Healthcare Benefits

Cedars-Sinai is committed to the health and wellbeing of our patients and employees. Our benefits are designed to help you meet your goals for a healthy lifestyle, provide superior medical care for you and your family and protect you from catastrophic medical expenses.

MEDICAL BENEFITS

Our medical plans offer two ways to get coverage: an HMO or PPO. Both offer comprehensive medical coverage. So what's the difference?

A Health Maintenance Organization (HMO) is designed to:

- Keep your out-of-pocket costs low and predictable.
- Keep you healthy by having your Primary Care Physician (PCP)
 coordinate your care. Your PCP focuses on your whole health. This
 includes preventive care, guiding you through the healthcare system
 when you need a specialist or hospital care and working with you to
 make decisions about your health.
- Find out more about HMOs on the next page.

A Preferred Provider Organization (PPO) is designed to:

- Offer greater flexibility when it comes to choosing doctors and other healthcare providers; however, you will usually pay more out of pocket.
- You're not required to have a PCP (like the HMOs); however, it's a good idea to have a primary care doctor for regular check-ups and to help you manage your care.

Deductibles run on a calendar year

When calculating your deductible and out-of-pocket maximum under the healthcare plans, it's important to understand that these limits run on the calendar year. This means the deductible and out-of-pocket maximum will reset back to zero every Jan. 1.

This is different from our benefit year, which is aligned with the fiscal year (July 1–June 30).

For example, if you were newly hired and enrolled for employeeonly coverage in the PPO Plan effective Aug. 1, 2023, your deductible of \$750 would apply to the rest of the calendar year (Aug. 1–Dec. 31).

It would reset and start again on Jan. 1, 2024 and run through Dec. 31, 2024.

How PPOs Work

- You can see any licensed provider for covered medical services.
- You and the plan share costs. The graphic below shows what you pay out
 of pocket (in addition to your monthly premiums), and what the plan pays.
- You pay less when you receive care from Prudent Buyer (in California) or BlueCard (outside California) network doctors and providers.

Preventive care: Plan pays 100%

Certain preventive care services are covered 100% without paying the deductible first.

2 Calendar-year deductible: You pay 100%

Each calendar year you must pay the annual deductible before the plan starts covering your medical bills.

You may use your HRA account or healthcare FSA to help pay your deductible.

3 Coinsurance: You and the plan pay

- In-network: you pay 25% and the plan pays 75%
- Out-of-network: you pay 60% and the plan pays 40%*

Once the deductible is paid, the plan usually pays a percentage of the charges for medical services and you pay the remainder. The plan pays a higher percentage if you use a doctor or healthcare provider in the PPO network.

You may use the funds in your HRA account or healthcare FSA to help pay your coinsurance.

Reach out-of-pocket maximum: Plan pays 100%

If you meet the out-of-pocket maximum for the calendar year, the plan pays 100% of your covered medical expenses for the rest of that calendar year.

^{*} For out-of-network services, you pay the coinsurance and the difference between the provider's usual charges and the maximum allowed amount.

How HMOs Work

- For most office visits and medical services, your only charge is a small fee (a copay), usually paid at the time of the appointment.
- Everyone in an HMO must have a Primary Care Physician (PCP).
- Your PCP provides general medical care such as annual check-ups and authorizes referrals to other doctors, specialists and facilities for services your PCP does not provide.

HMOs: PCP SELECTION IS KEY

Upon enrolling in an HMO, you'll choose a PCP; you may select any PCP in the HMO network who is taking new patients; for children, you can designate a pediatrician as their PCP.

PCP selection determines which specialists, services, facilities and hospital you may use. Every PCP is part of a group practice that is either:

- A medical group staffed by a team of doctors, nurses and other healthcare providers. Usually you can see other PCPs in the medical group without a referral. (This can be helpful in urgent care situations when your doctor has no openings.)
- An independent practice association (IPA), which is a group of doctors in private offices who usually have ties to the same hospital. In an IPA, you can see only your PCP; you'll need a referral to see other doctors in the IPA.

Your PCP will refer you only to specialists and facilities who contract with your PCP's group practice.

