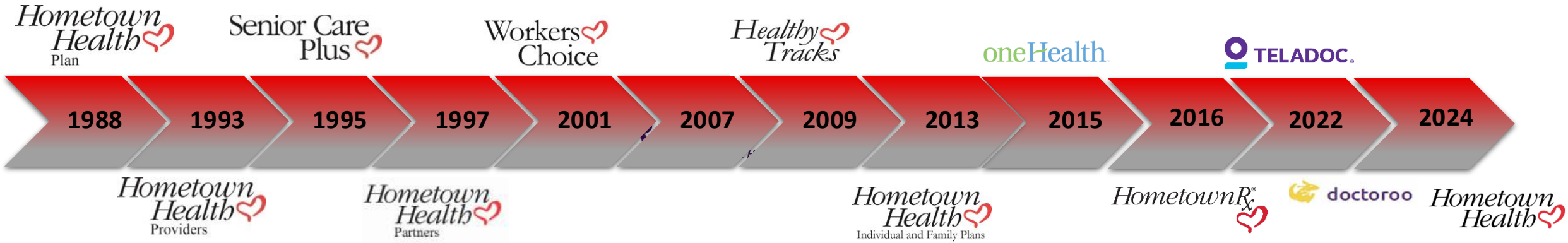


Benefits 101



History of Hometown Health

Nevada's largest not-for-profit Insurance Company, offering the largest provider network in the region



Hometown Health and Renown Health

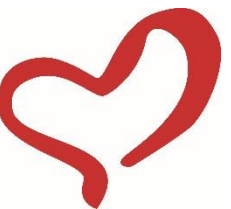
Hometown Health is a subsidiary of Renown Health.

Our Mission

“Renown Health makes a genuine difference in the health and well-being of the people and communities we serve.”

Our Vision

“Renown Health, with our partners, will inspire better health in our communities.”



HMO vs. EPO vs. PPO

HMO Health Maintenance Organization	EPO Exclusive Provider Organization	PPO Preferred Provider Organization
<p>Members allowed to see:</p> <ul style="list-style-type: none"> • Renown HMO access to Renown Network providers; must have a Renown Primary Care Physician (PCP) • *PCP Referral required for IFP plans only 	<p>Members allowed to see:</p> <ul style="list-style-type: none"> • May have a Renown PCP or a Hometown Health-contracted Provider 	<p>Members allowed to see:</p> <ul style="list-style-type: none"> • Hometown Health Statewide Network • Out-of-Network providers (at higher cost share/member out-of-pocket)
<p>Plans cover in-network benefits only, unless:</p> <ul style="list-style-type: none"> • Conditions determined to be emergent or urgent • Services not available within contracted network, received prior authorization from plan 	<p>Plans cover in-network benefits only, unless:</p> <ul style="list-style-type: none"> • Conditions determined to be emergent or urgent • Services not available within contracted network, received prior authorization from plan 	<p>Plan covers both in and out-of-network benefits, however in-network benefits are paid at a higher level.</p> <p><i>You may be balance billed when using out-of-network providers</i></p>
<p>Benefits of an HMO:</p> <ul style="list-style-type: none"> • Lower cost • Specialized network of Renown providers and facilities • Simplified network referrals/authorizations 	<p>Benefits of an EPO:</p> <ul style="list-style-type: none"> • Lower cost • Ability to see a provider without needing a referral from a PCP • Larger network of providers 	<p>Benefits of a PPO:</p> <ul style="list-style-type: none"> • Ability to see a provider without needing a referral from a PCP • Larger network of providers

Finding a provider in your network:

Narrow Results

Quick Search

Provider/Facility

Provider Type

City or Zip Code

County

Plan Network ⓘ

Language

Gender

Only WCA providers

Accepting new patients

Remove Pharmacy providers

Please narrow your selection and apply your filter

Renown Regional Medical Center
CARDIAC CATHETERIZATION SERVICES
CARDIAC SURGERY PROGRAM
CRITICAL CARE SERVICES ICU
+2 more specialties

(775) 982-4100
Reno, NV 89502
Renown Regional Medical Center

Renown South Meadows Medical Center
HOSPITAL

(775) 982-7000
Reno, NV 89521
Renown South Meadows Medical Center

Renown Behavioral Health
ADULT PSYCHIATRY
ALCOHOL AND DRUG COUNSELING
CLINICAL SOCIAL WORKER
+4 more specialties

(775) 982-7878
Reno, NV 89502
Renown Behavioral Health



Provider Networks

Why stay *In-Network*?

