediate care in an Emergency Room?

A. Emergency claims are considered in-network and processed and paid at 100% after a \$75 copayment, regardless of where you receive care. Legitimate emergency claims are based on service codes submitted with your claim that define it as an emergency claim.

- 24. Q. What happens if there are no beds or space available when I need services that are otherwise performed at one of the Dignity Health Preferred Network (Tier 1) facilities?**
- A. If you require care that can be delivered at a Dignity Health Preferred Network (Tier 1) facility in the Nevada market and there is no bed or space available for you, you or your provider should contact Quantum Health Care Coordinators at 1.877.219.2961 and they will arrange for other accommodations. If Quantum Health approves services to be provided at a Tier 2 facility, that facility claim will be covered at the Tier 1 benefit level.
- 25. Q. In those instances where I need a procedure that is not offered at a Dignity Health Preferred Network (Tier 1) facility in the Nevada market (e.g. a transplant or a highly specialized brain procedure); what is the process for me to receive treatment?**
- A. These types of services would be coordinated with Quantum Health’s dedicated Care Coordinators. Dignity Health and Quantum Health have set up a process so that procedures that cannot be performed at a Dignity Health Preferred Network (Tier 1) facility in the Nevada market would be authorized at a Tier 2 facility and covered at the Tier 1 benefit level.
- 26. Q. What providers are available for mental health/substance abuse treatment and how are those services covered?**
- A. The Dignity Health Preferred Network (Tier 1) includes mental health/substance abuse providers contracted through the Behavioral Healthcare Options (BHO) Network. For assistance in locating a contracted mental health or substance abuse provider, call 1.800.873.2246. Inpatient mental health/substance abuse services are provided at the same benefit level under Tier 1 and Tier 2. The table below illustrates how these charges are covered.

DHMP NEVADA EPO	DIGNITY HEALTH PREFERRED NETWORK TIER 1	SHO/UHC OPTIONS PPO NETWORK TIER 2
Hospital Room (Behavioral Health)	100% after \$100 copayment	100% after \$100 copayment
Physician Office Visits (Behavioral Health)	\$5 copayment	\$20 copayment

- 27. Q. How do I get a detailed list of services that are covered under the plan?**
- A. During your benefits enrollment period, you will have access to the Facility Specific Benefits Information (FSBI) the Summary of Benefits and Coverage (SBC), Medical Plan Comparison Tools and the DHMP Nevada EPO Medical Plan Document located on the Dignity Health Total Rewards Portal. You may also call the Care Coordinators at Quantum Health at 1.877.219.2961 with any questions about the DHMP Nevada EPO.

28. Q. Are there any specific services that are not performed at all of the Dignity Health Preferred Network (Tier 1) facilities in the Nevada market?

A. Yes. The services shown on the following chart can only be provided at a specific Dignity Health Preferred Network (Tier 1) facility in the Nevada market:

Service	ST. ROSE DOMINICAN – SIENA	ST. ROSE DOMINICAN – ROSE DE LIMA	ST. ROSE DOMINICAN – SAN MARTIN
Pediatrics	X		
Acute Rehab (General)		X	
Cardiovascular Surgery	X		X
Thoracic	X		X
NICU	X		X
Trauma (Level 3)	X		

29. Q. What services cannot be performed at a Dignity Health Preferred Network (Tier 1) facility in the Nevada market and will need to be provided by a Tier 2 facility?

A. This is not a complete list, however, if you require a service that you or your provider believe cannot be rendered at a St. Rose Dominican hospital and you have questions or need to confirm, contact Quantum Health Care Coordinators at 1.877.219.2961 for assistance.

