



Centinela Hospital Medical Center

Per Diem

*SEIU-UHW
NON-UNION*

Employee Benefits Guide | 2024



Prime

Live Well. Work Well. Be Well.

EXCEPTIONAL CARE
EXCLUSIVE BENEFITS



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While we've made every effort to make sure that this guide is comprehensive, it cannot provide a complete description of all benefit provisions. For detailed information, please refer to the Plan Document/Summary Plan Description (SPD) or ehp.primehealthcare.com.

Medicare Part D Notice and AGA Medicare Options

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Summary Annual Report and Important Notices available in ehp.primehealthcare.com. For additional information on AGA Medicare Options refer to Other Benefits and Programs page.

For Assistance

Plan Type	Plan Providers	Phone Number	Website
Medical Prime Healthcare Employee Health Plan (EHP) <ul style="list-style-type: none"> • Referrals & Prior Authorization • PCP Elections and Changes • Claims • Tier 1 Prime Provider Directory 	EHP Customer Service	877-234-5227	ehp.primehealthcare.com Email a general inquiry: EHP@primehealthcare.com
Keenan Third Party Administrator (TPA) <ul style="list-style-type: none"> • Member Eligibility / Plan Design • Medical ID Cards • Explanation of Benefits 	TPA Customer Service	888-773-7218	www.keenan.com/benefits
Prescription Drugs	OptumRx OptumRx Specialty	866-339-3731 877-838-2907	www.optumrx.com

Who Can You Cover?

WHO IS ELIGIBLE?

Eligible Employee

The Prime Value Plan is available to all employees.

Per Diem Employees are eligible the first of the month following or coinciding with two months from the date of hire.

PRIME VALUE PLAN

The Prime Value Plan members have access to Tier 2 Blue Shield of CA Network Providers in addition to Tier 1 Prime Healthcare Network facilities and providers. **No authorization** is required for Tier 1 and Tier 2 Primary Care Provider (PCP). Initial consult to a Tier 1 Specialist doesn't need an authorization but all follow up needs an authorization to be submitted by your provider. All Tier 2 Specialist will need an authorization submitted by the provider on your behalf.

The Prime Value Plan offers essential health benefits as specified under the Affordable Care Act.

Dependents

You can enroll the following family members in our medical.



Your Spouse

- Married Spouse
- Registered Domestic Partner

Your children:

- Under the age of 26 are eligible to enroll. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
- Dependent children (under age 26) employed with Prime Healthcare are eligible to enroll as either a dependent under a parent's medical plan, if the parent also works for Prime Healthcare or under their own Prime Healthcare plan as an employee, but not both.

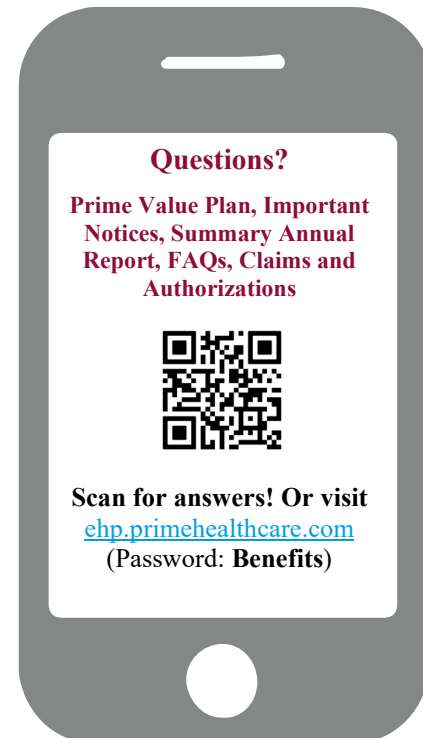
Please refer to the Dependent Eligibility Chart page in this Benefits Guide or the Plan Document/Summary Plan Description for complete details on how benefits eligibility is determined.

NOTE:

Married Spouse or Registered Domestic Partners who are eligible for medical coverage under their own employer's plan are not eligible to enroll in the medical plan. However, they can enroll in the dental, vision and dependent life plans.

WHEN CAN I ENROLL?

Employees must complete the enrollment process as soon as possible to ensure timely benefits upon the Benefits Effective Date. If you do not enroll within 31 days from your Benefits Effective Date, you will not be allowed to change your plan selections or add dependents until the next Annual Open Enrollment generally held in October/November (starting January 1), unless you have a qualifying life event. Qualified changes in status typically follow a life event such as marriage, divorce, birth or adoption.



