

# Medical Plan User's Guide





# Dignity Health Medical Plan User's Guide

Dignity Health is committed to offering you comprehensive, affordable, and quality health care benefits. This guide will help you understand the Dignity Health Medical Plan. It also describes the resources available to help you make informed choices when you need care.

Be sure to carefully review the key features of the plan and know where both you and your covered family members can go for routine medical visits, specialized care, hospital visits, lab work and imaging, and filling prescriptions.

We encourage you to take the time to review this guide and keep it as a reference to help you understand how to get the most out of your Dignity Health Medical Plan.



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# Understanding My Medical Coverage

## Important insurance terms and definitions

With the Dignity Health Medical Plan, there are several key terms you should know; also, be sure to understand how these features work together (see the image on the next page).

### **What is preventive care?**

The Affordable Care Act (ACA) requires that health plans cover certain in-network preventive services at no cost to members. So when you schedule your preventive care, be sure to see a Tier 1 or Tier 2 network provider. Refer to page 12 for more details about preventive care, including a link to the list of covered preventive services.

### **What is a deductible?**

This is the amount you have to pay out of pocket before your plan will start to pay benefits. Once you reach your annual deductible, you and the plan will start sharing the cost of services. You can use money from your Health Care Flexible Spending Account (FSA) to pay toward your deductible.

### **What is coinsurance?**

Once you meet your deductible, you share in the cost of services by paying a percentage (called coinsurance) for covered services. The plan covers the remaining percentage.

### **What is a copay?**

This is a fixed amount you pay for covered services, including doctor's office visits and prescriptions. You usually pay your copay at the time you receive the service. When a service requires a copay, the annual deductible does not apply.

### **What is an out-of-pocket maximum?**

This is the most you will have to pay for your covered medical expenses in a given year. Once you pay this amount, the plan will cover additional eligible expenses at 100%.