REFERRALS FROM YOUR PCP REQUIRED

If you need services your PCP doesn't provide, your PCP authorizes referrals to the appropriate healthcare provider (for instance, imaging centers, labs, hospitals or specialists).

If you get care without a referral from your PCP (or your PCP's medical group) you will likely have to pay for those expenses yourself. However, you don't need a referral from your PCP or the HMO:

- To get mental health or substance abuse services from another provider within your HMO's network
- For OB-GYN specialist care within your medical group (the OB-GYN may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan or procedures for making referrals)

DIRECT ACCESS

Under the Vivity HMO and Blue Cross HMO, many medical groups allow you to see dermatologists, ear, nose and throat doctors, OB-GYNs and allergists in your medical group without a referral from your doctor.

Vivity HMO referrals

Multisystem Super Medical Group

With Vivity's Physician Directed Access, you may be able to see a specialist at another Vivity health system.

- Cedars-Sinai
- PIH Health
- Cedars-Sinai Marina del Rey Hospital
- PIH Health Good Samaritan Hospital
- Cedars-Sinai Valley Network
- Providence
- Huntington Hospital
- Torrance Memorial
- MemorialCare
- UCLA Health

Care is best maintained when you see physicians in your own medical group. However, cross-system referrals are permitted for second opinions or when another health system has a special expertise. To see a Vivity specialist who is outside of your medical group, first discuss it with your PCP and then request the referral.

PCP Selection Q&As

Must everyone in my family have the same PCP?

No. Each family member may have a different PCP. For instance, you can select a Cedars-Sinai Medical Group™ (CSMG) or Cedars-Sinai Health Associates™ (CSHA) PCP for yourself and a PCP/medical group that is close to home for your family.

How do I find a PCP?

Use the Find a Doctor search tool at anthem.com/ca. (Both the Blue Cross HMO and Vivity HMO are Anthem medical plans.)

When selecting criteria in the Find a Doctor search tool, you'll be asked to select a plan/network. Choose either:

- Blue Cross HMO (Cal Care)—Large Group or
- Vivity plan

Be sure to check the box that says "Able to Serve as Primary Care Physician" when selecting the criteria for your search.

When you find a doctor you want to be your PCP, click on the name to see that doctor's group practice and hospital affiliation(s). Remember, if you need medical services your PCP does not provide, your PCP will refer you to doctors and specialists in that same medical group or facilities that contract with that medical group. You will receive hospital services only from the hospital affiliations listed there (except for emergencies).

To receive Cedars-Sinai hospital services, you must select a PCP with CSMG or CSHA.

If you want help selecting a CSMG or CSHA PCP, or for questions about doctors and medical services, call Cedars-Sinai Medical Network™ Patient Services at 800-700-6424. (Tell the rep you're a Cedars-Sinai employee.)

Can any type of doctor be my Primary Care Physician?

Your PCP must be an internist, family practitioner or pediatrician who practices as a PCP. Specialists such as cardiologists, orthopedic specialists or urologists cannot be your PCP under an HMO.

What if I don't select a PCP when I enroll?

If you do not select a PCP when you first enroll, Anthem will assign you to a PCP close to your home. You may change your PCP through Anthem. See below for details.

Can I change my PCP?

You may change your PCP anytime, as long as you are not in the course of treatment with your current PCP or medical group. Changes will take effect on the first of the following month if requested by the 15th. Otherwise the effective date will be the first of the month after.

When you find the PCP you want at anthem.com/ca:

- Write down the numbers for the following fields (you'll need them to select or change your PCP):
 - PCP ID/Enrollment ID (paper/online)
 - PCP ID/Enrollment ID (phone)
- Doctors may be affiliated with more than one HMO network. Be sure the PCP numbers are for the medical group/IPA you want.

Contact your medical plan to change your PCP:

Blue Cross HMO

Phone: 800-227-3641Web: anthem.com/ca

Vivity HMO

Phone: 844-659-6878Web: anthem.com/ca

NEW! HINGE HEALTH FOR JOINT AND MUSCLE PAIN

Hinge Health is a virtual exercise and therapy program to help you overcome back and joint pain (knee, hip, neck, shoulder, etc.) without surgery. Hinge Health offers:

- Exercise therapy tailored to your condition
- Wearable sensors for instant feedback in the app
- A personal coach and physical therapist, as needed
- Convenience: you can do it from the comfort of home, on your schedule

It's \$0 cost to you and your family members (age 18+) enrolled in a Cedars-Sinai medical plan.