Dependent Eligibility Chart

Employees are required to substantiate their dependents before applying for benefits each year. This is to ensure that our plans are compliant with the law. The eligibility criteria outlined below is defined by dependent type for your reference. Employees must present the appropriate **document(s)** to Human Resources, and your information will remain protected and confidential. Approved dependents will then be entered into the enrollment system. Prime Healthcare reserves the right to request original documents. Tip: To verify dependent(s) download your IRS transcript at <https://www.irs.gov/individuals/get-transcript>.

Dependent Type	Eligibility	Supporting Documents
Spouse	<p>Married Spouse</p> <p>NOTE: A Federal Tax Return filed as “Head of Household” does NOT meet the eligibility guidelines. If presented to HR your Spouse will be considered ineligible to enroll as your dependent.</p>	<p>One of the following documents will be accepted:</p> <ul style="list-style-type: none"> Federal Tax Return (1040), current filing period IRS Transcript, current filing period If Married and filing separately, Employee is required to present both Federal Tax Returns. Each return must indicate “Married Filing Separately” status and include the name and SSN of the Spouse. If newly Married, within the last 12 months you may present a Government Issued Marriage Certificate.
Domestic Partner	Registered Domestic Partner (RDP)	Notarized State Declaration of Domestic Partnership that has been filed with the State ¹
Natural Birth Child Birth to Age 26 ²	Biological Child	<p>One of the following documents will be accepted:</p> <ul style="list-style-type: none"> Federal Tax Return (1040), current filing period IRS Transcript, current filing period Birth Certificate Qualified Medical Child Support Order (QMCSO)
Stepchild Birth to Age 26 ²	Child of current Spouse or Registered Domestic Partner	<p>One of the following three documents will be accepted <u>PLUS</u> the Birth Certificate³:</p> <ul style="list-style-type: none"> Federal Tax Return (1040), current filing period IRS Transcript, current filing period Notarized State Declaration of Domestic Partnership that has been filed with the State¹ <p>NOTE: Birth certificate alone will not validate the stepchild’s eligibility. Employee/Spouse-RDP relationship must also be substantiated.</p>
Adopted Child Birth to Age 26 ²	Adopted Child Eligible at the time of placement	<p>One of the following documents will be accepted:</p> <ul style="list-style-type: none"> Federal Tax Return (1040), current filing period IRS Transcript, current filing period Court Documents naming Employee/Spouse as Guardian Adoption Record Qualified Medical Child Support Order (QMCSO)
Legal Guardianship/ Legal Custody Birth to Age 18	Child is in the custody of the Employee/Spouse-RDP or under the protection of	Federal Tax Return (1040), current filing period (<i>not required if named as guardian in the last 12 months</i>) AND Court Documents naming Employee/Spouse-RDP as Legal Guardian/Custodian

1. If opposite sex under the age of 62, Affidavit must be dated after January 1, 2020.
2. Age 26 limit applies to Medical.
3. The birth certificate must include the employee’s spouse or RDP’s name as parent.

Making Benefit Changes During the Year

Other than during annual Open Enrollment, you may only make changes to your benefit elections if you experience a qualifying event or qualify for a “special enrollment.” If you qualify for a mid-year benefit change, you may be required to submit proof of the change or evidence of prior coverage.

QUALIFYING EVENTS INCLUDE:

- **Change in legal marital status**, including marriage, divorce, legal separation, annulment, and death of a spouse.
- **Change in number of dependents**, including birth, adoption, placement for adoption, or death of a dependent child.
- **Change in employment status that affects benefit eligibility**, including the start or termination of employment by you, your spouse, or your dependent child.
- **Change in work schedule**, including an increase or decrease in hours of employment by you, your spouse, or your dependent child, including a switch between Part-Time and Full-Time employment that affects eligibility for benefits.
- **Change in a child's dependent status**, either newly satisfying the requirements for dependent child status or ceasing to satisfy them.
- **Change in place of residence or worksite**, including a change that affects the accessibility of network providers.
- **Change in your health coverage or your spouse's coverage** attributable to your spouse's employment.
- **Change in an individual's eligibility for Medicare or Medicaid.**
- **A court order** resulting from a divorce, legal separation, annulment, or change in legal custody (including a Qualified Medical Child Support Order) requiring coverage for your child.
- **An event that is a “special enrollment” under the Health Insurance Portability and Accountability Act (HIPAA)** including acquisition of a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan.
- **An event that is allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act.** Under provisions of the Act, employees have **60 days** after the following events to request enrollment:
 - Employee or dependent loses eligibility for Medicaid (known as Medi-Cal in CA) or CHIP (known as Healthy Families in CA).
 - Employee or dependent becomes eligible to participate in a premium assistance program under Medicaid or CHIP.



If you must make mid-year changes to your insurance (adding/dropping dependents), contact Human Resources and provide supporting documents within 31 days of the change in status.

