

YOUR HOMETOWN HEALTH

2025 Best Start Booklet

HAS ARRIVED!

*Hometown
Health* 



Discover helpful tips and information. **GET STARTED NOW!**



How To Use Your 2025 **Best Start Booklet**

Welcome to Hometown Health! Whether you are a new or a returning member, we welcome you. This booklet contains important information you need to start your healthcare journey with us. Getting familiar with this information early in the year is the best way to ensure you are able to navigate your healthcare options with confidence. We encourage you to take the time to read it in its entirety and use it for reference as needed throughout the year.

THIS BOOKLET WAS DESIGNED TO ACT AS A SUPPLEMENT TO THE **EVIDENCE OF COVERAGE (EOC), NOT TO REPLACE IT.**

The EOC is the legal contract between you and Hometown Health. We like to think of the EOC as a Hometown Health encyclopedia that you can refer to when needed. Visit HometownHealth.com/Customer-Service-Support and click on **Plan Information** to access the Evidence of Coverage document for your particular plan. You can find your plan name on your ID card.

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Understanding Your ID Card

As a Hometown Health member, show your ID card whenever you access healthcare services and, if applicable, for prescription drugs at network pharmacies.

View the sample ID card below to understand the various sections of your ID card.

The diagram shows a sample ID card with the following sections and callouts:

- Plan Network:** Renown HMO Network
- Member Number:** SMPL0001
- Member Name:** JOHN SAMPLE
- Subscriber Name:** JOHN SAMPLE
- Emergency Network Group ID:** 0254088
- Pharmacy Benefit Manager:** Optum Rx®
- Pharmacy Submission Information:** RxBIN: 610011, RxPCN: HTH, RxGrp: HTHCOM
- Member Portal:** mychart.hometownhealth.com
- Claim Submission Information for Your Provider:**
 - Inside of NV: EDI Payor ID #68023, Submit claims to: Hometown Health, 10315 Professional Circle, Reno, NV 89521
 - Outside of NV: EDI Payor ID # 62308, Submit claims to: Cigna Medical Claims, P.O. Box 188061, Chattanooga, TN 37422-8061
- Customer Service and Pharmacy Contact Information:** Eligibility and benefit or pre-certification information: 775-982-3232 or 800-336-0123 or www.hometownhealth.com; Pharmacy services: 800-506-4682 or www.optumrx.com
- Emergency Network Outside of Nevada:** Cigna logo and text: Benefits not insured by Cigna Healthcare or its affiliates.
- QR Code to Access MyChart:** A QR code labeled "Benefit Detail".

NOTE: If you live outside of Nevada and are enrolled in our National Network, Cigna Healthcare will be your plan network. Cigna's logo will be on the front of your ID card.

To access an electronic version of your ID Card in MyChart:

1. Log into your MyChart account
2. In the menu, scroll down to the **Insurance** section
3. Click on **Insurance Cards**

If you lose your membership ID card, you can click on **Request New Card** in the **Insurance ID Cards** section in MyChart and one will be mailed to you.

See page 6 for information on creating a MyChart account.

STEP 1: Sign Up for MyChart



MyChart is a secure web-based application offered by Renown Health and Hometown Health. You can use it on your computer, phone, or tablet to get the care and information you need, as soon as you need it, from anywhere.

With MyChart, you can view all of your health information in one secure place.

MyChart allows you to:

- Send messages to Renown providers and their staff.
- See a list of your current medications and request medication refills.
- View your test results as soon as you need them.
- View your referrals and authorizations.
- View your claims and explanation of benefits.

MyChart is the key to your healthcare, even if you don't see a Renown Primary Care Provider.

In this booklet, we will walk through how to do various things in MyChart.

THESE ITEMS WILL BE MARKED WITH THIS SYMBOL:

If you have any questions about MyChart, you may call the MyChart customer service line at **775-982-2781** (TTY Relay Service: **711**). They are available Monday through Friday, 7:30 a.m. to 5 p.m. (PST). Language assistance services are available .



How To Log In To MyChart

In your web browser, enter mychart.renown.org to access the login page.

If you have not received an activation code, you will need to request an activation code online:

- At the login page, under **No Activation Code?** click on **Sign Up Now**.
- Enter your information, and in the next step, we will verify your identity. Once your identity is verified, you will be able to create your MyChart username and password.

If you have already received your activation code:

- Click **Enter Code** in the **New User?** section.
- Enter your activation code and other personal verification items, click **Next**.

Creating your MyChart Username and Password:

- **MyChart username** – This should be something that others would not likely guess but easy to remember. It cannot be changed.
- **Password** – This should be a unique combination of numbers and letters, using both uppercase and lowercase letters.
- **Security question** – This question will be used to verify your identity if you forget your MyChart password. Choose a security question from the list and enter your answer. Your answer cannot include your MyChart password.

On the next page, choose whether you want to receive a notification message in your personal email when there is new information available in your MyChart account. If you opt to receive email alerts, enter your email address.

MyChart:

What If I Forget My Username or Password?

Click the **Forgot Username?** or **Forgot Password?** link below the login fields for assistance. You will be prompted to answer some security questions to verify your identity so you can recover your username or password. You may also contact the MyChart customer service line at **775-982-2781**. They are available Monday through Friday from 7:30 a.m. to 5 p.m. (PST).

How To Download the MyChart App

To install the MyChart app, go to the Apple App Store or Google Play Store and search for **MyChart**.

1. On your mobile device, open the **Apple App Store** (if you have an iOS device) or the **Google Play Store** (if you have an Android device). Look for one of the following icons to find the app store on your device:  

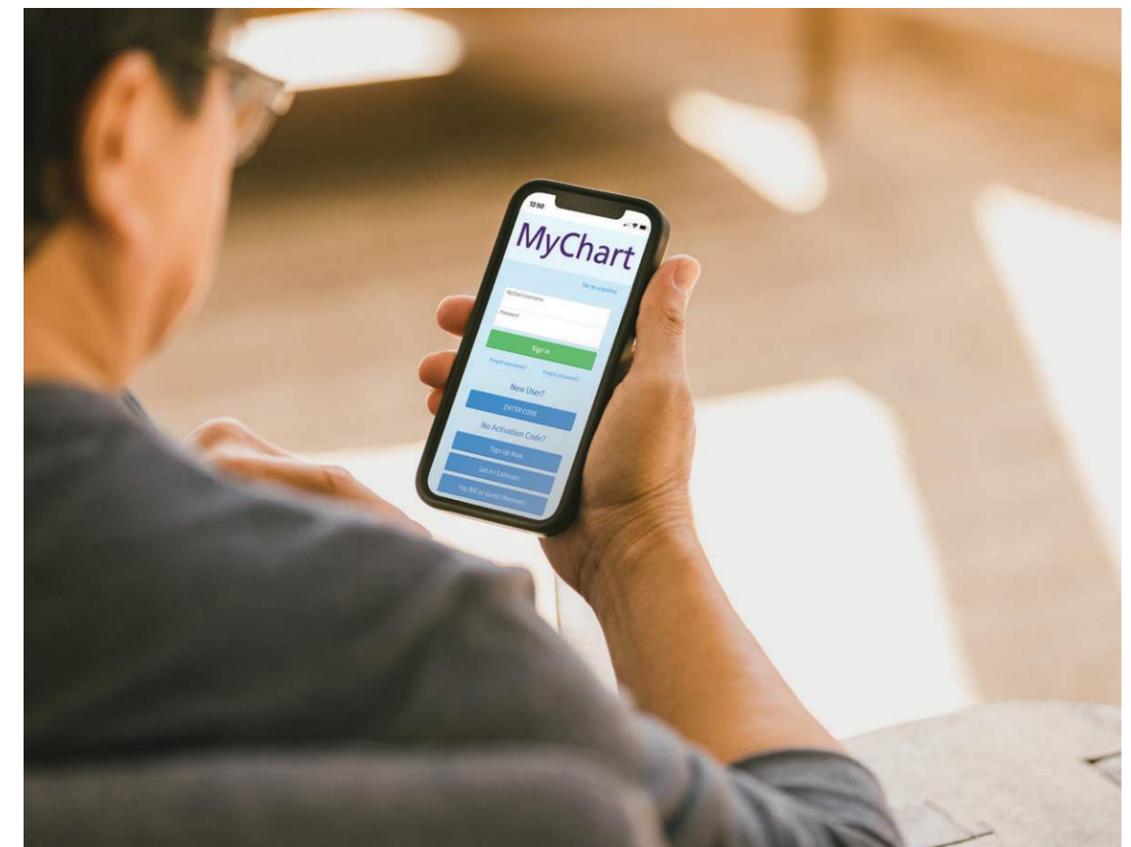
2. Search for **MyChart**. Look for the following logo to make sure you have the right app: 

3. Tap **Install** or **Get**.

4. After you have installed the app, tap **Open** or find the **MyChart icon** on your device and **tap to open it**. 

5. Select **Renown** from the list of organizations. If you do not see it right away, you can search for your healthcare organization by name, state, or ZIP code.