- Extensive provider credentialing process to ensure quality and licensing requirements
- Cost-effective
- Simplified Referrals and Authorizations within our Network *family*
- Locate contracted providers and facilities at [Find a Doctor](#) on the Hometown Health website

The screenshot displays the 'Home/Online Provider Directory' page. At the top, there are navigation links for 'Urgent and Emergent Care Outside of Nevada', 'Mental Health & Substance Abuse', and 'Printable Provider D'. A notification bar states 'Not Authenticated: You are not currently logged in. By logging in you will get results catered to you!'. Below this is a 'Narrow Results' sidebar with filters: 'Quick Search', 'Provider/Facility', 'Provider Type', 'City or Zip Code', 'County', 'Plan Network' (highlighted with a red circle), 'Language', 'Gender', and checkboxes for 'Only my network' and 'Only WCA providers'. A 'Search' button is at the bottom of the sidebar. The main content area shows three provider cards: 'Renown Regional Medical Center' (Hospital, Cardiac Catheterization Services, Cardiac Surgery Program), 'Renown South Meadows Medical Center' (Hospital), and 'Renown Behavioral Health' (Alcohol and Drug Counseling, Clinical Social Worker, Marriage & Family Therapy). A red heart icon is overlaid on the cards with the text 'Please narrow your selection and apply your filter'.

Hometown
Health 

 Find a Doctor
HOMETOWNRX



Member ID Cards

Renown HMO Network

Member Number:
SMPL0001
Member Name:
JOHN SAMPLE
Subscriber Name:
JOHN SAMPLE
In-Network MOOP
In-Network Deductible
Member services (Benefits/ID card):

mychart.hometownhealth.com

Optum Rx

RxBIN: 610011 RxPCN:HTH RxGrp: HTHCOM



Hometown Health Network

Member Number:
SMPL0001
Member Name:
JOHN SAMPLE
Subscriber Name:
JOHN SAMPLE
In-Network MOOP
In-Network Deductible
Member services (Benefits/ID card):

mychart.hometownhealth.com

Optum Rx

RxBIN: 610011 RxPCN:HTH RxGrp: HTHCOM



Nevada EPO Network

Member Number:
SMPL0001
Member Name:
JOHN SAMPLE
Subscriber Name:
JOHN SAMPLE
In-Network MOOP
In-Network Deductible
Member services (Benefits/ID card):

mychart.hometownhealth.com

Optum Rx

RxBIN: 610011 RxPCN:HTH RxGrp: HTHCOM



Medical Plan

Member Number:
SMPL0001
Member Name:
JOHN SAMPLE
Subscriber Name:
JOHN SAMPLE
In-Network MOOP

Optum Rx

RxBIN: 610011 RxPCN: HTH RxGrp: HTHRWN



Member ID Cards can take up to 2 weeks from the benefit effective date to be received by the member.

Members can see a digital copy of their ID card on the [MyChart](#) application immediately.

Please contact your Account Manager to request an emergency temporary Member ID Card or to request a new Member ID Card be resent to your Employee/Dependent(s).





Customized for

*Hometown
Health* 

Urgent & Emergent
Care Network VS. Non-
Nevada Resident care

-
- HTH current National Network is Multiplan PHCS
 - Starting 1/1/25 all groups will move to Cigna as the new National Network – please note as of 9/1/24 there may be some Hometown Health groups already with Cigna as their national option
 - Cigna and PCHS for all Nevada Resident members are for Urgent and Emergent use **ONLY**
 - The only exception will be the Gold Plus National PPO Plan rolling out 1/1/25



Cigna PPO NETWORK

Significant cost savings and large, national access

The Cigna PPO* is a national network of more than one million providers and 6,300 facilities.

The Cigna Advantage:

A National Network Solution.

A single network for your employer clients and customers. The Cigna PPO network is a single, comprehensive, multidisciplinary network built through innovative contracting. The result is value not only in cost and quality of care, but also by helping to eliminate administrative burdens and customer confusion.

Broad Access.

With more than one million providers in our PPO network, your customers should be able to find in-network care near where they live or work, and can use myCigna.com to speed their search. They can also rest assured that when they travel, they will continue to receive access to in-network benefits via a national seamless network.

Service.

A dedicated team with skilled account managers and specialized service representatives is focused on supporting you, your clients and their employees and dependents.

Competitive Discounts.

Cigna's local contracting offices understand the competitive dynamics and intricacies of the local market and are dedicated to ensuring Cigna customers receive competitive discounts. We focus on negotiating fixed fees for in-network claims (Fee Schedules, Case Rates,

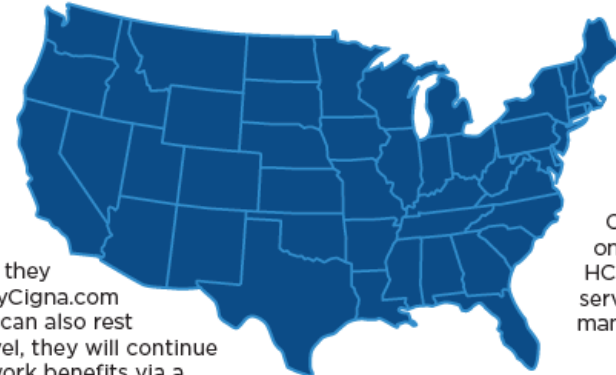
Per Diem Rates, etc.), instead of a percentage of billed charges, helping to control costs. Additionally, we leverage the strength of our more than 12.8 million customers to negotiate competitive national contracts for lab, radiology and dialysis services.

Dedication to the Health Care Professional Experience.

Cigna values our strong relationships with our Health Care Professional community. Cigna offers a combination of online self service support for our HCPs, combined with local provider service representatives and contract managers across the country.

Flexibility.