Solid Organ Transplants	Bone Marrow Transplants	Burns
Cyber/Gamma Knife	Inpatient Mental/Behavioral Health	Ventricular Assist Device
Sterilization Procedures	Short Term Nursing Care (SNF)	Bariatric

30. Q. Does the DHMP Nevada EPO require certain services to be pre-authorized?

A. Yes. The services on the following table require Prior Authorization (PA). If you are seeing a:

- Dignity Health Preferred Network (Tier 1) provider or SHO Network (Tier 2) provider, the provider will normally obtain the PA on your behalf and no penalty is assessed if no PA is obtained. However, you will want to make sure that a PA is obtained, since claims may be denied or coverage reduced, should it be determined that the services provided were not medically necessary, experimental or investigational in nature, or excluded by the plan.
- UHC Options PPO provider outside of Nevada, you and/or your covered dependent will be responsible for ensuring that a PA is obtained. In this instance, if a PA is not obtained, you will be assessed a \$250 penalty for no PA and the claim may not be covered if it is determined to be not medically necessary, experimental or investigational in nature, or excluded by the plan.

Inpatient Hospital Stay, Extended Care Facilities, Residential Treatment Facilities, and Skilled Nursing Facility Admissions	Inpatient Hospital stay longer than standard 48 hours following a normal vaginal delivery or 96 hours following a Cesarean Section
Organ, Tissue, and Bone Marrow Transplants	Occupational, Physical and Speech Therapies
Partial Hospitalizations	Dialysis
Outpatient Surgeries	Home Health Care
Qualifying Medical Trials	Hospice Care
Genetic Testing	Prosthetics over \$1,000
Oncology Care and Services (chemotherapy and radiation therapy)	MRI/MRA/CT/CTA/PET and Nuclear Cardiology Scans
Durable Medical Equipment; including braces or orthotics - all rentals and any purchase over \$500	ABA Therapy for treatment of Pervasive Developmental Disorders/Autism

31. Q. Are there any wellness requirements I must comply with in order to participate in the DHMP Nevada EPO?

A. If you and your covered adult dependent are enrolled in the DHMP Nevada EPO plan effective January 1st, you are eligible to participate in the wellness program. If you choose to participate, the Nevada Wellness Program requires an enrolled Employee, Spouse, Legally Domiciled Adult or Adult Tax Dependent to comply with the following, in order to be eligible for a credit toward the DHMP Nevada EPO premium for the following calendar year.

- Have an annual physical with your Tier 1 PCP, which includes a complete blood panel, no later than April 30th. If a covered dependent adult resides outside of Nevada, they may have their annual physical performed by a Tier 2 PCP, with complete blood panel, no later than April 30th.
- Comply with care plans developed and recommended by your Tier 1 PCP, such as: annual mammogram, screening colonoscopy, monthly labs, medication compliance and diabetes testing, etc. If a covered dependent adult resides outside of Nevada, they must comply with the care plans developed and recommended by their Tier 2 PCP.

32. Q. Is there an incentive for complying with the Nevada Wellness Program requirements?

A. Yes. Employees and their covered adult who have complied with all of the above Nevada Wellness Program requirements may be eligible for a \$10 per (compliant) adult per pay period premium reduction for the DHMP Nevada EPO for 2018. This premium reduction is in effect for one year only and will be reevaluated on an annual basis.

Prescription Drug Program

33. Q. Will I get a pharmacy identification (ID) card?

A. No. Your medical and pharmacy information will be combined on one medical plan ID card issued by UMR.

34. Q. What are the prescription drug benefits under the DHMP Nevada EPO?

A. The prescription drug program is described in the table below.

DHMP Nevada EPO	
Prescription Drug Out-of-Pocket Maximum is combined with the Medical Plan Out-of-Pocket Maximum of \$6,000 per person / \$12,000 per family	
Formulary	
Walk-up (30-day supply)	\$7 copayment when filled with generic; \$30 copayment when filled with brand name if no generic equivalent is available; \$30 copayment plus cost difference between brand and generic when generic equivalent is available
Mail Order (90-day supply)	\$14 copayment when filled with generic; \$60 copayment when filled with brand name if no generic equivalent is available; \$60 copayment plus cost difference between brand and generic when generic equivalent is available
Non-Formulary	
Walk-up (30-day supply)	\$50 copayment
Mail Order (90-day supply)	\$100 copayment