STEP 2: Choose a Primary Care Provider



The importance of your relationship with your Primary Care Provider (PCP).

Your PCP provides routine healthcare, disease prevention, supports your wellness and overall care.

Your PCP acts as the first contact and principal point of continuing and ongoing primary care. In addition to identifying and treating common medical conditions, your PCP can provide preventive care, offer appropriate health screenings, and reinforce healthy lifestyle choices.

Your PCP will also assess the urgency of your medical problems and make referrals to medical specialists when necessary. If you do not yet have a PCP, review the tips on the opposite page to help you select the right Primary Care Provider for you.



WHAT TO DO WHEN YOUR PRIMARY CARE PROVIDER LEAVES THE NETWORK OR AREA? GET ESTABLISHED WITH A NEW PROVIDER ASAP!

If your Primary Care Provider has moved or left the area, we understand how challenging it can be to find a new provider. However, it's important to get established with a new PCP as soon as possible. New patient appointments often take longer to schedule, so don't wait until you need care to start the process. By choosing a PCP now, you'll have someone who knows your health history and can provide care when you need it. Check out the tips on selecting a new PCP and take the first step toward ensuring your health needs are met without delays.

Tips To Choose The Right Primary Care Provider For You.

A Primary Care Provider is an important part of your healthcare. They are the first person you go to for medical help and to receive regular care to keep you healthy. A PCP can treat common health problems, give check-ups, and provide you with advice on healthy habits. They also decide how serious your health issues are and, if needed, refer you to specialists. If you don't have a PCP yet, check the tips to help you find the right one for you.

Here are some tips for selecting a Primary Care Provider:

- 1. Choose an In-Network PCP.** Selecting an in-network provider will help you avoid a surprise out-of-network charge or having to pay the total cost out-of-pocket. You can find an in-network PCP by visiting apps.HometownHealth.com/OnlineProviderDirectory (see page 10 for more information) or by calling **775-982-3232** or **800-336-0123** (TTY Relay Service: **711**). Customer Service also has free language interpreter services available for non English speakers.

**IF YOU ARE ON A HOMETOWN HEALTH HMO PLAN,
YOU MUST SELECT A Renown Primary Care Provider.**

- 2. Select a provider with the experience you need.** There are many different types of Primary Care Providers. Select one that meets your needs.
- a. Family medicine providers treat all ages, from infants to the elderly. They are generalists that can treat a wide variety of conditions, including minor ailments that may be normally treated by a specialist.
 - b. Internal medicine providers treat adults and specialize in prevention, diagnosis and management of chronic conditions.
 - c. Most Primary Care Offices have mid-level providers on-staff, such as Nurse Practitioners and Physician Assistants. These providers can do everything that an MD can do and typically have better appointment availability. Selecting a mid-level provider is a great option, because all of your care is overseen by the supervising MD on staff. It's like getting two providers instead of one.

Where Can I Find the Hometown Health Provider Directory?

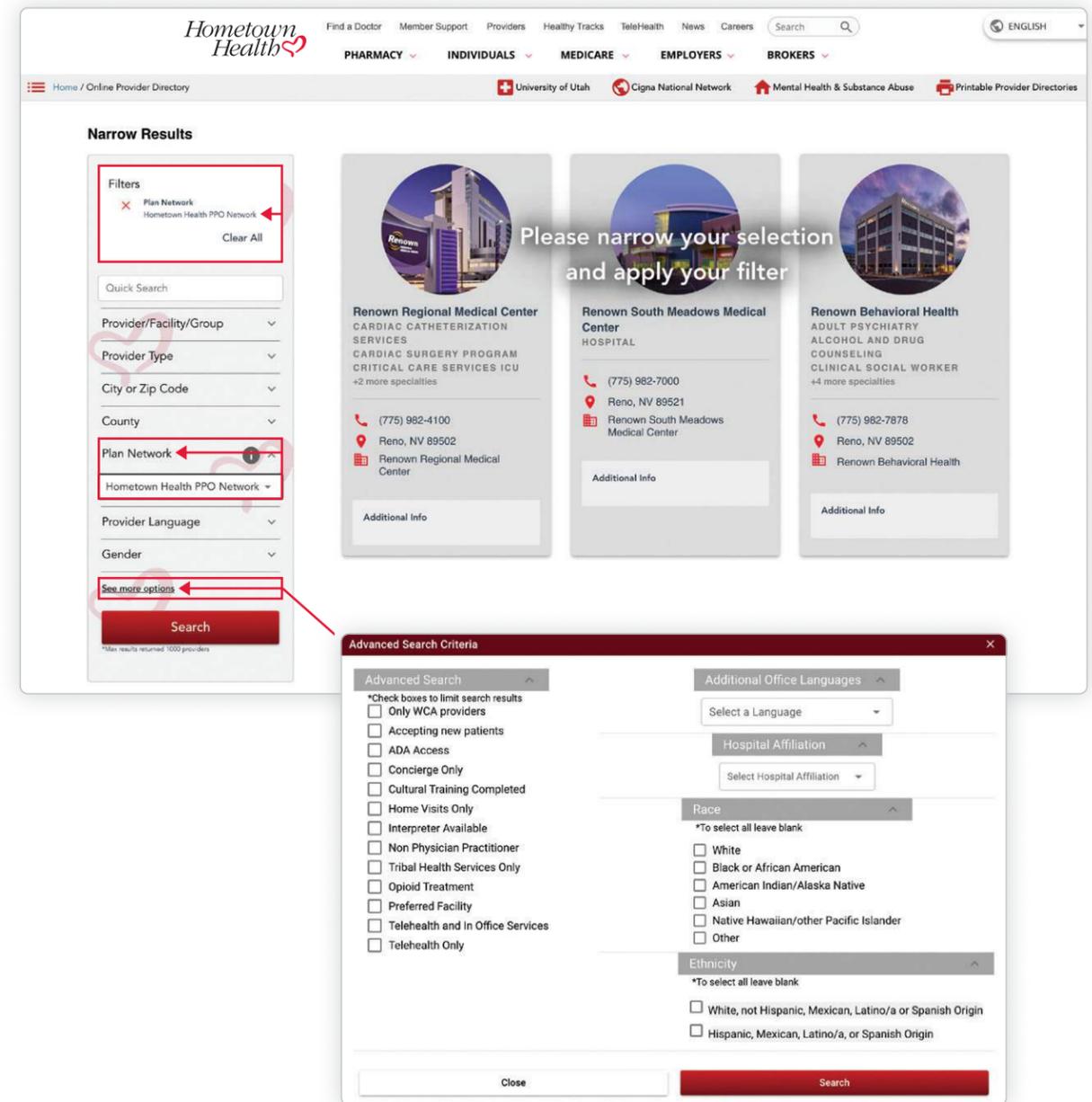
We recommend using the online provider directory (instead of a printed version). The online provider directory is always up-to-date, includes important information about newly added providers, and will exclude any providers that are no longer available.

Accessing the Online Provider Directory

To access the online directory visit HometownHealth.com, click on **Find a Doc** and then click on the **Plan Network** listed on your ID card. Take a look at your ID card if you are not sure which network to select. Your plan network will be listed at the top. After clicking on your plan network, you will see the directory. Notice that at the top of the search tool, your network is already visible. It is important that when searching your plan network appears in the **Filters** box. This ensures that your search does not include out of network providers.

IMPORTANT: If you are selecting a new Renown Health primary care provider, you can book an appointment yourself by visiting renown.org/Patients-and-Visitors/Appointments and clicking on **Book Your Appointment** under the **New Primary Care Patients** section.

WE HAVE MADE SOME EXCITING ENHANCEMENTS TO THE PROVIDER SEARCH TOOL! CLICK SEE MORE OPTIONS TO SEARCH BY ADDITIONAL CRITERIA.



IF YOU DO NOT HAVE ACCESS TO A COMPUTER OR A SMART PHONE, please call customer service at **775-982-3232** to request a directory be mailed to you.

Population Health Programs

At Hometown Health, we're committed to helping you live your healthiest life. Through our Population Health Management programs, we provide personalized support and services to improve your overall well-being.

We use a standardized process to identify members who may need extra care.

Our services include:

- Helping you manage health issues through care management
- Coordinating your care during transitions like hospital stays
- Reducing barriers to care, like transportation or language challenges
- Providing reminders for preventive care and routine check-ups
- Offering health and wellness education

HERE'S A QUICK LOOK AT HOW WE'RE HERE FOR YOU.