To sign up or learn more:

• Web: hingehealth.com/for/cedarssinai

• Phone: 855-902-2777

• Email: hello@hingehealth.com

Enrollment starts July 1, 2023, and space is limited. Join the waitlist at: hingehealth.com/for/cedarssinai

Questions about what's covered?

Visit the website (all plans): anthem.com/ca

(BlueCard)

 Call customer service
 phone number
 | group number:

 • Vivity HMO
 844-659-6878
 | 57ANCA

 • Blue Cross HMO
 800-227-3641
 | 57ADZG

 • Blue Cross PPO
 877-800-7339
 | 1858RE (in CA)

If an HMO has a service area, am I covered when I am out of the service area?

1858RL (outside CA)

You are covered for emergency care when you are out of the service area.

If you or a family member will be living outside of California for 90 days or longer, you may be able to get a guest membership in the Blue Cross Blue Shield plan in your temporary home area. Guest membership is offered by all our medical plans, but covers only those living outside California.

The guest membership program offers comprehensive care at the best price available and is ideal for out-of-state college students or a spouse on an extended out-of-state work assignment. However, it's not available everywhere. To inquire, call Anthem's guest membership coordinator at 800-827-6422.

About 90 days before you want your guest membership to start, call Anthem's guest membership coordinator at 800-827-6422. (This isn't a deadline. If you call later, your guest membership may not start until a month or so later.)

What's the difference between the Vivity and Blue Cross HMOs?

The plans also have some important differences, shown in this table. For more details, see the next page.

Comparing the HMOs								
	Vivity HMO B	lue Cross HMO						
Employee premiums	Lower H	ligher						
Medical network	Vivity C	alCare						
Service area	L.A. and Orange C counties	California						
Pharmacy network and formulary		MedImpact and Walgreens (retail)						
Out-of-pocket maximum	Medical M + Rx combined + R	Medical \$1,500 \$4,500 x \$6,100 \$11,700						
	= Total \$1,500/1 person \$2,500/2 persons \$3,500/3 or more	otal \$7,600/ \$16,200/ 1 person 2 or more						

Both the Vivity and Blue Cross HMOs offer care from Cedars-Sinai,

as long as you select a PCP from either:

- Cedars-Sinai Medical Group (CSMG)
- Cedars-Sinai Health Associates (CSHA)

Comparing Your Medical Plan Options

Below is a high-level summary of how much you pay for each plan's benefits and coverage. For details, see each plan's Summary of Benefits and Coverage or the Summary Plan Description. You can find these documents, and the Uniform Glossary (of health insurance terms), posted on the Benefits Portal at: Cedars-Sinai.MyBenefitChoice.com For a paper copy, email the MBC HR Employee Benefits Help Desk at MBC.cshs@milliman.com or call 888-302-3941.

The following acronyms are used in the table below:

CSMG: Cedars-Sinai Medical Group CSHA: Cedars-Sinai Health Associates MDRH: Cedars-Sinai Marina del Rey Hospital