Cigna's PPO allows you the greatest flexibility in designing a benefit plan to meet the unique needs of each employer, while also providing your customers with the greatest choice in using in- and out-of-network providers. Please refer to the PPO At A Glance document for availability of plan designs.



Together, all the way.®

* Cigna's PPO network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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Health Savings Account (HSA) with qualified High Deductible Health Plan (HDHP)

- A Health Savings Account (HSA) is the bank account that can be opened when you are enrolled in a qualified High Deductible Health Plan (HDHP)
- Coverage by any other medical health plan may not allow you to contribute to the Health Savings Account (HSA). Some exceptions to this rule include accident, disability, dental, vision, long-term care, or specified disease insurance (cancer).
- High Deductible Health Plans are generally offered by employers who offer a Health Savings Account (HSA) plan, or a Health Reimbursement Arrangement (HRA) plan.
- Hometown Health does not currently partner with a bank. Groups/Members can use any bank of their preference
- Enrollees contribute tax deferred dollars into account to pay for qualified medical/dental & vision expenses
- Limits for **2024 – Set by IRS**
 - \$4,150 individual
 - \$8,300 family (per household)
- Limits for **2025**
 - \$4,300 individual
 - \$8,550 family (per household)



Plan Documents, Overview of Document Types

Summary of Benefits and Coverage (SBC)

****Please reach out to your account manager to request plan documents in Spanish**

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services **Coverage Period: 2023-01-01 - 2023-12-31**



23 SG Hometown Gold X PPO _ \$5.00 _\$40.00 _\$150.00 _50.00%

Coverage for Small Group | Plan Type: PPO

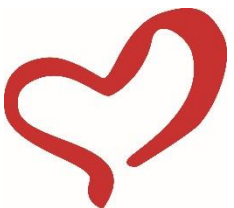


The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit us at hometownhealth.com or call 1-800-336-0123. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-800-336-0123 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	In Network: \$0/ \$0 per person \$0 per group Out of Network: \$8,000/ \$8000 per person \$16000 per group	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Preventive care and primary care services are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	In Network: \$5,700/\$5700 per person \$11400 per group Out of Network: \$16,000/ \$16000 per person \$32000 per group	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, health care this plan doesn't cover, and services that require pre- authorization when no pre- authorization is given.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See hometownhealth.com or call 1-800-336-0123 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist.

(DT - OMB control number: 1545-0047/Expiration Date: 12/31/2019) (DOL - OMB control number: 1210-0147/Expiration date: 5/31/2022)
(HHS - OMB control number: 0938-1146/Expiration date: 10/31/2022)

Mandated form that is updated yearly to correspond with your plan. Examples provided may not reflect your actual benefits. *Sample - page 1 only



Plan Documents, Overview of Document Types

Schedule of Benefits (SOB)

Your Deductible and Out-of-Pocket Maximum

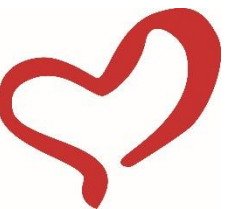
This Benefit Overview describes your coverage and Cost Sharing Amounts, including Deductible and Out-of-Pocket Maximum.

General Cost Share & Features	In Network	Out of Network
Deductible: - Per Calendar Year - Medical and Drug Combined - Some services do not apply to the deductible, as indicated below.	\$4,725/Individual \$9,450/Family	Not Applicable
Out-of-Pocket Maximum: - Per Calendar Year - Medical and Drug Combined	\$9,450/Individual \$18,900/Family	Not Applicable

Deductible

If you are the Subscriber, and the only Member covered under Your Plan, the Individual Deductible amount applies. If You have other Family Members on Your Plan the Family Deductible amount applies. The Plan has an embedded Individual Deductible within the Family Deductible. If one Family Member meets the Individual Deductible his or her benefits will begin. Once the total Family coverage Deductible is met benefits are available for all Family Members. No one Member can contribute more than their Individual Deductible amount to the Family Deductible. Copayment or Coinsurance amounts a member pays for services shown as covered without a Deductible will not count toward meeting the Individual or Family Deductible.

Refer to this Hometown Health document when looking for more detailed benefit information. If you cannot locate a benefit and have questions, call Customer Service at (775) 982-3232 or reach out to your Account Manager. **Sample - 1 document page only*



Plan Documents, Overview of Document Types

Evidence of Coverage (EOC)



SMALL GROUP PLANS
2025 EVIDENCE OF COVERAGE

CONTACT INFORMATION

HOMETOWN HEALTH
ATTN: CUSTOMER SERVICE
10315 PROFESSIONAL CIRCLE
RENO, NEVADA 89521

MAIN
(775) 982-3232

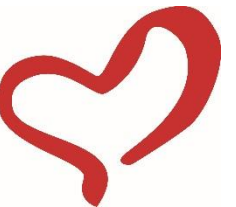
TOLL FREE
(800) 336-0123

FAX (ATTENTION: CUSTOMERSERVICE)
(775) 982-3741

TTY (SPECIAL EQUIPMENT REQUIRED)
711

ESPAÑOL
(775) 982-3232

CUSTOMER_SERVICE@HOMETOWNHEALTH.COM
www.HometownHealth.com



Eligibility Provisions

[Eligibility information](#) can also be found on the [Employer Group](#) section of the Hometown Health [website](#)