Comprehensive Health Assessment Program – The Comprehensive Health Assessment focuses on disease prevention and overall health. These visits include:

- Reviewing your medical history and medications
- Screening for mental health, mobility and fall risks
- Testing vision and memory
- Connecting you with referrals and community resources

Care Management Services – If you have multiple chronic illnesses, our care management team is here to support you. Care management is a team based, patient-centered approach that assists the member and their family in managing health concerns more effectively.

This specialized team will support you with:

- Health education and resources tailored to your goals
- Assistance with medications and appointments
- Connecting you to community services

Specialized Case Management – We also offer focused support for specific needs, including:

- **Maternal Child Health:** For high-risk pregnancies and infants up to one year old.
- **Behavioral Health:** For members needing help with mental health challenges.

Transitional Care Management – After a hospital stay, our Transitional Care team helps prevent complications and avoid readmissions by:

- Managing medications
- Assisting with follow-up care
- Educating patients and caregivers

Gaps in Care Outreach – Our team of outreach coordinators provide health reminders through MyChart, mail, or phone calls to schedule and keep you up to date on screenings, vaccines, and check-ups.

Health & Wellness Education – Looking for evidence based health education? Visit [HometownHealth.com/Health-Library](https://www.hometownhealth.com/Health-Library) for easy to read articles, videos and self assessment resources on prevention, managing chronic conditions, and staying healthy.

These Population Health Management Programs are offered to all our members at no cost. Please visit [HometownHealth.com/PopulationHealth](https://www.hometownhealth.com/PopulationHealth) to learn more about these programs to help you in your healthcare journey.

To opt in or out of any of these services, please call **775-982-3232**.

Your health is our priority. Let us support you in achieving your wellness goals!



Health Care Support Services Available To You

	Case Manager	Social Worker & Community Health Worker	Transitional Care Navigator
AVAILABLE TO	All Hometown Health Members with complex medical conditions.	All Hometown Health Members who have a social or economic need.	All Hometown Health Members who are admitted to Renown Regional Medical Center with highly complex discharge needs.
THEIR ROLE	Provide education and support in managing your complex chronic conditions	Assist members in accessing resources to address certain needs outside their health such food insecurity or transportation needs.	Assist Members with their discharge planning needs to ensure they are discharged to the appropriate level of care as well as ensuring that applicable home needs are coordinated prior to going home.
THEY CAN HELP WITH	<p>Coordinate Care: Arrange and oversee healthcare services</p> <p>Assess Needs: Evaluate clients' medical, psychological, and social needs for personalized care planning.</p> <p>Develop Care Plans: Create comprehensive plans to meet individual goals and needs.</p> <p>Advocate for Clients: Act as a liaison between patients and providers to secure appropriate resources and services.</p> <p>Monitor Progress: Track and document client outcomes to adjust care plans as needed.</p> <p>Educate Clients: Provide information on conditions, treatments, and available resources to empower patients.</p> <p>Ensure Compliance: Help patients follow treatment plans and adhere to medications or therapies.</p> <p>Coordinate Transitions: Support smooth transitions between care settings, such as hospital to home.</p>	<p>Access to Healthcare Services: Connect patients to primary care providers, specialists, free clinics, or telehealth services.</p> <p>Medicaid/Medicare Enrollment: Assist patients in applying for or navigating government insurance programs to ensure coverage.</p> <p>Prescription Assistance: Help patients access discounted medications through pharmaceutical assistance programs or generic alternatives.</p> <p>Transportation for Medical Appointments: Arrange non-emergency medical transportation or public transit passes for healthcare visits.</p> <p>Food Security Programs: Enroll patients in Supplemental Nutrition Assistance Program (SNAP) or connect them to food pantries offering fresh and nutritious options.</p> <p>Housing and Health: Link patients to housing programs addressing health needs, such as asthma-friendly or accessible accommodations.</p> <p>Behavioral Health Services: Facilitate access to mental health counselors, substance abuse programs, or crisis intervention services.</p> <p>Health Education Workshops: Refer patients to programs covering nutrition, exercise, stress management, or prenatal care.</p> <p>Community Support Networks: Introduce patients to local wellness programs, faith-based initiatives, or culturally relevant health advocacy groups.</p>	Assist members on discharge with setting up Home Health or coordinating Durable Medical Equipment (DME) delivery. Ensuring Members have timely follow-up care scheduled. Coordinating transitions to Skilled Nursing or Rehab as appropriate. Assessing needs and placing appropriate referrals for case management or social work.
THEY WILL REACH OUT TO YOU...	You have been identified as having an qualifying diagnosis.	When a need is identified and you have been referred by a provider or member of your care team.	If you meet criteria, they will meet with you in your hospital room.
CALL THEM WHEN	You need additional support managing your healthcare needs.	You need assistance or support addressing a social need.	This team does not take inbound calls.
HOW TO CONTACT	Call Customer Service at 775-982-3232 and request assistance from a Case Manager. They will submit a request for case management for you.	Call Customer Service at 775-982-3232 and request assistance from a Social Worker. They will submit a request for social work services for you.	This team is only available to member when clinical criteria is met while at Renown Regional Medical Center.

STEP 3: Understanding Your Prescription Drug Benefit

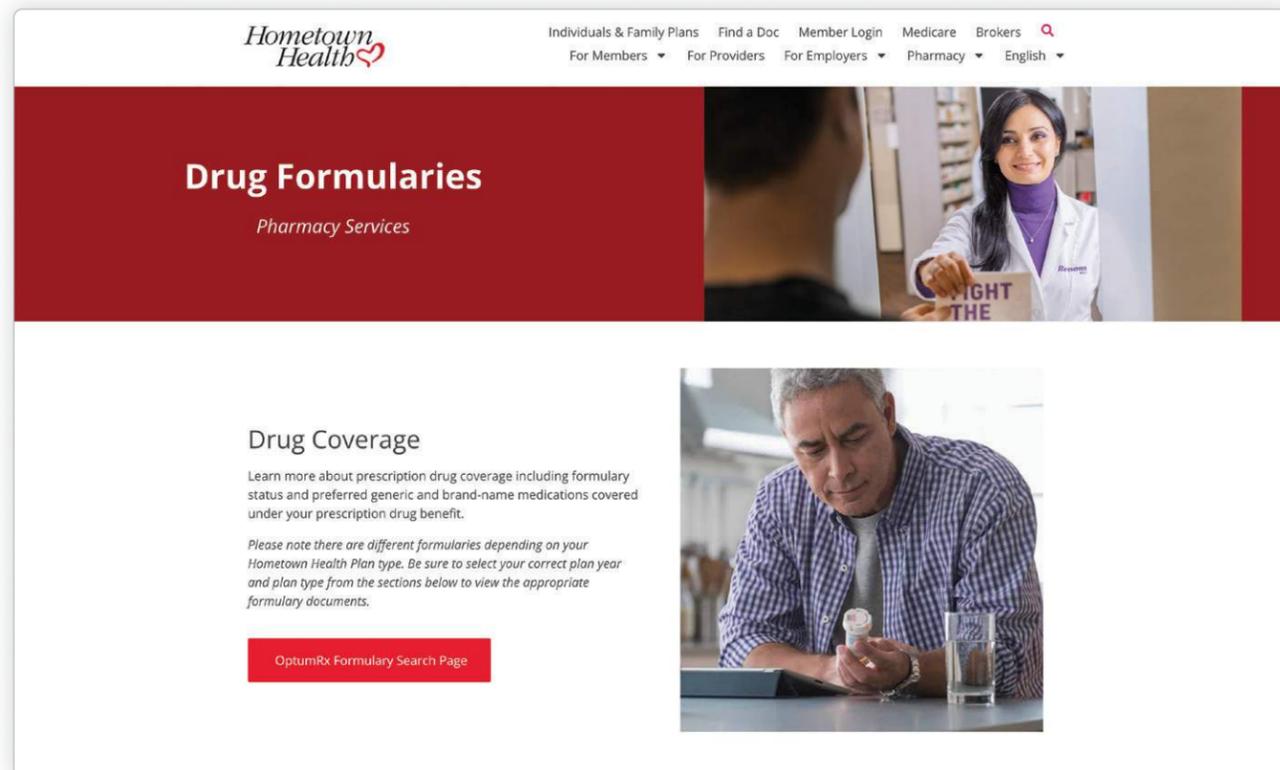


Hometown Health partners with Optum Rx® to provide prescription drug coverage.* Optum Rx has built a custom web portal just for Hometown Health members.

Optum Rx®

You can access the Optum Rx portal by visiting HometownHealth.com/Pharmacy-Services/Drug-Formularies.

Have your Hometown Health Member ID card handy and follow the simple registration steps to set up your account.