## In this section

Important insurance terms and definitions

Here's how the plan's key features fit together

What I'll pay when I seek care

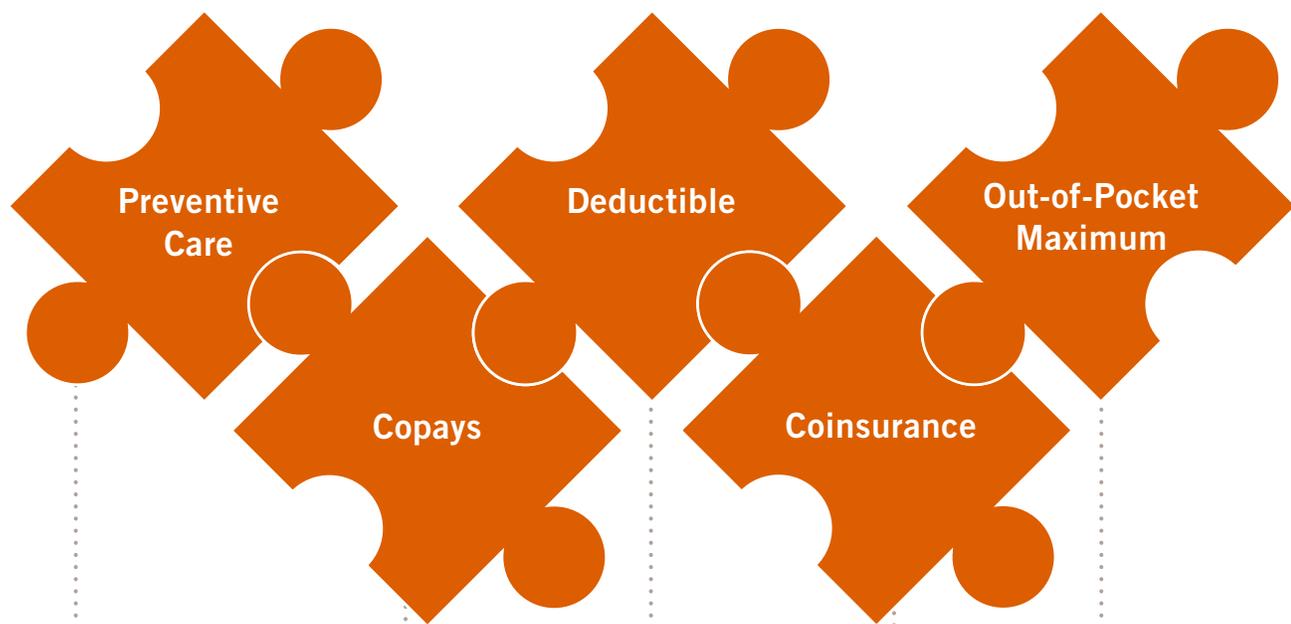
Using my plan ID card

What's an explanation of benefits (EOB)?

Using my Health Care Flexible Spending Account (FSA)



Here's how the plan's key features fit together



The Dignity Health Medical Plan covers ACA-mandated preventive care at 100% when you use a Tier 1 or Tier 2 provider. The deductible does not apply to these services.

You will pay with your own money for certain services until you reach your annual deductible. If your annual costs are less than the deductible, you are responsible for paying 100% of the total costs. If you require more medical care, you will pay 100% out of pocket until you reach the deductible.

Consider this your safety net. You pay copays, deductibles, and coinsurance until you reach the out-of-pocket maximum.

After that, the plan pays 100% for covered medical expenses for the rest of the year.

You pay for a portion of the cost for some services and prescriptions through a set copay. Dignity Health pays the remaining charges for the service. Copays apply to doctor's office visits, prescription drugs, and emergency room care (waived if admitted). Copays do not count toward your deductible but they do count toward your out-of-pocket maximum. Copays do not apply to preventive care.

Once you meet your annual deductible, you and Dignity Health share costs by paying a percentage for covered services.



## What I'll pay when I seek care

Be sure to take a close look at your plan's Summary of Benefits & Coverage (SBC). The SBC summarizes the benefit coverage provided for many health care services. You will see when copays, the deductible, and coinsurance apply. The SBCs are available under Quick Links in the My Health section of the Dignity Health Total Rewards Portal (<http://DignityHealthMember.org/TotalRewards>).

Here's what to think about when looking at your plan's SBC:

- For services that list a copay or copayment, you can expect to pay that amount out of pocket at the time of your visit.
- For services that show a deductible and coinsurance requirement, you won't typically pay anything at the point of care. Your provider will submit a bill to your plan administrator. The plan will pay its applicable share of the costs. Then, your provider will bill you for your share.

## Using my plan ID card

When you enroll in the Dignity Health Medical Plan, you will receive an ID card in the mail. You will receive one card for yourself and additional cards for your covered family members. If you need additional cards, you may log on to your plan administrator's website and order those or print temporary ID cards. You need to present your ID card every time you receive care—at the doctor's office, urgent care clinic, lab, hospital, outpatient facility, and pharmacy.

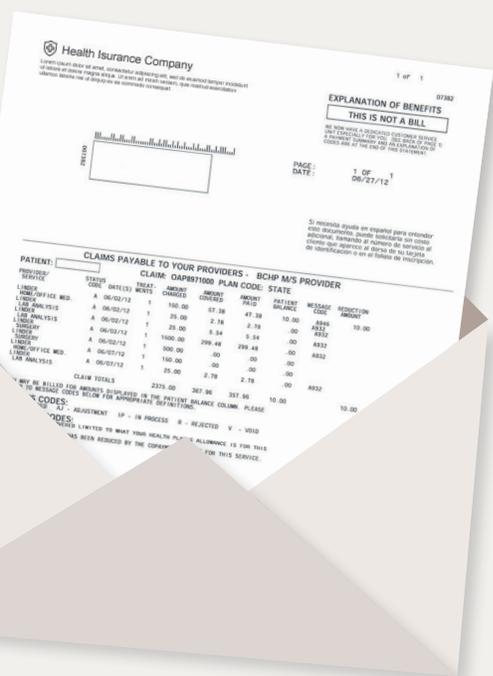
If you lose your card, contact your plan administrator directly. Your Dignity Health Medical Plan administrator—either Anthem or POMCO—is based on your geographic location. Refer to the section titled “When I Need Help” to see your administrator's contact information.