****Eligibility Provisions are part of the application/renewal process that dictates how Hometown Health enrolls, modifies, and terminates your employees.**

Changes to your provisions can only be made during initial enrollment and during your annual open enrollment period**

- Please review your group's Eligibility Provisions annually, to ensure you follow the correct timelines for enrollment and terminations
- Members can only be added during Open Enrollment, Qualifying Life Events (QLE) or New Hire initial enrollment period
- Eligibility Provisions must be consistent with your Employee Handbook

GROUP ELIGIBILITY AND PAYMENT PROVISIONS Please return with renewal/new packet

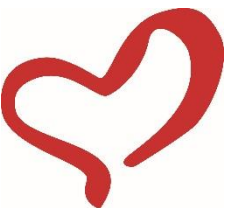
A: COMPANY NAME: _____ Group Size: _____

Check category in each Provisions Sections: "B" Eligibility Status, "C" Commencement of Coverage

B: ELIGIBILITY STATUS (check all categories applicable):

SALARIED	HOURLY	OTHER (Please list)	B1. ELIGIBLE EMPLOYEES:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> Active Employees <input type="checkbox"/> Retirees:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> Permanent Full Time employees scheduled to work at least _____ hours per week. <small>* Eligible employee means a permanent employee who has a regular working week of 30 or more hours.../NR5689C.065</small>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> Other: (Attach Explanation)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> Leave of Absence:

B2. DEPENDENT POLICY: _____



Calculating Effective Dates

Example 1

Commencement of Coverage:

Date of hire

Waiting Period: First of the month on or following date of eligible employment

Hire Date: 10/5/2021

Effective Date: 11/1/2021

OR

Hire Date: 10/1/2021

Effective Date: 10/1/2021

Example 2

Commencement of Coverage:

Date of hire

Waiting Period: First of the month on or following 60 days of eligible employment

Hire Date: 10/5/2021

Effective Date: 1/1/2022

OR

Hire Date: 10/1/2021

Effective Date: 12/1/2021

Example 3

Commencement of Coverage:

Following a bona fide employer-based orientation period (not to exceed 30 days)

Waiting Period: First of the month on or following 60 days of eligible employment

Hire Date: 10/5/2021

Bona fide waiting period: 30 days

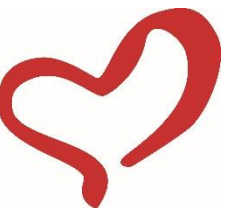
Effective Date: 2/1/2022

OR

Hire Date: 10/1/2021

Effective Date: 1/1/2022

*Important—waiting periods are based on calendar days, please count days (not months)



Calculating Member Effective & Term Dates

Newly Eligible Dependent Enrollment:

- Birth and Loss of Coverage will always be date of event
- *You have 30 days from date of event to submit an enrollment application with documentation.* Next opportunity to enroll will be during your groups yearly open enrollment period.
- Coverage for the child **will cease after 31 days** unless the Subscriber enrolls the child within the appropriate enrollment period. We require a copy of the birth certificate, adoption certificate or certification of placement by the placing agency.

Termination of Coverage:

- Small Group will always be end of month which employee ceases to be eligible
- Large Group can be end of month which employee ceases to be eligible or midnight date of termination

Why follow these guidelines?

- If these windows of enrollment are missed, employees or their dependents may have to wait until open enrollment to enroll in coverage



Benefit Administrator Functions

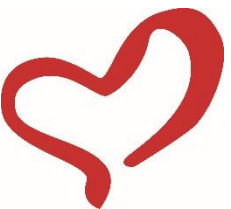
****Please reconcile your monthly invoices before submitting payment to ensure accuracy.
Members can only be terminated & credited back to a maximum of 60 days.****

Payments are due the 1st of each month, with a **30** day grace period

Payment Options:

- Check by Mail
- ACH Wire Payment (contact your Account Manager for details)
- Over the Counter Deposit at Wells Fargo (cash or check) **Please let them know your group name so that we can locate your account**
- *Please also notify Premium Accounting and email a copy of receipt (email address below)*
- Online payment options can be found on our website at [Group Payments](#)
- [Epic Link](#) system is used for HR Benefit Administration and Premium Bill Payment

You may contact Premium Accounting with any questions via email or phone
PremiumAccounting@HometownHealth.com or 775-982-3118



Epic Link – Online Admin Portal for Employer Groups and Brokers

Delegated Group contacts (Site Administrators) and Brokers must be on file with Hometown Health as “Employer Group Contacts” in order to access the [Epic Link](#) portal.

With [Epic Link](#), employee benefits administrators have 24-hour website access for enrollment & premium payment transactions.

- Enroll employees and dependents
- Terminate coverage for employees and dependents
- View member enrollment
- Change plans
- Update personal information (name, address, etc.)
- View historical transactions
- Eliminate paper enrollment, allowing for timely processing of enrollment transactions!

