

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 will be a buy-up option. You will continue to be offered the HPN HMO as the fully-employer paid plan and the HPN Premier POS as a buy-up plan. The HPN Choice POS will not be available after 2016.

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 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 below.
 - Requires PCP referral to any Tier 1 or Tier 2 specialist
 - Provides no out-of-network benefits.

UMR, a UnitedHealthcare company, will administer the plan. Quantum Health will provide customer service, assisting members with provider selection, 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. Express Scripts (ESI) will manage the prescription benefit program for the plan.

The Nevada Wellness Program requires adults enrolled in the DHMP Nevada EPO to complete 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 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.

2. Q. What do I need to do during open enrollment to make sure my family and I are enrolled in one of the medical plans effective January 1, 2017?

A. During the benefits open enrollment period – October 24 –November 11, 2016 – you should log on to the Dignity Health Total Rewards Portal and make your benefit elections for 2017. Select the medical plan that is best for you and your family. If you are currently enrolled in the HPN Choice POS plan, which will not be available in 2017, you and your covered dependents will automatically be enrolled in the HPN HMO for 2017. If you do not wish to be enrolled in the HPN HMO, you must make a different medical plan election during open enrollment.

Provider Network

3. 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).

4. 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 or go directly to the UMR pre-enrollment website at www.umar.com/DHMPNevadaEPO.

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.

5. 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.

6. 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, enrolled employees and their covered adult will need to have an annual physical with their Tier 1 PCP no later than April 30th and comply with care plans developed and recommended by that PCP, in order to earn a credit toward the DHMP Nevada EPO premium for the following calendar year. For those covered adults living outside of Nevada, compliance with the Nevada Wellness Program may be managed through their Tier 2 PCP.

7. 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
- Nurse Practitioner
- Physician Assistant
- Mental Health/Substance Abuse Providers

8. 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.

9. 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.

10. Q. Can the specialist I'm seeing refer me to another specialist?

A. No. A specialist referral must always be made by a PCP.

11. 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 24-48 hours Quantum Health will record the referral and notify you by U.S. mail about the specialist referral. You may also log on to www.QuantumHealth-DHMPNevadaEPO and register on the Quantum Health member portal to track your specialist referrals online. Specialist referrals are normally valid for one year from the issue date, unless your PCP indicates a shorter timeframe. Once the specialist referral expires you will need to obtain a new one from your PCP, should you continue to require care. If your Tier 2 PCP doesn't request a specialist referral, contact Quantum Health Care Coordinators at 1.877.219.2961 and they will work with your PCP to obtain the referral.

12. Q. I am currently enrolled in the HPN HMO and already have specialist referrals to an allergist and dermatologist. If I enroll in the DHMP Nevada EPO, will I need to obtain new specialist referrals?

A. Yes. However, there is an initial 2-month grace period (January and February 2017) for obtaining the specialist referrals. You will want to work with your PCP to obtain the

necessary specialist referrals, prior to March 1, 2017. The increased copayment, for no specialist referral, will go into effect March 1, 2017.

- 13. 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

- 14. 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.
- 15. 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.
- 16. 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.
- 17. 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)	Outpatient Surgery (Facility/Hospital)
Diagnostic X-ray/Imaging – Outpatient Radiology Center	Outpatient Diagnostic Labs – Outpatient Lab Center

Plan Benefits & Coverage

18. 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>)

19. Q. How is Urgent Care covered?

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

20. 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.

21. 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: Can only be performed at a 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>

22. 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?

A. 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.

23. 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.

24. 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

25. 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.

26. 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.

27. 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.

28. 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

29. 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.

30. 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		

31. 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

32. 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

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

- A. 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.

34. 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.

Transition of Care

35. Q. What is Transition of Care?

A. Transition of Care benefits are utilized in order to ensure continuity of care for certain medical conditions already under treatment and provide in-network medical plan benefits up to 90 days for conditions approved as transitional care.

36. Q. I want to participate in DHMP Nevada EPO plan, however, I live 40 miles from a Dignity Health Preferred Network (Tier 1) facility and I plan to have a baby. Will an exception be made so I can receive services from a SHO Network (Tier 2) facility that is closer to my home?

A. No. If you enroll in the DHMP Nevada EPO, you must deliver your baby at a Dignity Health Preferred Network (Tier 1) facility or the services will not be covered by the plan. There will be no exceptions based on where you live. If you and/or your covered dependents require more flexibility, then you may choose to enroll in one of the other medical plans offered to you.