## What's an explanation of benefits (EOB)

After you receive health care services, you will receive an explanation of benefits from your plan administrator (Anthem or POMCO). An EOB includes the following information:

- The date you received care
- The provider(s) who cared for you
- The services you received
- The amount billed to the plan
- The amount of your total bill that your plan covers and pays
- Your responsibility—the amount you owe your provider

If you notice an issue or an unexpected expense on your EOB, contact your plan administrator immediately.



*Remember, if you have a Health Care FSA, you can use your balance to pay for your share of eligible expenses.*



## Using my Health Care Flexible Spending Account (FSA)

A Health Care FSA allows you to set aside pre-tax money from your paycheck to pay for eligible health care expenses. You can view a list of eligible health care expenses on the IRS website at [www.irs.gov/publications/p502/index.html](http://www.irs.gov/publications/p502/index.html).

### Here's how the Health Care FSA works:

1. You have the opportunity to elect the Health Care FSA during annual enrollment or as a newly eligible employee.
2. If you elected a Health Care FSA for 2016, you may contribute up to \$2,550 into your account. Note that the maximum contribution may change each year depending on IRS regulations.
3. You can use your FSA funds to pay for eligible medical, dental, and vision expenses for you, your spouse, or eligible dependents. You can request an FSA debit card from PayFlex or pay for services up front and submit a claim for reimbursement. Visit <http://dignityhealthmember.healthhub.com> to set up and manage your account. You can also call 1.800.284.4885 for information about your account.
4. Remember, you have until March 31 each year to submit claims for reimbursement from the prior year. The FSA is a “use it or lose it” account. This means you must use the money you contribute each year or forfeit those funds.

### Health Care FSA Tips

- Save all of your receipts; you may need them for reimbursements and to validate your expenses with the plan or IRS.
- You should use your available FSA funds before paying out of pocket, because you may have to forfeit leftover funds at the end of the year.
- Remember that you can use your FSA funds to pay your deductible, your copays, and your share of coinsurance.



# Knowing Where to Go

## Office Visits and Facility-based Services

### “Tier 1” vs. “Tier 2”: What’s the difference?

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

<b>Tier 1: Dignity Health Preferred Network</b>	<ul style="list-style-type: none"><li>✓ Tier 1 uses the Dignity Health Preferred Network, made up of:<ul style="list-style-type: none"><li>• Select physicians where services are generally covered at 100% after a small copay.</li><li>• Dignity Health facilities and aligned facilities, where services are covered at 100%.</li></ul></li><li>✓ Important: Most facility-based services must be received at a Tier 1 provider unless it is not available in your market. If the facility-based service is not available at a Dignity Health Preferred Network (Tier 1) facility in your market, then you may use any Tier 1 facility outside of your market or any Anthem National PPO Network (Tier 2) facility for the service and the plan pays the Tier 1 benefit level (typically 100%).</li></ul>
<b>Tier 2: Anthem National PPO Network</b>	<ul style="list-style-type: none"><li>✓ Anthem offers plan members access to a regional and national network of doctors, hospitals, and other health care providers and facilities.</li><li>✓ Most services you receive through the Anthem National PPO Network are covered at 90% after you meet the annual deductible.</li></ul> <p>See page 10 for more details.</p>

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

### In this section

“Tier 1” vs. “Tier 2”:  
What’s the difference?

Find a Tier 1 doctor  
or provider

Using Tier 1 facilities

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

Working with my primary  
doctor

Using preventive care

Seeing a specialist

If I need mental health and  
substance abuse treatment

## Find a Tier 1 doctor or provider

Before scheduling health care services, you should confirm that your doctor and other providers you plan to visit are in Tier 1. If you do not currently have a primary doctor, we encourage you to find a doctor in the Tier 1 network.

I have  
a doctor

- ✓ Call your plan administrator (either Anthem at 1.800.574.3903 or POMCO at 1.844.344.8051) to confirm your doctor is a Tier 1 provider. If not, ask for the names of Tier 1 doctors accepting new patients near you.