35. Q. Where can I find what tier my medication is on?

A. The ESI Prescription Drug List (PDL) outlines the most commonly prescribed medications, including Specialty medications and organizes them into cost levels, also known as tiers (Generic, Brand or Non-Preferred Brand). The PDL will help you identify whether your medication(s) have a Quantity Limit, require Prior Authorization, or if Step Therapy is needed. When reviewing your medications, you and your physician should consult the PDL. It will help you and your physician choose the most cost effective prescription medication. You can access the 2017 ESI Drug Formulary by visiting the UMR pre-enrollment site at www.umar.com/DHMPNevadaEPO. If you cannot find the drug you're currently taking on the ESI PDL and have questions, contact ESI at 1.888.668.2589 for assistance.

36. Q. How can I locate a pharmacy that is part of ESI's pharmacy network?

A. ESI's pharmacy network includes most major pharmacies, however, you can log on to <https://www.express-scripts.com/NATNOFORM/> to locate an ESI network pharmacy.

37. Q. What is the process for filling my specialty medications?

A. ESI utilizes Accredo as their Specialty Pharmacy. All specialty medications must go through Accredo Pharmacy after one fill at a retail pharmacy. To determine if a certain medication is considered a specialty medication, you can refer to the ESI Specialty Drug List on the UMR pre-enrollment website at www.umar.com/DHMPNevadaEPO. If you are on a specialty injectable medication or specialty drug, call Accredo at 1.800.922.8279 after December 31, 2016 to get set up delivery through the Accredo Pharmacy.

38. Q. Are there any other prescription programs I should know about under this plan?

A. Yes. There are two prescription programs that are part of this plan's prescriptions benefits.

- 1) The ESI Utilization Management program, which is made up of:
 - Drug Quantity Management
 - Step Therapy
 - Prior Authorization
- 2) The Keenan Pharmacy Care Management (KPCM) program is designed to enhance the prescription drug program by improving your quality of care. In most cases, this program will help reduce your out-of-pocket costs for prescription medications. Watch for more information mailed to your home in mid-December 2016.

Other Important Information

39. Q. Will I get a medical plan identification (ID) card if I enroll in the DHMP Nevada EPO?

A. Yes. UMR will issue a medical plan ID card for you and your covered dependents, if applicable. Your medical plan ID card will provide you with your plan name, group information, and important phone numbers. Show your new ID card to your doctor's office, pharmacy and any other health care providers. You can order duplicate ID cards, and print temporary cards if needed, directly online at www.QuantumHealth-DHMPNevadaEPO.

40. Q. Should I be aware of anything special that the DHMP Nevada EPO offers to medical plan members?

A. The DHMP Nevada EPO offers you choice and quality care with direct access to the Dignity Health Medical Group Nevada physicians and the St. Rose Dominican Hospitals. If you make an appointment with your Tier 1 PCP, who is part of the Dignity Health Medical Group, for an acute onset of illness, such as a sore throat, flu or urinary tract infection, you can get an appointment at his or her office within 24 hours, if you call during normal business hours.

You will also be connected to Quantum Health's Care Coordinators, an expert team of nurses; patient services representatives and benefits specialists, who are ready to help you before, during and after any health event. Think of Care Coordinators as your personal healthcare team—they work with you and your providers to make sure you get the best possible care. Turn to your Care Coordinators for help with:

- ID cards
- Claims, billing and benefit questions
- Finding in-network providers
- Nurse support to help you stay or get healthy
- Saving money on out-of-pocket costs
- Anything that can make the healthcare process easier for you

41. Q. Who can I call if I have questions about the DHMP Nevada EPO plan?

A. If you have specific questions about the DHMP Nevada EPO, you can call Quantum Health Care Coordinators at 1.877.219.2961.