Prime Value Plan

The Prime Value Plan members have access to Tier 2 Blue Shield of CA Network Providers in addition to Tier 1 Prime Healthcare Network facilities and providers. **No authorization** is required for Tier 1 and Tier 2 Primary Care Physician (PCP). Initial consult to a Tier 1 Specialist doesn't need an authorization but all follow up needs an authorization to be submitted by your provider. All Tier 2 Specialist will need an authorization submitted by the provider on your behalf.

Forms are available on our website: chp.primehealthcare.com/forms

Tier 1 Providers can be located at: chp.primehealthcare.com/find-a-provider/ (Note: Clear filters before searching)

Tier 2 Providers can be located at: blueshieldca.com/networkppo

The Prime Value Plan offers essential health benefits as specified under the Affordable Care Act.

Tier 1 Prime Healthcare Network	
Annual Deductible	\$2,500 Individual / \$5,000 Family
Annual Out-of-Pocket Maximum	\$3,000 Individual / \$6,000 Family
Office Visit	
<ul style="list-style-type: none"> • Primary Care Physician (PCP) \$20 copay • Specialist \$40 copay 	
Preventive Care Service	No charge
Chiropractic¹ (20 visits limit per calendar year)	20% coinsurance, No Deductible
Lab and X-ray	Office visit copay applies; 20% coinsurance, No Deductible at a Prime Hospital or Facility
Inpatient Hospital Services	Deductible plus 20% coinsurance
Outpatient Hospital Services – Surgical	Deductible plus 20% coinsurance Ambulatory Surgical Center: \$250 copay plus Deductible and 20% coinsurance
Urgent Care	\$40 copay, No Deductible
Emergency Room	\$300 copay (copay waived if admitted)
Ambulance	\$300 copay plus Deductible and 30% coinsurance per trip
Rehab Therapy¹ Physical, Occupational, Speech (24 visit combined limit per calendar year)	20% coinsurance, No Deductible
Dialysis¹: 39 lifetime visits	20% coinsurance, No Deductible
Home Health Care¹ (24 visit limit per calendar year)	20% coinsurance, No Deductible
Durable Medical Equipment	20% coinsurance, No Deductible

1. Visit limits are combined with Tier 1 Prime Healthcare Network and Tier 2 Blue Shield of CA Network.

For detailed plan information, please refer to the Plan Document/Summary Plan Description (SPD) in SharePoint or chp.primehealthcare.com.



And remember ... as a member of the Prime Healthcare family, by staying within the Prime Healthcare Network, you will receive your care from our award-winning Prime Healthcare hospitals and physicians ... at little or no cost to you!

Prime Value Plan (continued)

The Prime Value Plan provides access to the Tier 2 Blue Shield of CA Network of facilities and providers. Prime UM will review if requested services are a covered benefit.

Contact Prime Customer Service at 877-234-5227 with any questions on the referral and authorization requirement.

Tier 2 Blue Shield of CA Network	
Annual Deductible	\$5,000 Individual / \$10,000 Family
Annual Out-of-Pocket Maximum	\$5,550 Individual / \$11,100 Family
Office Visit <ul style="list-style-type: none"> • Primary Care Physician (PCP) • Specialist 	\$60 copay, No Deductible \$100 copay plus 20% coinsurance
Preventive Care Service	No charge
Chiropractic¹ (20 visit limit per calendar year)	Deductible plus 60% coinsurance
Lab and X-ray	Deductible plus 60% coinsurance
Inpatient Hospital Services	\$500 copay plus Deductible and 60% coinsurance
Outpatient Hospital Services – Surgical	Deductible plus 60% coinsurance Ambulatory Surgical Center: \$750 copay plus Deductible and 60% coinsurance
Urgent Care	\$100 copay plus Deductible and 60% coinsurance
Emergency Room	\$300 copay plus Deductible and 60% coinsurance (copay waived if admitted)
Ambulance	\$300 copay plus Deductible and 30% coinsurance per trip
Rehab Therapy¹ Physical, Occupational, Speech (24 visit combined limit per calendar year)	Deductible plus 60% coinsurance
Dialysis¹: 39 lifetime visits	Deductible plus 60% coinsurance
Home Health Care¹ (24 visit limit per calendar year)	Deductible plus 60% coinsurance
Durable Medical Equipment	Deductible plus 60% coinsurance

1. Visit limits are combined with Tier 1 Prime Healthcare Network and Tier 2 Blue Shield of CA Network.

For detailed plan information, please refer to the Plan Document/Summary Plan Description (SPD) in SharePoint or ehp.primehealthcare.com.