I need to find  
a doctor

*My plan  
administrator  
is Anthem*

- ✓ To find a doctor or facility and to confirm your provider's Tier, you can go online or call an Anthem representative.
- ✓ **Use Anthem's online tool.** Visit [www.anthem.com/ca](http://www.anthem.com/ca), then select *Find a Doctor* under the *Useful Tools* section. You can sign in as a member or search for a provider as a guest. Under Select a plan/network, choose Dignity Health EPO/PPO.
- ✓ **Call and talk to an Anthem representative.** Call 1.800.574.3903.

*My plan  
administrator  
is POMCO*

- ✓ Visit [www.mypomco.com](http://www.mypomco.com), then select *Find a Physician or Hospital* under the *My Resource Center* heading.
- ✓ Or call POMCO at 1.844.344.8051.



## Which Dignity Health hospitals are in my market?

If you have an LA EPO plan...

- Northridge Hospital Medical Center
- Glendale Memorial Hospital
- California Hospital Medical Center
- St. Mary Medical Center Long Beach

If you have a San Bernardino EPO plan...

- Community Hospital of San Bernardino
- St. Bernardine Medical Center

If you have a Ventura EPO plan...

- St. John's Pleasant Valley Hospital
- St. John's Regional Medical Center

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

## Using Tier 1 facilities

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

**The plan asks this question first:**

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

**If the answer is**

**Yes**

- You must use a Tier 1 facility for the service.
- You may use any Dignity Health Preferred Network facility—in or outside of your market.
- When you use a Dignity Health Preferred Network facility, the plan pays 100%. If not, you pay the full cost.

**If the answer is**

**No**

- You may use any Tier 1 facility outside of your market or any Anthem National PPO (Tier 2) facility for the service.
- When you use a Tier 1 or Tier 2 facility, the plan pays the Tier 1 benefit level (typically 100%). If you use an out-of-network provider, you pay the full cost.

### **Before you go...**

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

Here are some examples of facility-based services:

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

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

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

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

To find Tier 1 or Tier 2 providers and facilities, follow the instructions outlined on page 9. Also, for a medical emergency, remind your family members to seek care at the nearest hospital immediately and call the plan administrator, Anthem or POMCO, as soon as possible if admitted.

## Working with my primary doctor

With the Dignity Health Medical Plan, you have many choices to make when you schedule and receive care. You will get the most out of the plan by taking an active role in your health. And while you are not required to formally designate a “primary care physician,” it’s important to establish a relationship with someone you consider to be “your doctor.” Your primary doctor may coordinate your preventive care, help you with unexpected illnesses like the flu or a cold, and consult with other providers when you need more specialized care.

Here’s how you can prepare for your primary doctor’s visits:

- Confirm your doctor’s participation in the plan’s Tier 1 or Tier 2 network.
- Always bring your plan ID card.
- Understand your share of costs.
- Write down a list of the medications and vitamins/supplements you’re taking.
- Think about questions for your doctor in advance (see box to the right).

### Great questions to ask your doctor:

1. What screenings or tests am I receiving at this visit? Are they covered by my insurance?
2. Why do I need this medication? Is there a generic available?
3. Do I need to see a specialist, and if so can you refer me to one?
4. What are the most important things I need to remember when I leave the office today?
5. What happens next? Do I need to come back? If so, when?





## Using preventive care

The Affordable Care Act requires that health plans cover certain in-network preventive services at no cost to the member. As such, the Dignity Health Medical Plan covers preventive services at 100% when performed by any Tier 1 or Tier 2 provider. Covered services include:

- Physical exam
- Immunizations based on guidelines for your age
- Pap tests
- Mammogram, based on guidelines for your age
- Colonoscopy, based on guidelines for your age
- Prostate cancer screening, based on guidelines for your age
- Tests for cholesterol and blood pressure

For a complete list of preventive services covered under the Dignity Health Medical Plan, go to [www.hhs.gov/healthcare/facts-and-features/fact-sheets/preventive-services-covered-under-aca](http://www.hhs.gov/healthcare/facts-and-features/fact-sheets/preventive-services-covered-under-aca).