On the Optum Rx portal you will find a variety of tools including:

- **Formulary lookup** – Use this tool to search for prescription drugs covered by your plan.
- **Find in-network pharmacies near you** – This tool helps you find in-network pharmacies, particularly helpful when traveling.
- **Medication coverage**

HOMETOWN HEALTH HAS PARTNERED WITH OPTUM RX TO HELP OUR MEMBERS.

Get Smart About Prescriptions. *Optum Rx online tools make it easy.*

ONCE YOUR HOMETOWN HEALTH MEMBERSHIP CARD ARRIVES, you will want to visit OptumRx.com. You'll need the information from your member ID card to sign up and access your account details and prescriptions.



• **Price a drug**

Search your current or new medications to see costs at pharmacies near you. If you're taking a brand-name drug, you can also see prices for generic options, if available.



• **My prescriptions**

See your current prescriptions along with information about how to use them and possible side effects.



• **View my claims**

See which prescriptions you've filled and how much you paid.



• **Pharmacy locator**

Search for in-network pharmacies near you – or find a pharmacy when you're traveling.



• **Manage prescriptions on-the-go**

For added convenience, download the Optum Rx app.

Save Money with Optum Rx Home Delivery:

- 24/7 pharmacist access to answer your questions
- A 90-day supply to help you stay on track
- An average savings of \$10-12 per order with free shipping.

Medications usually arrive 2-5 days after the order is received. Track your order status online or with the Optum Rx mobile app.

You can also contact Optum Rx at **844-368-3139**. The Optum Rx call center is open 24 hours per day, seven days per week.

Important Things To Know About Your Drug Formulary

- **You will always have access to the medications you need.** The formulary always includes at least two drugs in the most commonly prescribed categories.
- **Using covered drugs will save you money.** If you use a drug that is not on your plan's covered drug list, you will have to pay full price instead of a copay or coinsurance, unless you qualify for a formulary exception.
- **Generic drugs are copies of brand-name drugs.** Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. Generic drugs have the same active ingredients as brand-name prescription drugs and using generic drugs will save you money.

Here are some reasons your drug formulary may change:

Hometown Health may make some changes to our formulary during the year. Most of the changes in drug coverage happen at the beginning of the year (January) and at the middle of the year (July). Other changes throughout the year are rare and are made in effort to increase value, keep costs low, and ensure clinical efficacy and high standards of care.

Here are some additional reasons your drug formulary may change:

- The Food and Drug Administration (FDA) approves a new medication and the new drug is added to the formulary.
- The FDA approves an existing medication as part of treatment for a new disease or condition.
- The medication has been withdrawn from the market for safety reasons.
- The medication becomes available without a prescription, and you can get it over-the-counter.
 - You can read more about this by visiting [HometownHealth.com](https://www.hometownhealth.com).
- A new generic drug becomes available, so the brand name drug is removed.

Understanding Your Formulary

What is a formulary?

A formulary is a list of prescribed medications or other pharmacy care products, services or supplies chosen for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications.

To create the list, Optum Rx® is guided by the Pharmacy and Therapeutics Committee. This group of doctors and pharmacists reviews which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

How do I use my formulary?

To view your formulary, visit [HometownHealth.com](https://www.hometownhealth.com) and click on **Pharmacy** at the top of the page. Then click on **Drug Formularies**. From this page you can access the online version of your formulary, download a printable formulary, and view formulary updates.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or plan sponsor.

When does the formulary change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic equal becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

If a medication changes tiers, you may have to pay a different amount for that medication.

Why are some medications excluded from coverage?

A medication may be excluded from coverage under your pharmacy benefit when it works the same as or is similar to another prescription or over-the-counter (OTC) medication.

What if I don't agree with a decision about an excluded medication?

You, your authorized representative, or your doctor can ask for a coverage request by calling the **Pharmacy services** number on your member ID card.

Renown Pharmacy – Hometown Health’s Choice

Here to serve Hometown Health members and the preferred pharmacy of Renown Health providers.

Renown Pharmacy offers best-in-class service by delivering directly to your door!

With helpful pharmacists, hard-to-find prescriptions, and a money-saving mail order program, Renown Pharmacy has convenient local pharmacies for all your prescription drug needs. Vaccinations are also available at all locations.

Three Renown Pharmacy locations to choose from:

- **21 Locust St., Reno, NV 89502 · 775-982-5280**
- **75 Pringle Way, Reno, NV 89502 · 775-982-7737**
The Renown Pharmacy – Pringle Way location is open 24 hours per day, seven days per week.
- **10101 Double R Blvd., Reno, NV 89521 · 775-982-5366**

Renown
HEALTH

HOW TO SIGN UP – RENOWN PHARMACY

1. PHONE

Call **775-982-5280** and be sure to have the following information ready:

- Your address
- List of current prescriptions and the pharmacy name and location where you have been filling them
- The prescriber (doctor’s) name

2. ONLINE

• Complete the **Online Pharmacy Rx Transfer / Mail Order Form** at renown.org/pharmacy or scan the QR Code using your smartphone camera:



3. IN PERSON / MAIL

- For new paper prescriptions, download, print, and fill out the **PDF Pharmacy Rx Transfer / Mail Order Form** at renown.org/pharmacy
- Deliver or Mail the Pharmacy Rx Transfer / Mail Order Form and a copy of your prescription to: **Renown Pharmacy, 21 Locust St., Reno, NV 89502**

HOME DELIVERY AND AUTOMATIC REFILLS AVAILABLE!

For questions or assistance: 775-982-5280 and Press 0 or renown.org/pharmacy
Visit OptumRx.com for a complete list of in-network pharmacies, locations, and cost comparisons for your medications. Other pharmacies available in our network.



FROM TOP TO BOTTOM:

Renown Pharmacy Locust – 21 Locust St., Reno, NV 89502

Renown Pharmacy Pringle – 75 Pringle Way, Reno, NV 89502

Renown Pharmacy South Meadows – 10101 Double R Blvd., Reno, NV 89521

Mail Order Prescriptions

There are many benefits to using a mail order pharmacy to get your prescribed medications.

Cost Savings: You will pay just two copays instead of two and one-half copays for a three-month supply or 100-day supply.

Convenience: You can fill prescriptions you take all the time (maintenance medications), such as blood pressure, cholesterol, allergy, and diabetes medications by phone or online and have them delivered to the physical address of your choice. This means fewer trips to the pharmacy and no waiting in line!

Accuracy and safety: If you are taking multiple medications on a regular basis, the pharmacy tracks your prescriptions' strength, dosage and potential interactions against your full medication profile each time a prescription is processed.

- **Excellent customer service:** Our mail-order pharmacies provide the same high-quality service that you get from your neighborhood pharmacy. Your medications come right to your doorstep with no-cost standard shipping.
- **Accuracy and safety:** All of the medications they have on file from all your doctors are reviewed to look for drug interactions that may be harmful. If there is a potential problem with your medications, a pharmacist will review the prescription and contact you or your doctor to help make sure your medications will work together safely and effectively.
- **Help in managing your ongoing medications...and sticking with them:** Several studies have indicated that patients who use mail order pharmacies are more likely to have better adherence to their prescriptions compared with patients who obtained medication refills at local neighborhood pharmacies. The added convenience of longer prescription durations via mail order makes it easier to stay compliant with medications.

Who Do I Contact To Request a Medication Refill?

IF YOU HAVE REFILLS AVAILABLE		
	Renown Pharmacy	Other In-Network pharmacy (examples: CVS & Raley's)
Renown Provider	<p>Use MyChart to send a request to Renown Pharmacy.</p> <ol style="list-style-type: none"> 1. Select the check box next to the medication you need refilled. Click Next. 2. Enter any comments or notes for the pharmacist, Select a delivery method, pharmacy, pickup date and time if applicable. 3. Select the option of whether you'd like to pay now or pay later for your cost share. Click Next. 4. Review the details of your refill request. Click Submit. 	Contact the pharmacy via phone or their dedicated online customer portal.
Other Provider	<p>If the provider does not use MyChart, your medication may not appear in the list of refillable meds in the app.</p> <p>Contact the pharmacy via phone or their dedicated online patient portal.</p>	Contact the pharmacy via phone or their dedicated online customer portal.