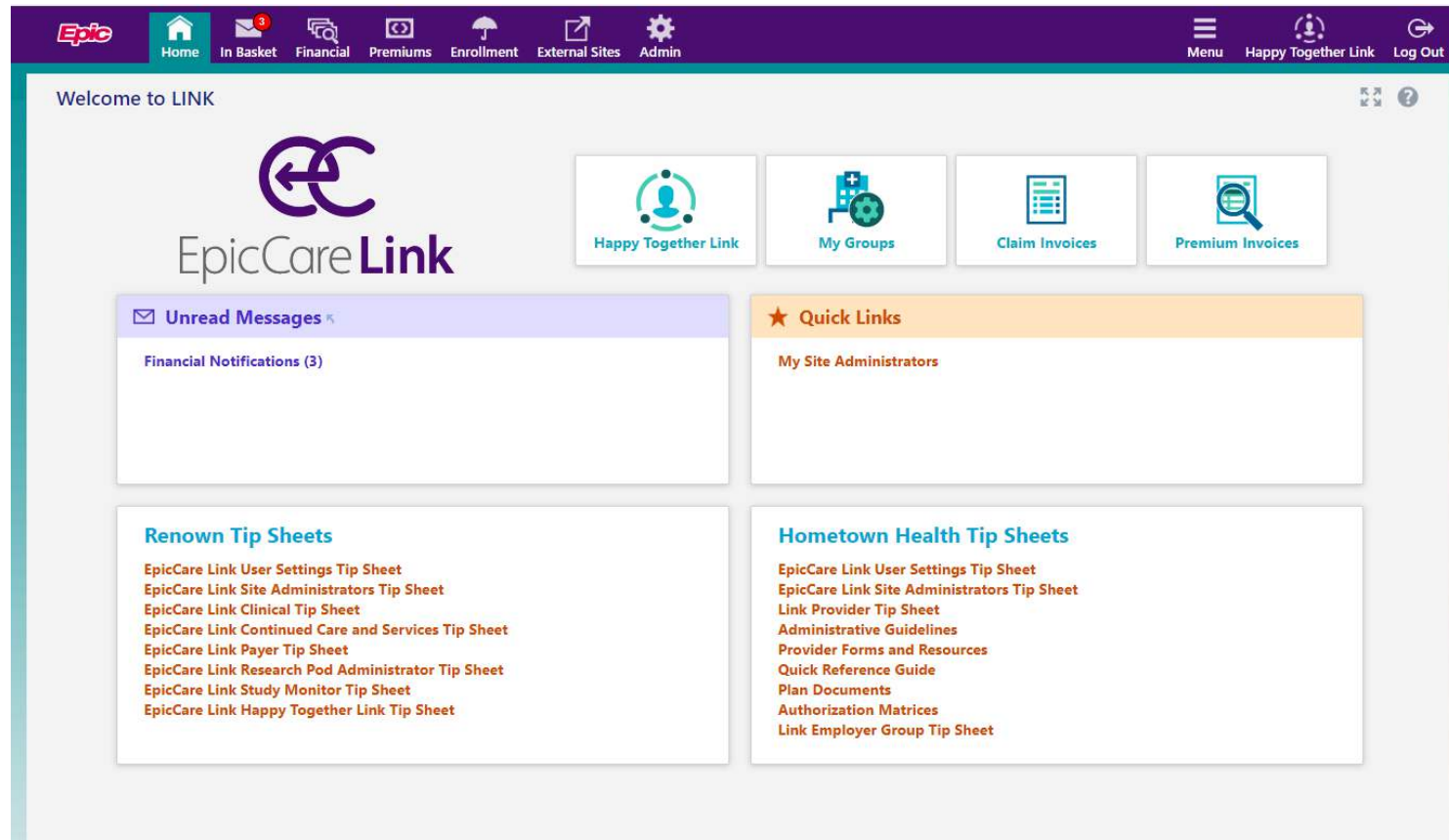
Reminder:

It is the Employer Group/Brokers’ responsibility to notify Hometown Health of any contacts who should no longer have access to the system



Epic Link – Online Admin Portal for Employer Groups and Brokers

Epic Link is a secure web portal that grants affiliates access to securely manage enrollment data for employees and their dependents, as well as view and pay Employer Group premium invoices.



COBRA/isolved Benefit Services

The Consolidated Omnibus Budget Reconciliation Act (COBRA)

Employer Group law

COBRA generally requires that group health plans sponsored by employers with 20 or more employees OR Association Health Plan employer groups (in the prior year) offer employees and their families the opportunity for a temporary extension of health coverage (called continuation coverage) in certain instances where coverage under the plan would otherwise end.

Hometown Health partners with iSolved Benefit Services who offers basic COBRA Administration and premium collection to our groups who choose to participate.

Hometown Health covers base fee for:

*COBRA Administration

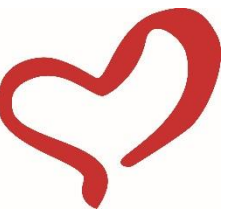
*COBRA Premium Collection

*Additional services can be added upon request, contact your Account Manager for more details.

Additional **isolved** Resources and information available [online](#) or by calling 800-300-3838.