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*You may need to do a little homework as you get your annual preventive care. If your doctor requests related lab tests and imaging, make sure you visit a Tier 1 or Tier 2 provider for those services. Refer to page 16 for more details.*

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## Seeing a specialist

With the Dignity Health Medical Plan, you do not need a referral from your primary doctor to visit a specialist. You can visit any Tier 1 or Tier 2 provider. To find the right specialist for your condition, you may want to ask your primary doctor for recommendations. Or you can follow the instructions on page 9 to find one on your own.

## If I need mental health and substance abuse treatment

The Dignity Health Medical Plan provides coverage for mental health services and substance abuse treatment. As with other health care services, you need to visit a Tier 1 or Tier 2 provider. Keep in mind that in the case of both mental health and substance abuse services, you will have the same cost whether you use a Tier 1 or Tier 2 provider. Here's how it works.

- **Inpatient treatment.** You may visit any Tier 1 or Tier 2 facility.
- **Outpatient care.** You may visit any Tier 1 or Tier 2 provider (e.g., doctor, psychiatrist, group therapist).





# Immediate Care

It's important to know the resources available to you when you have an unexpected medical situation or face a life-threatening emergency. This section describes where to go for immediate care, including:

- The Nurse Advice Line
- Your primary doctor's office
- An urgent care center
- An emergency room

**Call the Nurse Advice Line.** When you have a medical question, for example about a symptom or a prescription, you can call the Nurse Advice Line. You will connect with a registered nurse and get a professional opinion on where you should go for treatment or the steps you can take at home. This can save you time and money, especially in non-emergency situations. The Nurse Advice Line is available 24 hours a day, seven days a week, at 1.800.700.9184.

**Visit your primary doctor.** Typically, you will visit your doctor for routine care or for your annual preventive care. Also note, many doctors may be able to schedule a same-day visit. For non-emergencies, it's always good to check.

**Go to an urgent care center.** For common issues like a cold, flu, routine allergies, ear infections, sprains, and minor cuts, you may want to visit an urgent care center. You can receive same-day care, and urgent care centers are often open after normal business hours. You will also pay less at urgent care than at the emergency room.

When using urgent care, you will pay the same cost whether you use a Tier 1 or Tier 2 provider.

You can find a Tier 1 or Tier 2 urgent care center online.

- **Anthem members:** Visit [www.anthem.com/ca](http://www.anthem.com/ca) and then select *Find a Doctor* under *Useful Tools*.
- **POMCO members:** Visit [www.mypomco.com](http://www.mypomco.com) and then click *Find a Physician*, follow the prompts, and select *Urgent Care* from the drop-down menu.

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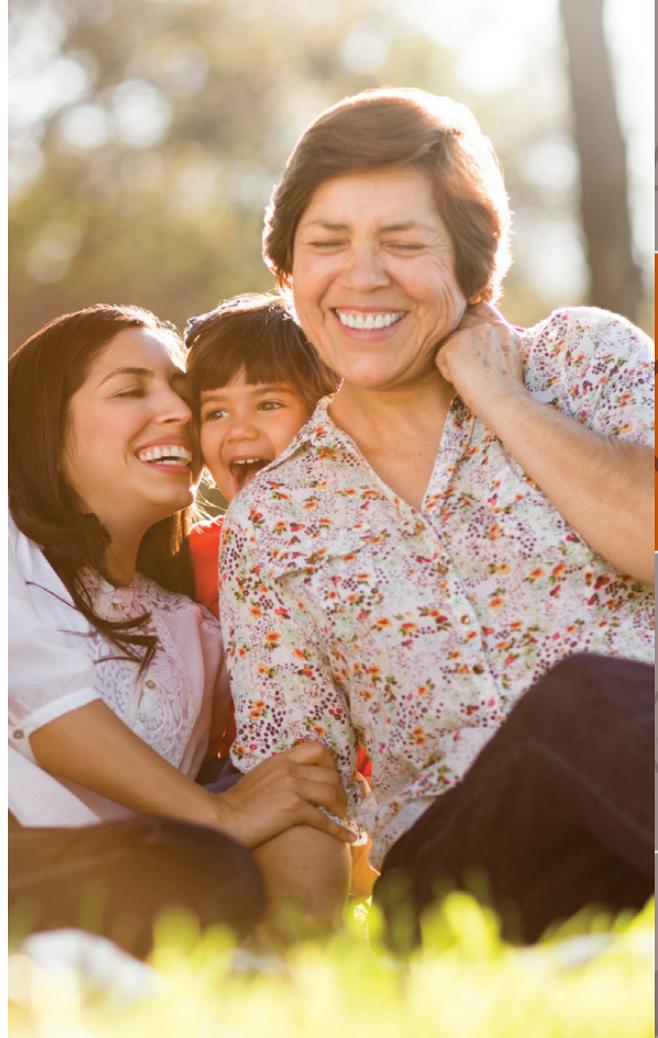
*Know where to go to get care based on your condition. There are many places to get care—from your personal doctor, at an urgent care center, or by calling the Nurse Advice Line. Knowing where to go for care can help save you time and money.*