NO REFILLS REMAINING		
	Renown Pharmacy	Other In-Network pharmacy (examples: CVS & Raley's)
Renown Provider	<p>Use MyChart to send a request to the ordering provider who will review the refill request.</p> <p>If it is approved, they will send the prescription to the Pharmacy. If it is denied, your provider's office will notify you and work with you directly to meet your needs.</p>	<p>Use MyChart to send a request to the ordering provider who will review the refill request.</p> <p>If it is approved they will send the prescription to your preferred pharmacy to fill. If it is denied, your provider's office will notify you of the reason and work with you directly to meet your needs.</p>
Other Provider	<p>Contact your pharmacy to send a refill request to your provider, or call the provider's office to initiate a refill request.</p> <p>If it is approved, they will send the prescription to the Renown Pharmacy to fill. If it is denied, your provider's office will notify you and work with you directly to meet your needs.</p>	<p>Contact your pharmacy to send a refill request to your provider, or call the provider's office to initiate a refill request. The ordering provider will review the request.</p> <p>If it is approved, they will send the prescription to the pharmacy to fill. If it is denied, your provider's office will notify you of the reason and work with you directly to meet your needs.</p>

MyChart: Send a Refill Request

From the medication list, click **Request Refills**.

1. Select the check box next to the medication you need refilled and enter any comments. Click **Next**.
2. Select a delivery method, pharmacy, and pickup date and time that is convenient for you, if applicable. Click **Next**.
3. Review the details of your refill request and click **Submit**.

If you choose to fill your prescriptions at a Renown pharmacy or Renown mail order pharmacy, you will receive a MyChart notification when your prescription is ready for pick up or when it has been sent out for delivery.



NOTE: THE OPTUM PERKS CARD DOES NOT REPLACE YOUR HOMETOWN HEALTH ID CARD FOR PRESCRIPTION DRUG PURCHASES.

Save Up To 80% on Prescriptions!

Optum Perks is here to help you save:

- Your card is pre-loaded with discounts on most FDA-approved medications.
- **Optum Perks can be used for medications not covered by Hometown Health.** If the pharmacist tells you a medication is not covered, present your Optum Perks card to receive a discount.
- Save up to 80% simply by showing the pharmacist your Optum Perks card.
- Use your card at thousands of pharmacies nationwide.
- There is no limit to how often you can use your card.
- It is important to remember that medications purchased with the Optum Perks card cannot be included in the Prescription Payment Program.

Start using your card right away. Visit Perks.Optum.com/Hometown for more details.

OPTUM PERKS CARDS ARE ACCEPTED AT THOUSANDS OF PHARMACIES NATIONWIDE, FROM THE LARGE CHAINS TO THE LOCAL PHARMACY AROUND THE CORNER.



Pharmacy Frequently Asked Questions and Phone Numbers

I need help with this...who can help me?	Hometown Health (HTH) Call toll free, 800-336-0123	Medical Provider	Pharmacy/Pharmacist
My medication is not covered	Call to ask, or write a letter to HTH for a coverage exception.	Ask your provider what medications in the same drug class are covered by Hometown Health.	Ask the pharmacy to submit a prior authorization request to your provider to start the exception process.
Why did my copay/coinsurance go up/down?	Call HTH customer service so they can connect you with one of our pharmacy services representatives.		
I cannot afford my medication, are there less expensive options?	Call HTH customer service so they can connect you with one of our pharmacy services representatives.	Discuss with your provider to see if there is a less expensive alternative to treat your condition.	
I would like to talk to a pharmacist about my medications.	Call HTH customer service so they can connect you with one of our pharmacists.		Call the pharmacy that fills your prescriptions and ask to talk with the pharmacist.
How do I synchronize my refills so I can pick them up/have them delivered at the same time?	If the pharmacy needs help with overriding requests to synchronize your refills, you can reach out to HTH for assistance.		Call the pharmacy that fills your prescriptions and ask them to get your fills aligned together.

I need help with this...who can help me?	Hometown Health (HTH) Call toll free, 800-336-0123	Medical Provider	Pharmacy/Pharmacist
How do I get my prescriptions delivered?	Sign up for one of our preferred mail order pharmacies. <i>See pages 20-25 for contact information.</i>		Call your pharmacy to see if they offer a delivery service.
I stopped taking my medication due to side effects.		Discuss alternative treatments with your provider to see if there is another way to treat your condition without causing side effects.	Discuss with your pharmacist to see if there is an alternative to treat your condition without causing side effects.
My doctor has prescribed a compound medication.			Contact Renown Pharmacy at 775-982-7739 .

STEP 4: Review These Important Topics



MyChart: Messaging Your Renown Providers

You can read messages sent by your provider or their staff members by going to your MyChart inbox. To get there go to **Messages** from the home screen. If you are looking for a specific message, enter key words in the search field on the inbox page.

NOTE ABOUT PROVIDER MESSAGING: Messages to Renown Health providers are typically answered within two business days or less. This message will be answered by the Provider, the Provider's Medical Assistant, or another staff member. If you are asking a complex question, you may get a response asking that you make an appointment so that your concern can be appropriately addressed.

MyChart: Scheduling an Appointment With Renown

MyChart will only allow you to self-schedule with providers you have seen in the last year. If you do not see the provider you want to schedule an appointment with listed, please call Renown at **775-982-5000**.

You can only schedule lab and/or imaging appointments in MyChart if there is an existing order.

To schedule or request an appointment in MyChart, go to **Visits** and then **Schedule an Appointment**. Depending on the reason for scheduling or type of appointment you choose, you will be directed to the **Schedule an Appointment** or **Request an Appointment** page.

- **When you schedule an appointment**, you make the appointment yourself and do not need to wait to hear back from the clinic. After verifying your demographics and insurance information, you can choose a location and enter preferred dates and times. Pick an appointment from the list of available time slots to schedule it.
- **When you send an appointment request**, you are asked to enter the provider you want to see, the reason for the visit, preferred dates and times, and any comments regarding why you are requesting the appointment. After you submit your request, someone from the clinic will contact you to verify an appointment date and time.

MyChart: View Past or Upcoming Appointments

You can view your past or future appointments by going to **Visits** from the home page.

Select a scheduled future appointment or click Details to see info such as:

- The date, time, and location of the visit
- Any pre-visit instructions from the clinic
- Directions to your clinic

MyChart: View Your After Visit Summary

For past appointments, you can click **View After Visit Summary**[®] to see a summary of the care you received during your visit. You can also view any of your provider's visit notes that are shared with you by clicking **View notes**.

MyChart: View Test Results as Soon as You Need Them

1. To view test results, go to **Test Results** from the home page.
2. Select a test to see more information about it, such as:
 - a. The standard range for the result
 - b. Any additional comments your provider entered about the result

To receive email or text messages when new MyChart messages or test results are available:

1. Go to **Menu** then scroll down to **Account Settings** and click on **Communication Preferences**.
2. Expand the messages section and select a notification option
3. Update your email address and mobile phone number if needed at the bottom of the page

Referrals and Authorizations

Did you know that “referral” and “authorization” mean different things?

WHAT IS A REFERRAL?

A referral is your Primary Care Provider’s (PCP) recommendation for you to see a specialist, or receive specialized treatment. **Hometown Health does not require a referral as a contingency for payment**, however, most specialists require a referral from your PCP before they will schedule an appointment with you.

Here is how the referral process works:

1. Your PCP will send a referral to the specialist’s office.
2. At this point, you should discuss with your PCP’s office how the specialist will receive your medical records prior to your appointment. Most likely, your PCP’s office will coordinate sending these records to the specialist for you, but it is always a good idea to confirm this with them.
3. Once the specialist’s office receives the referral, they may call you to schedule the appointment. You may also call the specialist’s office yourself to schedule the appointment, but be aware that it can take the specialist’s office a few days to review the referral. Each office processes the referrals they receive in a slightly different time frame.
4. Once you have seen the specialist, they will start to develop a course of treatment. That may include procedures, diagnostic tests or medications. Some or all of these treatments may require prior authorization from our plan, so it is important that you discuss how and when the authorization(s) will be obtained prior to you beginning that course of care.

WHAT IS AN AUTHORIZATION?

Health plans use utilization management to make sure members get the right care when needed. This process checks if treatments, tests, or medicines are safe, effective, and necessary, helping to avoid unnecessary costs and keep care affordable. Some services need prior authorization, as listed in Chapter 4 of your Evidence of Coverage. However, prior authorization doesn’t guarantee payment – factors like your eligibility, deductible, and plan terms also apply.

Here is how the authorization process works:

1. The ordering provider will submit an authorization request to our plan that includes specific details about the type and duration of treatment they would like you to receive and any corresponding medical records that support your need for the treatment(s).
2. A licensed registered nurse or pharmacist or medical doctor at Hometown Health will review the request, your medical records, your plan benefits and decide whether the treatment being requested is considered medically necessary based on recognized standards of care.
3. You and the requesting provider will both be notified of our decision in writing.

MyChart: View Referrals and Authorizations

In MyChart referrals and authorizations are located in the Referrals page

1. To view your referrals, click on **Your Menu** in the upper left corner of the page.
2. Scroll to the **Insurance** section.
3. Click on **Referrals**.