NOTE: If you are currently enrolled in the HPN HMO or one of the HPN POS plans, then Transition of Care will be allowed for pregnancies that are in the 2nd or 3rd trimester as of January 1, 2017 and for any high-risk pregnancy. Members should complete a transition of care form and submit it to Quantum Health for review and approval, no later than December 15, 2016.

37. Q. I am in the middle of chemotherapy and radiation; however, it is not with a Dignity Health Preferred Network (Tier 1) facility/provider. Can I continue services with my current provider if I enroll in the DHMP Nevada EPO plan?

A. Transition of Care benefits may be available in this situation. You will need to complete a Transition of Care Form and submit it to Quantum Health for review and approval, no later than December 15, 2016.

38. Q. Are there other situations where I should complete a Transition of Care form so that there is continuity of care?

A. Most routine procedures, treatment of stable chronic conditions, minor illnesses and elective surgical procedures are not covered by transitional level benefits; however, below are some examples of when Transition of Care benefits might apply:

Acute heart disease	Organ transplant candidates waiting a donor
Cancer	Immediate post-surgical follow-up
Acute trauma (such as bone fracture)	Maternity in the 2 nd or 3 rd trimester

39. Q. Where can I get a Transition of Care form?

A. The Transition of Care form is located under the “Other Resources” section of the UMR pre-enrollment site at www.umar.com/DHMPNevadaEPO.

Prescription Drug Program

40. 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.

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

A. The prescription drug program for the DHMP Nevada EPO 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
DHMP Nevada EPO	
Non-Formulary	
Walk-up (30-day supply)	\$50 copayment
Mail Order (90-day supply)	\$100 copayment

42. Q. What if I am currently taking a medication that requires Prior Authorization or Step Therapy; how will this be handled under the DHMP Nevada EPO?

A. Dignity Health is working with HPN to obtain current utilization that ESI can access, only for employees and their dependents who will be enrolled in the plan. This information will allow ESI to review the medications that require Prior Authorization or Step Therapy and update their records by January 1, 2017. If you are prescribed a new medication after December 31, 2016 that requires Prior Authorization or Step Therapy, you will need to have your provider’s office contact ESI at 1.888.668.2589 after January 1, 2017 to obtain an authorization.

43. Q. Will my mail order prescriptions and refills transfer from HPN to ESI?

A. No. If you utilize mail order through one of the HPN medical plans, you will need to make a new request with ESI. Beginning on January 1, 2017, you can complete a mail

order request online at www.express-scripts.com. If you have questions about having your maintenance drugs filled through mail order, contact ESI at 1.888.668.2589 after January 1, 2017.

44. 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. Keep in mind, that there will be slight differences in the HPN and ESI formularies. 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.

45. 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.

46. 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.

47. 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

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

- A. Yes. UMR will issue a new medical plan ID card effective January 1, 2017. As a covered employee, you will receive a new ID card and an additional ID card for your covered dependents. Your new 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 during your first visit in 2017 so they can update their records. Beginning January 1, 2017, you will be able to order duplicate ID cards, and print temporary cards if needed, directly online at www.QuantumHealth-DHMPNevadaEPO.

49. 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. When utilizing a Tier 1 PCP, employees and covered dependents will be given an appointment within 24 hours when calling Monday through Friday, during normal business hours, if experiencing an acute onset of illness, such as a sore throat, flu or urinary tract infection.

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

50. Q. I plan to enroll in the DHMP Nevada EPO and will also enroll my dependent children. My children are also covered under their mother's healthcare coverage at work. Will there be any issues having them double covered?

- A. If you enroll a dependent you must call the number on your new ID card to confirm whether or not your dependent has other coverage for Coordination of Benefits purposes.

Please note that if "other coverage" information is not on file with UMR when a claim is received for your dependent, it cannot be processed and paid until such information is received.

- 51. Q. If I'm scheduled for a procedure in early January 2017, who should my provider contact for prior authorization?**
- A. If you're scheduling a procedure on or after January 1, 2017 that requires prior authorization your provider will call Quantum Health Care Coordinators at 1.877.219.2961.
- 52. Q. Who can I call if I have questions about the DHMP Nevada EPO plan?**
- A. Beginning October 24, 2016, if you have specific questions about the DHMP Nevada EPO, you can call Quantum Health Care Coordinators at 1.877.219.2961.