[FAQ about COBRA Continuation Health Coverage for Workers](#)

isolved Benefit Services



Medicare-Eligible Members

Senior Care Plus: A Medicare Advantage Plan from Hometown Health

There are many plans to choose from that include benefits not covered by Medicare like Vision, Hearing, a Gym Benefit, and some plans have Dental. Our Advantage Plans are offered with and without Prescription Coverage (Part D)

Who is eligible?

- All Medicare beneficiaries eligible by age 65 or disability
- Beneficiaries who have Medicare Part A (hospital) and Part B (medical) and who continue to pay the Part B premium if not otherwise paid for under a Medicare or by another third party

How to Enroll?

- Complete your enrollment at SeniorCarePlus.com
- Call 775-982-3158 or 888-775-7003
- Speak to a representative at Hometown Health, 10315 Professional Circle, Reno, NV 89521

If you have questions about Medicare, Medicare Benefits, Enrollment in Medicare, or Coverage options with Medicare, consider attending our **ABC's of Medicare** presentation.

The schedule is available on our website at [Senior Care Plus](https://SeniorCarePlus.com).

Senior Care
Plus 

*Employer Groups
with 20+ employees
Medicare is
Secondary*



Telehealth/Virtual Visit Options



RENOWN VIRTUAL VISITS

Available to	Covered members	Covered members	Provider's Discretion to offer appointment
Cost to Member	Refer to your Schedule of Benefits (SOB) for member responsibility	Refer to your Schedule of Benefits (SOB) for member responsibility	Cost of office visit
Access at	Teladoc	Doctoroo Website Or call 888-888-9933	Renown Virtual Visit
When to use	Non-emergent Colds, flu, allergies, bronchitis, etc. (urgent care type services)	Non-emergent Colds, flu, allergies, bronchitis, etc. (urgent care type services)	Non-emergent Colds, flu, allergies, bronchitis, etc. (urgent care type services)



MyChart Application

[MyChart](#) is Renown and Hometown Health's secure online member application that gives members access to their health and benefit information.

Features include:

- 24/7 access to Explanation of Benefits, Referrals, and Authorizations
- View benefits and Member ID card at any time
- Access prescription benefits
- Spanish translation available

MyChart

[Ver en Español](#)

COVID-19 Vaccine
Please check in with the health district for the county you live in for updates on local distribution plans for the vaccine.

Communicate with your doctor
Get answers to your medical questions from the comfort of your own home

Request prescription refills
Send a refill request for any of your refillable medications

Billing (Renown)
View your statement, billing details, and pay your bill.

Access your test results
No more waiting for a phone call or letter – view your results and your doctor's comments within days

Manage your appointments
Schedule your next appointment, or view details of your past and upcoming appointments

Virtual Visit
Schedule a virtual visit with your provider.

MyChart Username
Password
Sign in
[Forgot username?](#) [Forgot password?](#)

New User?
ENTER CODE

No Activation Code?
Sign Up Now
Get An Estimate
Pay Bill as Guest (Renown)
Pay Premiums as Guest (Hometown Health)

Download on the App Store | GET IT ON Google Play

Interoperability Guide | FAQs | Privacy Policy | Terms and Conditions | High Contrast Theme

MyChart by Epic
MyChart® licensed from Epic Systems Corporation, © 1999 - 2022.

MyChart – A Secure Health and Benefits Tool

What is MyChart?

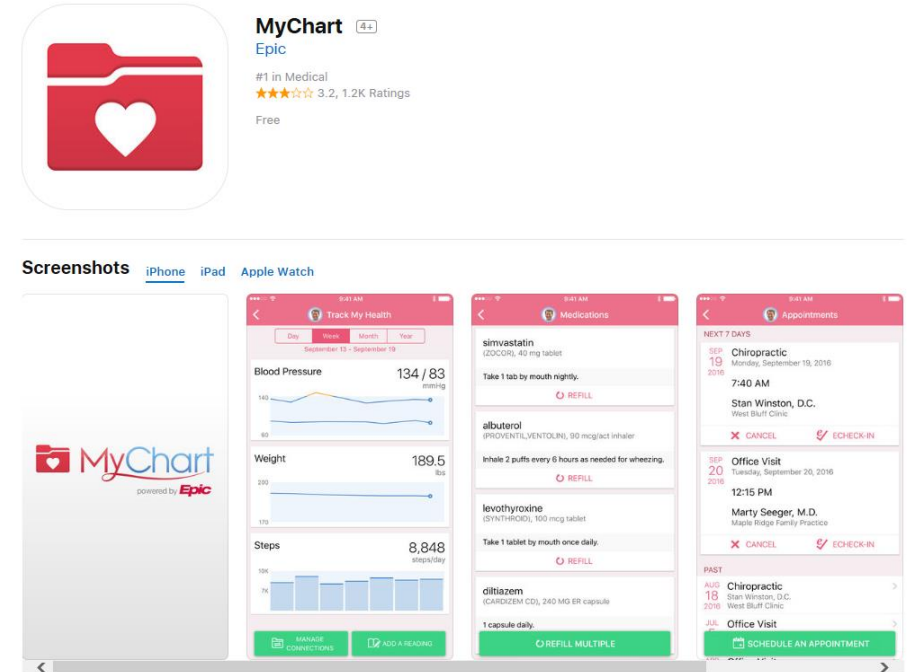
[MyChart](#) is a free, secure online patient portal that allows you to manage your healthcare information.