A NOTE ABOUT MEDICAL NECESSITY

Your services (including medical care, services, supplies and equipment) must be medically necessary in order to be covered. **Medically necessary** means that the services, supplies or drugs are needed for the prevention, diagnosis or treatment of your medical condition and meet accepted standards of medical practice.

How we make these decisions

Our Utilization Management team carefully reviews requests for medical services using:

- **Nationally Recognized Clinical Guidelines** – We follow evidence-based criteria from organizations such as MCG Health and CMS guidelines.
- **Physician and Specialist Review** – Our team includes experienced medical professionals who assess each case individually.
- **Your Health Plan Benefits** – We ensure that requested services align with your specific coverage and policy terms.

Preferred, Non-Preferred and Out-of-Network – Understanding These Terms

Preferred Facility

Preferred facilities are in-network facilities that provide inpatient and/or outpatient services to members for a lower co-payment than other in-network facilities.

Non-Preferred Facility

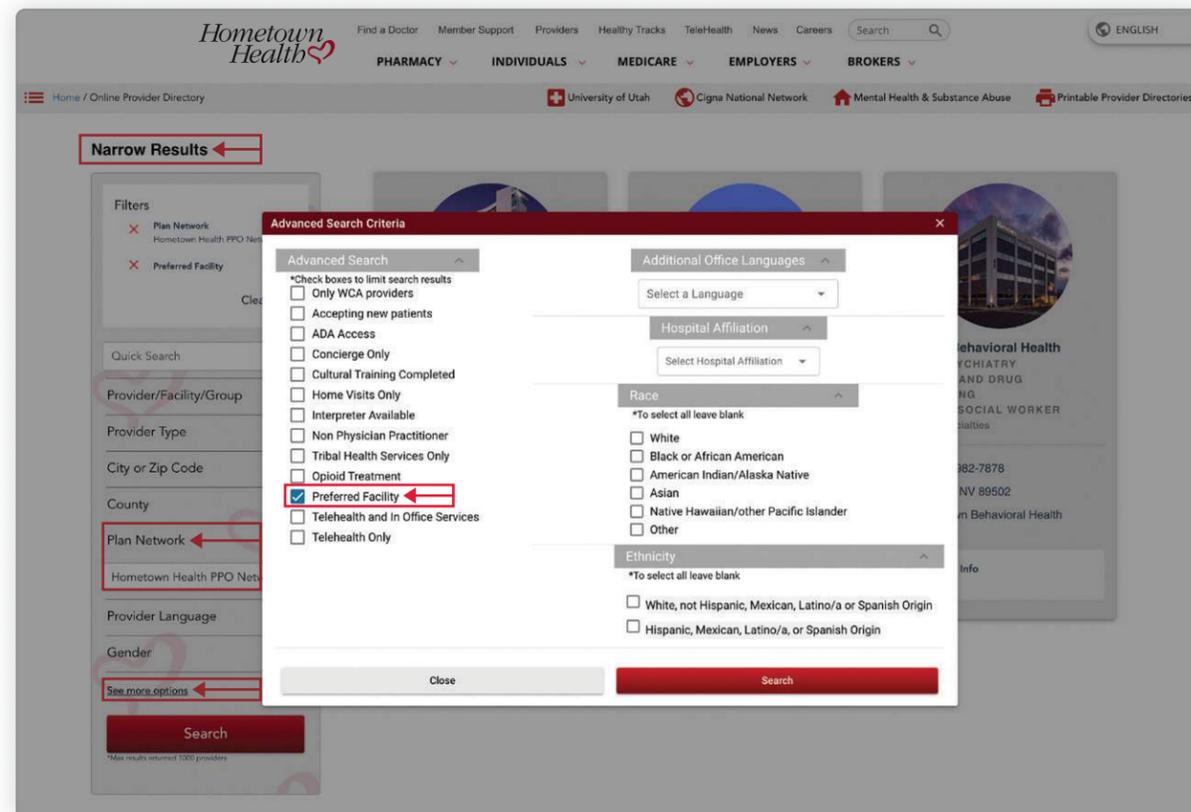
Facilities that are in-network with your plan but offer coverage with a higher copay than a preferred facility.

Out-of-Network Facility/Provider

Out-of-network refers to a provider or facility with which we have not arranged to coordinate or provide covered services to members of our plan. Out-of-network providers are not under contract to deliver covered services and you may be responsible for all costs.

FINDING PREFERRED PROVIDERS IN THE ONLINE PROVIDER DIRECTORY

Visit apps.HometownHealth.com/OnlineProviderDirectory/en. You can use the **Narrow Results** filtering function to find Preferred Facilities in your network. Select your network from the **Plan Network** drop down menu (your network is noted on your ID card). Click on **See more options**, select the **Preferred Facility** checkbox and then click **Search**.



Understanding the HMO, EPO and PPO Provider Networks

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* 	<p>MEMBERS ALLOWED TO SEE:</p> <ul style="list-style-type: none"> • May have a Renown PCP or a Hometown Health-contracted Provider 	<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"> • May have a Renown PCP or a Hometown Health-contracted Provider 	<p>PLAN COVERS BOTH IN AND OUT-OF-NETWORK BENEFITS, HOWEVER IN-NETWORK BENEFITS ARE PAID AT A HIGHER LEVEL.</p> <ul style="list-style-type: none"> • You may be balance billed when using out-of-network providers

*PCP Referral required for Individual and Family members. No PCP Referral needed for Small Group, Association Health or Larger Group members (starting 1/1/2024).

Pro Tip: Verify Coverage Before Receiving Services

To ensure you receive the best possible care, we encourage you to verify all active coverages with Hometown Health or at any Renown facility before receiving medical or pharmaceutical services. This important step helps confirm your eligibility, prevent unexpected billing issues, and ensure accurate claims processing.

If you have multiple insurance plans, recent policy changes, or new employment benefits, please update Hometown Health to ensure your coverage is verified and accurately coordinated, helping to prevent any potential billing issues. You can verify coverage by contacting Hometown Health Customer Service at **775-982-3232** or at check-in at any Renown Health facility.

Qualifying Life Events

There are certain events in your life, such as birth or marriage, which allow you to enroll in coverage. These Qualifying Life Events create a Special Enrollment Period (outside of the Annual Open Enrollment Period) during which time you can enroll in this benefit plan or enroll in another plan offered by your employer (if you are eligible to enroll in that plan).

Examples of qualifying life events include:

- Marriage/divorce
- Birth/adoption of a child
- Involuntary loss of coverage
- Permanent legal guardianship of a child
- Move to the service area
Available for Individual and Family plans only
- Health Reimbursement Account (ICHRA)
Available for Individual and Family plans only

In the case of birth, adoption or placement for adoption, you have 31 days from the event date to request special enrollment for this benefit plan. For all other Qualifying Life Events, you have 30 days to request special enrollment for this benefit plan.

If you do not complete the enrollment application in that time period and provide any other necessary documentation upon request, you and your dependents will not be allowed to enroll until your employer's next Open Enrollment Period, unless another Qualifying Life Event occurs.

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.

Individual and Family Plans – Adding a Dependent

	If you purchased your plan directly from Hometown Health	If you purchased your plan from Nevada Health Link
Open Enrollment	<ul style="list-style-type: none"> • Subscribers that have qualified dependent(s) can enroll those dependent(s) without a Qualifying Life Event during the Annual Open Enrollment Period, November 1 – January 15. • Dependent(s) can be added to subscriber renewal. • Coverage is either effective January 1 or February 1 (depending on the submission date). 	<ul style="list-style-type: none"> • Subscribers that have qualified dependent(s) can enroll those dependent(s) without a Qualifying Life Event during the Annual Open Enrollment Period, November 1 – January 15. • Dependent(s) can be added to subscriber renewal. • Contact 800-547-2927
During the Plan Year	<p>Newly Eligible Dependent Enrollment:</p> <ul style="list-style-type: none"> • Subscribers that have qualified dependent(s) can enroll those dependents who have a Qualifying Life Event within the last 60 days under a Special Enrollment Period: HometownHealth.com/Customer-Service-Support/Qualifying-Life-Events • Coverage will be effective as of the date of birth in the case of a newborn child • Coverage will be effective 1st of the month following the date of event for all other qualified dependents • You have 30 days from date of event to submit an enrollment application with documentation. Next opportunity to enroll will be during the Individual & Family Open Enrollment Period November 1 – January 15. • Coverage for the newborn child will cease after 31 days unless the Subscriber enrolls the child within the appropriate enrollment period (before the end of the 31st day after birth). We require a copy of the birth certificate, adoption certificate or certification of placement by the placing agency for all newborn enrollment(s). 	<ul style="list-style-type: none"> • Subscribers that have qualified dependent(s) can enroll those dependents who have a Qualifying Life Event within the last 60 days under a Special Enrollment Period: NevadaHealthLink.com/Reporting-Life-and-Income-Changes • Coverage for newborns will be effective as of their date of birth. • Contact 800-547-2927 for all other dependent eligibility effective dates.