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

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

In the event of a true emergency, you will pay a set copay (which is waived if you're admitted) regardless of where you receive care.





# Lab, Imaging, and X-ray Services

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

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

## Lab

- Use any Tier 1 or Tier 2 provider for preventive and diagnostic lab services—for example, at the doctor's office or a network lab—and the plan pays 100%.
- Common examples include urinalysis or blood tests to measure your glucose or cholesterol.

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

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## Imaging and X-ray

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

<b>Preventive</b>	<ul style="list-style-type: none"><li>• Use any Tier 1 or Tier 2 provider, and the plan pays 100%.</li><li>• A common example is a breast cancer screening for women.</li></ul>
<b>Diagnostic</b>	<ul style="list-style-type: none"><li>• Services performed in a Tier 1 or Tier 2 doctor's office are covered at 100%.</li><li>• For facility-based services, you must use a Tier 1 Dignity Health Preferred Network provider. When you do, the plan pays the full cost. If you don't, you are responsible for the full cost.</li><li>• Common examples include MRI of the knee or shoulder, ultrasound during pregnancy, X-rays, and PET imaging.</li></ul>

If you're in doubt about where you should go for lab, imaging, and X-ray services, contact your plan administrator (either Anthem at 1.800.574.3903 or POMCO at 1.844.344.8051).





# Prescription Medications

The Dignity Health Medical Plan includes comprehensive prescription drug coverage, and this section describes:

- Filling and paying for a prescription
- Important prescription drug terms and definitions

## Filling and paying for a prescription

The plan covers both walk-up retail and home delivery prescriptions.

<b>Walk-up—when you need your medication immediately</b>	<ul style="list-style-type: none"><li>• You will use a network pharmacy when you need to get a medication immediately.</li><li>• Present your medical ID card when you pick up your prescription.</li><li>• You will pay for your prescription at the pharmacy. Remember, you can use money from your Health Care FSA to pay for prescription drugs. Refer to page 7 for details on using your FSA.</li></ul>
<b>Mail order—for medication you take regularly</b>	<ul style="list-style-type: none"><li>• For medication you take regularly to treat conditions such as high cholesterol, high blood pressure, and diabetes, using the home delivery option is a convenient and easy way to fill your prescriptions.</li><li>• To get started, go to the website or call the phone number listed on your medical plan ID card.</li></ul>

Take note: If you need specialty medications, you will work directly with the plan's specialty pharmacy program—contact the number listed on your medical plan ID card for details.

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### Find a participating network pharmacy

Anthem members:  
Call 1.800.574.3903 or visit  
[www.anthem.com/ca](http://www.anthem.com/ca)

POMCO members:  
Call 1.844.344.8051 or visit  
[www.mypomco.com](http://www.mypomco.com)

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## Important prescription drug terms and definitions

With prescription drugs, there are several terms you should know as you use the plan:

 **Brand Name Drug.** A drug protected by a patent, which prohibits other companies from manufacturing the drug while the patent remains in effect. The name is unique and usually does not describe the chemical makeup (for example, Tylenol).