- Schedule an appointment anytime, day or night
- Securely email your healthcare provider
- Get your test results faster
- Request prescription refills
- Request your medical records
- Keep track of your family's health
- Review immunization records
- View or download your Summary of Care document

Manage Your Health Online

By calling [775-982-2781 Monday-Friday, from 7 a.m. to 6 p.m., excluding holidays](tel:775-982-2781), to receive your activation code to set up your MyChart account

The MyChart Mobile App can be located as shown below



Vision Benefits

- Pediatric Vision is included only for Small Group plans for children under the age of 19
- 4 Vision Plan Benefit options available for employer group plans
 - Access Exam Plus \$0 \$1.37 per member per month
 - Access Plus \$10/150 \$4.49 per member per month
 - Access A \$0/100 \$4.52 per member per month
 - Access Plus \$10/175 \$5.78 per member per month
- Vision providers can be found on the EyeMed Network – www.eyemedvisioncare.com



****Vision benefits can only be added at time of initial application/enrollment or during the open enrollment period****



Know Your Resources

How do I find a new Primary Care Provider (PCP)?

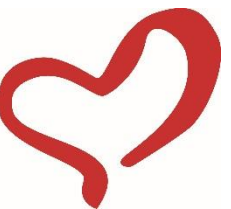
Hometown Health Provider Networks are comprised of Providers based on type of benefit plan you are enrolled in.

- View Provider lists and determine if your PCP is on the list by visiting [Find A Doctor](#) on the Hometown Health website
- Choose the Provider Network associated with your plan to search
- We recommend members log into their MyChart account so that their results will be specific to their plan (without having to find or select their benefit plan)


If you are calling for Renown Providers:

- Call **775-982-5000, Renown Scheduling**
- Ask the representative this question: *“Who is accepting new patients?”*

*****It is a standard requirement to make an appointment to see your PCP before you are considered an *established patient*.**



Pharmacy Benefits – OptumRx

- Members can find information on [Pharmacy Benefits](#), [Drug Formularies](#) and [Member Resources](#) on the Hometown Health website, including Formulary Searches, Printable Formularies, and ACA Medications Lists for Large Group, Small Group, and Association Health Plans (Builders/BANN).
 - Members can also view current *Negative Formulary Changes* and *Drug Formulary FAQs*
- **Hometown Health has now partnered with OptumRx** 
- OptumRx started managing pharmacy benefits for all Hometown Health members effective Jan. 1, 2024
- Broader pharmacy network options including CVS and Walgreens
- Visit our Pharmacy Network page on the Hometown Health website: [Pharmacy Networks | Hometown Health](#)



Renown Pharmacy & Preferred Mail Order

Renown Pharmacies

- Three convenient locations
 - 75 Pringle Way, Reno **open 24/7**
 - 21 Locust Street, Reno
 - 10101 Double R Blvd, Reno

Renown Pharmacy

Hard-to-find meds, mail order services and online prescription tracking

Renown Mail Order for maintenance medications only (3 mos supply)

- Information and [Rx Form](#) available online at Renown Pharmacy

Mail Order

- ❖ Cost Savings (3 mos supply for cost of 2 mos supply)
- ❖ Delivery right to your home
- ❖ Easy and Convenient refills and ordering process



Mail Order Pharmacy



To register with Optum Pharmacy:

- Go online and register for your account here: [Optum Login](#)

How to enroll in Optum Home Delivery Pharmacy

1

Get started

Select Optum Home Delivery at checkout or transfer your current medication from your prescription's medication details page.

2

Get it filled

After we receive your order, we'll reach out to your prescriber or pharmacy to get your prescription.

3

Get it delivered

After your prescriber or pharmacy sends your prescription, your medication should arrive at your door within 3-5 business days.

Set up home delivery



Definitions

- **Evidence of Coverage (EOC):**

This document describes all the details of the benefits, exclusions, limitations, applicable administrative policies, rights, responsibilities, and procedures for a health insurance Policy.

- **Subscriber:**

For group plans, the Subscriber is generally the employee. For individual and family plans, the Subscriber is the Policy holder.

- **Dependent:**

A dependent (usually spouse or child) of an insured person who is eligible for insurance coverage.

- **Member:**

A Subscriber or the Subscriber's eligible dependents covered under the Policy.

- **Qualifying Life Event:**

An event in your life, such as birth or adoption, marriage, or loss of coverage which allows you to enroll or change health insurance coverage. (Outside of Open Enrollment)

- **Out-of-Network:**

Out-of-network providers are doctors and facilities that do not have a direct affiliation with Hometown Health. When you receive care from an out-of-network provider, it is usually more expensive and may result in limited coverage

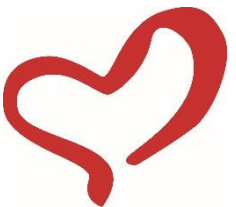
- **In-Network:**

In-network refers to a health care provider that has contracted with Hometown Health to provide services to its plan members at a pre-negotiated rate. Because of this relationship, you pay a lower cost-sharing when you receive services from an in-network doctor.