Your Prescription Drug Benefits

Prescription drugs coverage provides a benefit that is important to your overall health, whether you need a prescription for a short-term health issue like bronchitis or an ongoing condition like high blood pressure. If you enroll in medical coverage, you will automatically receive coverage for prescription drugs. OptumRx is the Pharmacy Benefits Manager.

PRIME VALUE PLAN

OptumRx	
Annual Out-of-Pocket Maximum	Combined with Tier 2 Medical Out-of-Pocket Maximum
Retail Pharmacy <ul style="list-style-type: none"> • Generic • Formulary Brand 	Up to 30-day Supply \$25 copay \$100 copay
Maintenance Drugs (After 2nd refill) <ul style="list-style-type: none"> • Generic • Formulary Brand 	\$50 copay \$200 copay
Specialty Drugs (Available through OptumRx Specialty Pharmacy) <ul style="list-style-type: none"> • Generic • Formulary Brand 	Up to 30-day Supply \$200 copay \$300 copay
Mail Order <ul style="list-style-type: none"> • Generic • Formulary Brand 	Up to 90-day Supply \$50 copay \$200 copay

For detailed plan information, please refer to the Plan Document/Summary Plan Description (SPD) in SharePoint or ehp.primehealthcare.com.

Pharmacy Benefits

DISPENSE AS WRITTEN (DAW)

Brand medications will automatically be substituted with generic medications of equal clinical efficacy and safety providing greater value to you. If a brand medication is necessary, a member and physician can request an authorization.

Prescription orders will be filled based on this policy therefore a generic will be substituted, and the least cost will be incurred. Please note that a brand medication may require prior authorization to avoid higher copays and costs. Non-formulary medications may also incur greater costs when clinically equal formulary medications are available. If you have noticed an increase in the cost of some of the medications you are taking, it may be because there is a generic equivalent available to you at less cost or the medication is not on formulary and there is an equivalent formulary medication available to you.



OPTUMRX UTILIZATION MANAGEMENT PROGRAM

Certain prescriptions will require a review before they are covered by your prescription plan.

During the review, your doctor can provide us with more detailed information about your prescription so we can make sure its use falls within your plan's rules. These rules are based on the product information approved by the Food and Drug Administration (FDA) as well as published clinical trials and guidelines. We want to make sure you get the safest, most effective medication available.

FREE DIABETIC METERS

Members who are diabetics are eligible to participate in the OptumRx Free Meter Program.

Members may order a ContourNext branded meter by calling 1-800-401-8440 or ascensiadiabetes.com. Mention ID Code CTR-OPX.

SPECIALTY DRUGS

Specialty Drugs, such as Injectables, have to be obtained through Optum Specialty Pharmacy. Members can contact OptumRx Specialty by calling 877-838-2907.

HOME DELIVERY FROM OPTUMRX HOME DELIVERY

Convenient home delivery from OptumRx Home Delivery is required by your plan. Members can continue to fill medication at a retail pharmacy every month, but will pay a higher cost for long-term maintenance medication when filled at a retail pharmacy versus taking advantage of the lower copy when using home delivery.

It's easy to get home delivery and avoid paying a higher cost at retail. Just log in or register at www.optumrx.com/public/landing or by calling OptumRx at 866-339-3731.



Cost of Coverage



The amount the Employee pays and the amount Prime pays is shown by pay period. There are 26 pay periods in the year.

Prime Value Plan	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Amount You Pay	\$46.98	\$109.75	\$91.64	\$182.90
Amount Prime Pays	\$192.45	\$369.13	\$339.34	\$535.43
Total Per Pay Period	\$239.43	\$478.88	\$430.98	\$718.33

Other Benefits and Programs

We are pleased to offer other valuable programs for you and your family.

AGA MEDICARE OPTIONS

Have Medicare questions?

Learn about the different Medicare plan choices from licensed and certified AGA Medicare Options Insurance agents in the comfort of your home.

AGA Medicare Options independent agents are dedicated to providing objective Medicare information and recommendations to help you make the right choice for you and your family. They can discuss topics that include:

AGA Medicare Option...

- Determining your eligibility
- Benefits, timeframes, and enrollment periods
- Assessing your healthcare needs
- Assuring that your plan covers your medications at the lowest cost
- Finding plans that are accepted by your physicians and hospitals of choice
- Simplifying the enrollment process

Common question:

What are Medical Advantage Plans?

Medicare Advantage Plans is an option worth learning before selecting a medical plan.

About AGA Medicare Options

AGA agents specialize in the Medicare market and have been helping Medicare beneficiaries find the most suitable plan selection for their needs since 1993. They are licensed and certified and abide all state and CMS regulations.



Call today to get in touch with an independent agent at 800-549-1880, TTY 711. Monday – Friday, 8:30am-5pm (PST). By calling the number, you will be directed to a licensed insurance agent.