Renown Specialists – What to Expect **Renown** HEALTH

WHEN YOU REQUIRE CARE FROM A SPECIALIST, there are a number of steps that happen behind the scenes to make sure you are seen by the right specialist, at the right time. It is important that you are aware of these steps so you know what to expect.

- All urgent referrals are sent for scheduling within one business day. The specialist office you are referred to will use clinical criteria to assess your situation. This ensures you are seen as soon as you need, based on the complexities of your medical condition.
- When a referral is reviewed, it is triaged to make sure you are scheduled with a provider who has the right specialization for your particular care needs.

Appointments with your specialist are a key part of your care; however, getting the specialty care you need does not always require a visit to a provider. The Renown Specialty Care Teams may offer alternative solutions to provide the care you need. These may include:

- Talking to nurses or medical doctors about your symptoms, concerns, medications, and care coordination needs.
- Your PCP and specialist may message each other directly using our electronic medical record system.
- Pre-visit planning to prevent delays in assessment and care, such as ensuring you have the correct lab work completed prior to your appointment.
- E-Consultations: With this process, Primary Care Providers consult with a specialty provider and get real time information on assessment and treatment. This allows your care to remain with your Primary Care Provider and avoiding the need for further specialty care.
- Some of the specialties we offer have on-call providers who are available 24 hours a day, seven days a week, that you can speak to for real time assessment.

Your EyeMed Vision Benefit POWERED BY **eyeMed**

Hometown Health has partnered with EyeMed Vision Care to offer a vision benefit. Please see your plan documents for an explanation of medical vision services and emergencies.

Hometown Health vision benefits are provided exclusively by EyeMed. **To access your vision benefits, you must use an EyeMed Provider.**

You can find an EyeMed Provider by:

- Call toll free, **866-939-3633**
 - Monday through Saturday from 7:30 a.m. to 11 p.m. (EST)
 - Sunday from 11 a.m. to 8 p.m. (EST)
- Go to **EyeMed.com** and click on **Find an eye doctor** and then select the **Access Network** from the **Choose your Network** drop down menu. Then simply enter your zip code to find an in-network eye doctor near you.



How To Read Your Explanation of Benefits (EOB)

Once your claim has been processed, both you and your provider will receive an Explanation of Benefits. If any part of the Explanation of Benefits is not clear, call Hometown Health customer service at **775-982-3232**. They will look up the claim and answer any questions you may have.

MyChart: View Claims and EOBs

- To view your claims, click on **Your Menu** in the upper left corner of the page.
- Scroll to the **Insurance** section click on **Claims**.
- You will be able to see EOBs for any claims that have completed. Those that have not completed will display a **Processing** message.

The numbers on the diagram to the left correspond to the numbered explanations below.

- 1. An EOB is not a bill.** It is an overview of the total amount the provider charged, how much Hometown Health paid, and the amount you are responsible for. You may get a bill separately from the provider.
- 2. Service** description is an overview of the healthcare services you received, like a medical visit, lab tests, or screenings.
- 3. Billed** charges is the amount your provider billed Hometown Health for your visit.
- 4. Allowed** charges is the amount your provider will be reimbursed based on your plan's benefits and the amount the in-network provider is contracted to be paid. If the provider is not contracted with Hometown Health, we allow the same amount Medicare would pay for the same service. This may not be the same as the billed charges.
- 5. Not covered** amount is the difference between the billed charges and the allowed charges.
- 6. Copay, deductible and co-insurance** is the amount you are responsible for according to your plan's benefits. You will see this broken down service-by-service (line-by-line) in this section.
- 7. Total expected cost** is the sum of the deductible, copay, coinsurance and any non-covered amounts you are responsible for. You may have paid the total expected cost at the time of the service in the form of your copayment.
- 8. Reason code** is a code that explains more about the costs, charges and paid amounts for your visit.
- 9. Code summary** is a note that corresponds with the reason code that explains more about the costs, charges and paid amounts for your visit.



EXPLANATION OF BENEFITS

John Sample Member ID: 1019716801 • Group: CARSON VALLEY HEALTH PPO Sent 08/02/24

Claim Information

Reference Number: CLM-12386522/12386522

Date: 7/9/24

Provider: Reno Orthopaedic Surgery Center

Location: No Location/POS specified

Paid to: RENO ORTHOPAEDIC SURGERY CENTER LLC

Total cost of services	255.00
In plan savings	-255.00
Covered by this plan	0.00
Total expected cost	7 0.00

1 This is not a bill. There is no payment due for these services at this time.

Service Details

Date	Procedure/DRG	Service	Billed	Allowed	Not Covered	Copay	Deductible	Co-Insurance	Reason Code	Patient Total
7/9/24	99203 CPT®	OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	255.00	0.00	0.00	0.00	0.00	0.00	147, P	0.00
Claim Totals:			255.00	0.00	0.00	0.00	0.00	0.00		0.00

2 **3** **4** **5** **6** **8**

9

Code Summary

147 - 147-Prvdr rate expired/not on file.
P - Procedure Denied

What If I Have Questions About a Bill I Received From a Medical Provider?

If you have questions about a medical bill or the services you received from a healthcare provider, it's important to know who to ask for help. Reaching out to the right person or group can make it easier and faster to solve your problem. Usually, you should ask the group responsible for the issue, whether it's Hometown Health or your doctor.

WHEN TO CONTACT HOMETOWN HEALTH

You should call Hometown Health if your questions are about:

- Plan benefits, like your copays
- Denied Payment or Authorization of Services
- An Explanation of Benefits you received from Hometown Health
- Problems finding in-network providers or services
- Unresolved issues with your provider
- Rules or policies of your health plan

WHEN TO CONTACT YOUR PROVIDER

If your concerns are about the care you received or a bill you got from your provider, contact your provider's office. This includes:

- Questions about charges or a bill
- Concerns about staff behavior
- Difficulty getting information about your health
- Concerns about care, like scheduling or cleanliness
- Immediate health or safety issues

WHAT IF YOU NEED MORE HELP?

If your concerns aren't resolved or you want to share your experience with us, you can call Hometown Health Customer Service at **775-982-3232**. They can help you file a complaint. The team will look into your problem and work with the provider to find a solution.

Member Rights and Responsibilities

At Hometown Health, we care about your health and want to help you feel your best. Knowing your rights and responsibilities is an important part of getting the care you need and deserve.

Your rights protect you, making sure you are treated with respect and have access to the care you need. Your responsibilities help you play an active role in your health and work well with your doctors and care team.

We are here to support you every step of the way. By working together, we can help you stay healthy and make sure you get the care that's right for you. Let's team up for your health!

As a member, you have a right:

- A right to receive information about the organization, its services, its practitioners and providers and member rights and responsibilities.
- A right to be treated with respect and recognition of your dignity and your right to privacy.
- A right to participate with practitioners in making decisions about your health care.
- A right to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- A right to voice complaints or appeals about the organization or the care it provides.
- A right to make recommendations regarding the organization's member rights and responsibilities policy.

As a member, you have the responsibility to:

- Supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
- Follow plans and instructions for care that you have agreed to with your practitioners.
- Understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

PREMIUM PAYMENTS: Individual and Family Members Enrolled through Hometown Health

Payments are due on the 1st of each month and members have a 31-day grace period.



The Preferred Method of Payment is MyChart

Visit mychart.renown.org and log into your MyChart account to make payments on-line or through the MyChart app on your phone or tablet. (see page 6-7 for more information)

Payment preferences can be set to automatic payment or manual payment. For assistance with creating a MyChart account or logging in, contact Renown MyChart Help Desk at **775-982-2781**, Monday through Friday from 7:30 a.m. to 5 p.m. (PST). Communication preferences can be setup in your MyChart account to receive either texts or emails when a new message appears by going to the **Account Settings** section and click on **Communication Preferences** under the main menu.

A Member Can "Pay as a Guest" Through MyChart

- Visit mychart.renown.org and click on **Pay Premiums as Guest**
 - Input **Subscriber ID** (member number)
 - Enter the **Last name** of Subscriber
 - Click on **I'm not a robot**
 - Click on **Look up**
 - Any outstanding invoice for Hometown Health will appear
 - When paying through the guest portal please notify PremiumAccounting@HometownHealth.com

You can also make payments by phone, through the mail or delivery.

PAY BY PHONE – Make a one-time payment by calling **775-982-3117** or **775-982-3182**, Monday through Friday from 8 a.m. to 5 p.m. (PST).