PCP: Primary Care Physician

Plan	Vivity HMO	Blue Cro	oss HMO	Blue Cross PPO		
Type of plan	Health Maintenance Organization	Health Maintenance Organization		Preferred Provider Organization		
Where available	L.A. and Orange Counties only	California only		Anywhere in the U.S. and its territories		
PCP or referrals required?	Yes	Yes		No		
You pay	In-Network	Cedars-Sinai	In-Network	In-Network	Out-of-Network	
Covered providers and networks	Vivity HMO Network	CSMG or CSHA PCP	Any Other CaliforniaCare HMO Network PCP	Prudent Buyer (In California) BlueCard (Outside California)	Any Licensed Provider	
Access to Cedars-Sinai care?	CSMG or CSHA PCP: Yes Other PCPs: No Cedars-Sinai access	Yes	No	Check with your provider	Check with your provider	
Deductible Per calendar year	None	\$300/1 person ¹ \$600/2 or more ¹	\$750/1 person ¹ \$1,500/2 or more ¹	\$750/1 person \$2,250/3 or more	\$1,500/1 person \$3,750/3 or more	
Out-of-pocket maximum Per calendar year	\$1,500/1 person \$2,500/2 persons \$3,500/3 or more (medical and Rx combined)	\$1,500/1 person \$4,500/2 or more (medical only)	\$1,500/1 person \$4,500/2 or more (medical only)	\$3,000/1 person \$9,000/3 or more (medical only)	\$5,000/1 person \$15,000/3 or more (medical only)	
Covered Services You pay	All PCPs Copay	CSMG or CSHA PCP Copay	Other PCPs Copay	In-Network Coinsurance	Out-of-Network Coinsurance ³	
Office visit MD/professional	PCP: \$20/visit ² Specialist: \$35/visit ²	PCP: \$20/visit² Specialist: \$35/visit²	PCP: \$30/visit Specialist: \$45/visit	25% ² (after deductible)	60% (after deductible)	
Preventive care	\$0	\$0	\$0	\$0	60% (after deductible)	
Urgent care center	\$20/visit ²	\$20/visit²	\$30/visit	25% (after deductible) ²	60% (after deductible)	
Emergency department Copay waived only if admitted	CS and MDRH: \$150/visit Anywhere else: \$250/visit	CS and MDRH: \$150/visit	Anywhere else: \$250/visit	CS and MDRH: \$150/visit Other in-network: \$250/visit + 25% (after deductible)	\$250/visit + 25% (after deductible)	
Diagnostic test X-ray, blood work	\$0	\$10/test ²	\$10/test	25% ² (after deductible)	60% (after deductible)	
Advanced imaging CT/PET scan, MRI	\$100/test ²	\$100/test ²	\$100 /test after deductible)	25% ² (after deductible)	60% (after deductible)	
Outpatient surgery	\$100/procedure ²	\$100/procedure ²	\$100/procedure (after deductible)	25% ² (after deductible)	60% up to \$5,000; then you pay 100% (after deductible)	
<mark>Hospital</mark> Facility	CS and MDRH: \$100/day (\$300/admit max) ^{2 and 4} Other in-network: \$200/day (\$600/admit max)	\$100/day (\$300/admit max) ^{2 and 4}	\$200/day (\$600/admit max)	\$375/admit + 25% ^{2 and 4} (after deductible)	\$375/admit + 60% (after deductible)	
Hospital visit MD/professional	\$0	\$0	\$0	25% (after deductible)	60% (after deductible)	

^{1.} Deductible applies to hospital and outpatient facility services (no deductible for preventive, X-ray or lab services).

^{2.} Some Cedars-Sinai and Cedars-Sinai Marina del Rey Hospital billed charges waived, including deductibles. Provider charges may or may not apply. Questions about fees and waived charges must be submitted directly to your provider.

3. For out-of-network services, you pay the coinsurance and the difference between the provider's usual charges and the maximum allowed amount.

^{4.} Hospital copay waived at Cedars-Sinai, Cedars-Sinai Marina del Rey Hospital, Torrance Memorial and Huntington Hospital.

Medical and Pharmacy Premiums

Cedars-Sinai is keenly aware of the cost pressures in medicine—for hospitals, clinics, doctors and for patients. Rising premiums can place a burden on household budgets, especially for those who can least afford it. As a healthcare organization, it's important to us that medical coverage remains accessible to all of our employees.

The cost of medical benefits is shared between you and Cedars-Sinai; your share is based on your pay rate, the plan you enroll in and which family members you cover. The monthly amount under You Pay is divided in half and taken from 24 of your 26 annual paychecks starting with your first paycheck in July 2023 (or the remaining paychecks until June 30, 2024).