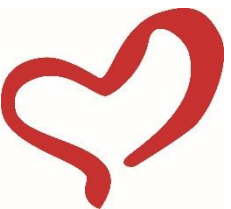
Definitions

- **Covered Service:**
A benefit for services and supplies that we provide or arrange under a Policy
- **Premium:**
A periodic payment, typically monthly, paid to HTH for a Policy.
- **Cost Sharing:**
A general term used to describe the amount of Deductible, Copayment, Coinsurance and other expenses that a Member must pay before Hometown Health pays for Covered Services.
- **Deductible:**
The dollar amount that a Member must pay to Providers for Covered Services each calendar year before Hometown Health pays for services, other than preventive care.
- **Coinsurance:**
The percentage of the Allowed Amount for a covered service that is due and payable by the Member to a Provider upon receipt of the service.
- **Copayment:**
The dollar amount that a Member must pay to a Provider upon receipt of certain covered services.
- **Out-of-Pocket Maximum:**
The most a Member or Family will pay for Covered Services in a calendar year. (In-Network: Deductible is included; Out-of-Network: NOT included)
- **Termed:**
Short for terminated. When a Member or Policy holder is no longer a member of Hometown Health with active benefits.



Definitions

- **Primary Care Provider:**
(PCP) a Physician who is a Participating Provider and who a Member designates (or who we designate on behalf of a Member) to arrange and coordinate all aspects of such Member's care.
- **Referral:**
A document from your PCP to see a specialist (i.e. Dermatologist, GI, Oncologist). This may or may not be needed according to your plan documents.
- **Billed Amount:**
The billed amount is the dollar figure submitted by a provider for medical services rendered.
- **Allowed Amount:**
The contracted amount for a given service or, if there is not a contracted amount and the service is still covered by this Benefit Plan, the lesser of the Usual and Customary amount or the amount Medicare would pay for the service.
- **Exclusions:**
Services, supplies, and treatments not covered by the plan. Any amount the member pays toward services that are not covered or otherwise excluded will not count toward the member's Deductible and Out-of-Pocket Maximum.
- **Prior Authorization:**
Approval from Hometown Health that may be required before you get a service or fill a prescription. **Does not guarantee In-Network Rates



Your Important **Contacts**

HOMETOWN HEALTH SALES & RETENTION

Phone 775-982-3100

Fax 775-982-3090



CJ Bawden

Vice President of Growth and Retention
775-982-3218
cj.bawden@hometownhealth.com



Brenda Grace-Smith

Sales & Retention Manager
775-982-3093
brenda.grace-smith@hometownhealth.com



Connor Deck

Director of Sales & Marketing
916-770-7898
connor.deck@hometownhealth.com



Brendan Kilcourse

Senior Account Executive
775-982-5953
brendan.kilcourse@hometownhealth.com



Mayela Ochoa

Small Group Account Executive
775-342-8061
mayela.ochoa@hometownhealth.com



Audrey Simich

Account Manager
775-982-3015
audrey.simich@hometownhealth.com



Monica Vazquez

Account Manager
775-982-3096
monica.vazquez@hometownhealth.com



Dayna Clark

Account Specialist
775-982-3101
dayna.clark@hometownhealth.com



Rodrigo Cortez

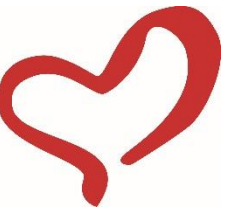
Account Specialist
775-982-3194
rod.cortez@hometownhealth.com



Hannah Hanrahan

Account Specialist
775-982-3642
hannah.hanrahan@hometownhealth.com

*Hometown
Health* 





BROKER INFORMATION

For Questions Regarding Commissions Contact:
brokerupdates@hometownhealth.com

ELIGIBILITY/ENROLLMENT

Phone 775-982-3118 Fax 775-982-3749
enrollment@hometownhealth.com

PREMIUM ACCOUNTING

For Copies of Bills or Billing Questions:
premiumaccounting@hometownhealth.com
Fax 775-982-3749

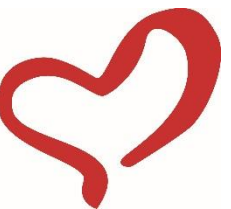
BENEFIT, ELIGIBILITY, CLAIMS INQUIRIES, REFERRALS, POLICY & PROCEDURE (EOC) INFORMATION

Customer Services Representatives:
775-982-3232 Fax 775-982-3741
customer_service@hometownhealth.com

Toll-Free Hometown Health:
1-800-336-0123
hometownhealth.com

TDD (Hearing Impaired):
775-982-3240

Senior Care Plus:
775-982-3158
SeniorCarePlus.com



Hometown Health Hours of Operation:

Office Lobby: Monday – Friday 8:00 a.m. – 5:00 p.m.

Hometown Health Call Center:

Customer Phone Numbers: 775-982-3232

Toll Free: 800-336-0123, for TTY 711 (special equipment required)

Monday – Friday 7:00 a.m. – 8:00 p.m. PST

www.HometownHealth.com

Contact Us