 **Dispense as Written (DAW).** It's a good rule of thumb to confirm whether your doctor is prescribing generic drugs. If you choose a brand name medication when there is a generic available, you may be required to pay your copay plus the difference between the cost of the brand name medication and the generic, unless your physician has written DAW (dispense as written).

 **Formulary.** A formulary is a list of commonly prescribed medications preferred by the Dignity Health Medical Plan. You will pay a lower cost for drugs on the formulary.

 **Generic Drug.** A prescription drug that is proven to be as safe and effective as a brand name drug. Generic drugs generally have the same active ingredients as brand name drugs, and they usually become available after the patent expires on a brand name drug. Generic drugs are usually the least expensive option.

 **Specialty Drug.** A drug used to treat complex conditions like cancer and autoimmune diseases. Specialty drugs are typically high-cost prescription medications that require special handling and administration.



# Planning Ahead

## A few “real-world” scenarios

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

### Elective surgery

When planning an elective surgery, such as shoulder surgery, take these steps:

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

### Mammogram

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

### MRI of the knee

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

### Colonoscopy

The guidelines for “Mammogram” above apply.

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

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## Delivering a baby

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

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

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



# When I Need Help



When I need to...	Provider	Phone	Website
Get answers to my Dignity Health benefit questions	<b>Dignity Health HR Service Center</b>	1.855.475.4747, press Option 1 for Benefits	<a href="http://dignityhealthmember.org/TotalRewards">http://dignityhealthmember.org/TotalRewards</a>
Find a Tier 1 or Tier 2 provider or facility <i>-or-</i> See if my current provider is Tier 1 or Tier 2	<b>Anthem</b>	Anthem: 1.800.574.3903	<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>
	<b>POMCO</b>	POMCO: 1.844.344.8051	<a href="http://www.mypomco.com">www.mypomco.com</a>
Find an urgent care provider	<b>Anthem</b>	Anthem: 1.800.574.3903	<a href="http://www.anthem.com/ca">www.anthem.com/ca</a> (Select <i>Find a Doctor</i> under <i>Useful Tools</i> )
	<b>POMCO</b>	POMCO: 1.844.344.8051	<a href="http://www.mypomco.com">www.mypomco.com</a> (Click <i>Find a Physician</i> , follow the prompts and select <i>Urgent Care</i> from the drop down)
Find a network pharmacy	<b>Anthem</b>	Anthem: 1.800.574.3903	<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>
	<b>POMCO</b>	POMCO: 1.844.344.8051	<a href="http://www.mypomco.com">www.mypomco.com</a>
Sign up for mail-order prescriptions	<b>Anthem</b>	Anthem: 1.800.574.3903	<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>
	<b>POMCO</b>	POMCO: 1.844.344.8051	<a href="http://www.mypomco.com">www.mypomco.com</a>
See qualified medical expenses for Health Care FSA <i>-or-</i> Submit claims for FSA	<b>PayFlex</b>	1.800.284.4885	<a href="http://dignityhealthmember.healthhub.com">http://dignityhealthmember.healthhub.com</a>
Call the Nurse Advice Line	<b>Anthem</b>	1.800.700.9184	N/A

# My Quick Reference

Fill out this sheet now and save it for future reference when you may need it.

## My and my family members' primary care doctor(s)

Physician's name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional doctors: \_\_\_\_\_

\_\_\_\_\_

To find a Dignity Health primary care doctor, see page 9.

## Closest urgent care center

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To learn when to visit an urgent care center vs. visiting the ER, see pages 14-15.

## Closest ER and hospital

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the event of a true emergency, you will pay a set copay (which is waived if you're admitted) regardless of the facility's location or any of the attending physicians' affiliation with Dignity Health.

## My pharmacy

Name/pharmacist: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To learn more about prescription coverage, see page 18.

## Additional important medical information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





*This document is a brief summary of your plan benefits; it is not a complete description or binding contract. If there is any difference between the information in this document, any verbal description you receive, the Summary Plan Description (SPD), and legal plan contracts or plan documents, the legal documents will govern.*