Monthly Medical Benefit Premiums: July 1, 2023–June 30, 2024									
	Employee		Employee and Spouse/Domestic Partner		Employee and Children		Employee and Family		
	You Pay	Cedars-Sinai Pays	You Pay	Cedars-Sinai Pays	You Pay	Cedars-Sinai Pays	You Pay	Cedars-Sinai Pays	
Pay rate under \$25.00									
Vivity HMO	\$7.00	\$540.83	\$42.00	\$1,163.24	\$29.00	\$957.12	\$82.00	\$1,616.25	
Blue Cross HMO	\$44.00	\$606.84	\$134.00	\$1,297.83	\$111.00	\$1,060.52	\$189.00	\$1,828.61	
Blue Cross PPO	\$145.00	\$795.79	\$478.00	\$1,591.79	\$401.00	\$1,292.45	\$700.00	\$2,216.51	
Pay rate \$25.00-\$44.99									
Vivity HMO	\$28.00	\$519.83	\$66.00	\$1,139.24	\$53.00	\$933.12	\$114.00	\$1,584.25	
Blue Cross HMO	\$56.00	\$594.84	\$166.00	\$1,265.83	\$135.00	\$1,036.52	\$234.00	\$1,783.61	
Blue Cross PPO	\$163.00	\$777.79	\$500.00	\$1,569.79	\$424.00	\$1,269.45	\$728.00	\$2,188.51	
Pay rate \$45.00-\$59.99									
Vivity HMO	\$56.00	\$491.83	\$110.00	\$1,095.24	\$93.00	\$893.12	\$161.00	\$1,537.25	
Blue Cross HMO	\$74.00	\$576.84	\$216.00	\$1,215.83	\$177.00	\$994.52	\$304.00	\$1,713.61	
Blue Cross PPO	\$191.00	\$749.79	\$543.00	\$1,526.79	\$460.00	\$1,233.45	\$778.00	\$2,138.51	
Pay rate \$60.00-\$74.99									
Vivity HMO	\$95.00	\$452.83	\$162.00	\$1,043.24	\$144.00	\$842.12	\$264.00	\$1,434.25	
Blue Cross HMO	\$105.00	\$545.84	\$285.00	\$1,146.83	\$234.00	\$937.52	\$402.00	\$1,615.61	
Blue Cross PPO	\$229.00	\$711.79	\$589.00	\$1,480.79	\$507.00	\$1,186.45	\$842.00	\$2,074.51	
Pay rate \$75.00-\$89.99									
Vivity HMO	\$99.00	\$448.83	\$169.00	\$1,036.24	\$149.00	\$837.12	\$274.00	\$1,424.25	
Blue Cross HMO	\$109.00	\$541.84	\$296.00	\$1,135.83	\$244.00	\$927.52	\$418.00	\$1,599.61	
Blue Cross PPO	\$238.00	\$702.79	\$612.00	\$1,457.79	\$527.00	\$1,166.45	\$875.00	\$2,041.51	
Pay rate \$90.00-\$149.99									
Vivity HMO	\$100.00	\$447.83	\$172.00	\$1,033.24	\$152.00	\$834.12	\$279.00	\$1,419.25	
Blue Cross HMO	\$111.00	\$539.84	\$301.00	\$1,130.83	\$248.00	\$923.52	\$426.00	\$1,591.61	
Blue Cross PPO	\$243.00	\$697.79	\$624.00	\$1,445.79	\$537.00	\$1,156.45	\$891.00	\$2,025.51	
Pay rate \$150.00 or more						-			
Vivity HMO	\$112.00	\$435.83	\$191.00	\$1,014.24	\$169.00	\$817.12	\$310.00	\$1,388.25	
Blue Cross HMO	\$124.00	\$526.84	\$335.00	\$1,096.83	\$276.00	\$895.52	\$473.00	\$1,544.61	
Blue Cross PPO	\$270.00	\$670.79	\$693.00	\$1,376.79	\$597.00	\$1,096.45	\$990.00	\$1,926.51	

For medical benefit purposes, your pay rate is your hourly rate of pay in the Cedars-Sinai payroll system on April 1 each year, excluding shift differentials. For 12-hour shift employees, your rate is your eight-hour equivalent rate of pay. If you are full-time salaried, it's your annual salary divided by 2,080 (hours). Your hourly pay rate or eight-hour equivalent rate is shown on your Personalized Current Benefit Summary or Personalized Benefit Enrollment Checklist. Your pay rate in effect on April 1 each year (or hire date, if later) determines your monthly premium amount for the next benefit year starting July 1. Your monthly premium amount will not change during the year because of any increase or decrease in your pay rate.