MAIL OR DELIVER A CHECK TO – Hometown Health
Attn: Premium Accounting 10315 Professional Cir. • Reno, NV 89521
DELIVERY HOURS: Monday through Friday from 8 a.m. to 5 p.m. (PST)
Please reference the member number on the check.

PREMIUM PAYMENTS: Individual and Family Members Enrolled Through Nevada Health Link

Payments are due on the 1st of each month. Each month you will pay the following month's coverage.

There are three ways to make payments:

- 1. Login into Softheon:**
HometownHealth.Softheon.com/Account/Home
- 2. Access Softheon guest portal:**
HometownHealth.Softheon.com/Account/Payments/Locate-Account
 - Click on **Find by Social Security Number**
- 3. Softheon automated phone payment: 866-955-0994**

If you cannot access your Softheon account, our customer service team is available Monday through Friday from 7 a.m. to 8 p.m. (PST) at **775-982-3232**.

If payment is not made and member is terminated for non-payment, the request for reinstatement must be submitted to Nevada Health Link.



Benefits That Travel With You!

We know Hometown Health members sometimes travel throughout the U.S. and internationally.

When traveling with Hometown Health, you are covered for:

- Virtual care across the U.S. with Teladoc, 24 hours a day, seven days per week
- Urgent and emergency care when and where you need it

When traveling, you are not covered for routine care, like check-ups, preventive care, or vaccines. Make sure to get any routine care you need before your trip. For more details about your plan's coverage, please check your Evidence of Coverage.

International emergent care

When traveling outside of the U.S. and requiring immediate emergency care, please go to the nearest medical facility. You do not need to obtain prior approval before receiving emergency care. However, if you are admitted to a hospital, you need to notify Hometown Health as soon as possible to obtain appropriate authorizations.

Providers in many countries may require payment before or after providing care. Please be prepared to pay upfront for your care and prescriptions. You may submit a claim to Hometown Health for reimbursement once you have returned home.

If admitted, once your condition is stable, you or the doctor treating you should call the number on the back of your ID card to notify Hometown Health that you have received emergency care and to determine next steps. Because providers outside of the U.S. are non-contracted, it is your responsibility to notify Hometown Health of the admission in a timely manner.

When receiving emergent care outside of the U.S., you will need to get Hometown Health approval before receiving:

- Care after your condition is stable, or post-stabilization care
- Transportation after your visit
- Outpatient follow-up care, like physical therapy or speech therapy

When you return home, contact your personal doctor to discuss the care you received on your trip and how to manage your condition.

Your care cost and payment details

If you receive emergent medical care outside of the country, Hometown Health will reimburse you (the member) the amount that we would pay the facilities and providers that treat you for the similar care in a Medicare contracted facility in the United States. You will be responsible for your coinsurance or copayment just as if you were getting care in the United States. If the foreign providers and facilities do not accept the Medicare contracted rates as full payment for the services, this additional amount is your responsibility. Travel insurance typically covers this difference. If you have travel insurance, Hometown Health will pay secondary to travel insurance.

REQUEST REIMBURSEMENT AFTER YOUR TRIP

If you pay for emergency or urgent care when traveling, you can file a claim to request reimbursement. The amount you're reimbursed depends on your plan's coverage.

To file a claim for reimbursement:

STEP 1: Gather your documents

STEP 2: File a claim

Medical Claim Form available at

[HometownHealth.com/Customer-Service-Support/Member-Forms/](https://www.hometownhealth.com/customer-service-support/member-forms/)

STEP 3: Check the status of your claim

NOTE: *It could take up to six weeks to process*

Information to include when submitting a Medical Claim Form for reimbursement:

- Member information (complete name, address and Hometown Health ID number)
- Diagnosis
- Description of service(s), doctor or hospital name and address, and the country where you received services
- Itemized bill (date, description and charge for each service received)
- Billed amounts in foreign currency or U.S. dollars
- Proof of payment, such as a credit card receipt
- Medical reports, including ambulance trip reports, emergency room reports, admitting history, surgical procedures, etc., – we will translate if necessary

Doctoroo Brings Urgent Care To You!

Hometown Health is pleased to offer Doctoroo in-home medical care to Hometown Health members. Doctoroo is bringing healthcare home!

HOURS OF OPERATION:

Doctoroo's licensed clinicians are available 7 a.m. to midnight, seven days per week.

SERVICE AREA:

Doctoroo service area includes Reno, Sparks, Carson City. Call to confirm service in your area.

Contact Doctoroo toll free at **888-888-9930** • **Doctoroo.com**

In an emergency, please dial 911

Call Doctoroo for In-Home Treatment of:

- Common Illnesses
- Ear, Nose, Throat
- Musculoskeletal
- Respiratory
- Wound Care
- Gastroenterology

Virtual Visits Made Easy With Teladoc® Includes Dermatology Benefit



Hometown Health has partnered with TELADOC to make virtual visits with a qualified doctor easy. You can talk to a doctor by telephone or video anytime day or night in all 50 states. And, best of all, Hometown Health members have a \$0 copay!

Some of the health issues TELADOC doctors treat include:

- Sinus and Bronchitis Problems
- Cold and Flu
- Ear Infection
- Allergies
- Respiratory Infection
- Sore Throat

Dermatology Visits Now Available

Registering with TELADOC is easy. You can visit **HometownHealth.com** and click on **TELADOC** for quick access to the TELADOC registration page. You can also call TELADOC at **800-TELADOC (835-2362)**, be sure to have your Hometown Health card handy.

IMPORTANT: IF YOU THINK YOUR INJURY OR ILLNESS MAY BE LIFE OR LIMB-THREATENING, CALL 911 IMMEDIATELY.

Medical Test Instructions and Results Notification

Your health care provider has ordered a medical test for you. Medical tests can help detect a condition, determine a diagnosis, check to see if treatment is working, or monitor a condition over time.

PLEASE REVIEW THIS PAGE WITH YOUR PROVIDER
to make the most of your medical test and to understand when and how you will receive your test results.

HOW DO I KNOW WHAT MEDICAL TESTS WERE ORDERED TODAY?

- The medical tests your health care provider ordered will be listed on your After Visit Summary.
- You can also view your medical test orders in MyChart.

HOW DO I SCHEDULE MY MEDICAL TEST?

- Call **775-982-5000** to schedule both a blood work test at Renown Lab Services or an imaging test at Renown Imaging. You can also schedule lab services and select imaging tests through MyChart.

DO I NEED TO FAST FOR MY BLOOD WORK TEST?

- YES** – For best results you should fast before this test.
- NO** – Fasting is not required for this test.

YOUR PROVIDER WILL FILL OUT THIS BOX



IMPORTANT RESULTS INFORMATION

HOW LONG WILL IT TAKE TO GET MY RESULTS IN MyChart?

- Medical test result timing varies. Federal law requires the release of medical results to the patient as soon as they are available. This means you will always get your results in a timely fashion, and you will most likely receive them through MyChart BEFORE your next visit with your health care provider.

Please understand providers may take 48-72 hours to contact you once your results become available.

HOW WILL MY PROVIDER FOLLOW UP WITH ME?

- If your results are within the expected range – **no follow up is required and you will not be contacted.**
- Your provider will contact you with your results through MyChart.
- A follow-up appointment is recommended – **please schedule that appointment for a few days AFTER your medical test to ensure your provider will have your results.**

WHAT IF I HAVE QUESTIONS ABOUT MY RESULTS?

- If you want to discuss your results or have questions, we recommend making a follow up appointment with our provider. Please call **775-982-5000** to schedule.

Clip and take to your next PCP appointment.



Provider Discussion Checklist

USE THIS CHECKLIST TO HELP GUIDE YOUR NEXT VISIT WITH YOUR PROVIDER.

MEDICATIONS

We review your medical records including your medication regimen before each visit, but it's always a good idea to quickly discuss them with your provider.

Ask:

- Am I taking them correctly? **YES** **NO**
- Are there any side effects? **YES** **NO**

-
- Is there a lower-cost option? **YES** **NO**

CARE TEAM

List any specialists or other providers you're seeing. This will help your Primary Care Provider coordinate your overall care.

PHYSICAL ACTIVITY

Discuss your level of physical activity with your Primary Care Provider. They will work with you to determine if you should start, increase or maintain your current exercise level.

Mark any that apply:

- I have limitations with my regular daily activities.
- I have pain that interferes with my normal work.
- I have limitations with my social activities.
- I don't experience any of the above.

RISK OF FALLS

Mark the option that best describes you:

- I have had a fall.
- I have problems with balancing or walking.
- I don't have problems with balancing or falling.

BLADDER CONTROL

Mark any that apply to you:

- I have problems with bladder control.
- I have problems with leaking of urine.
- I don't have bladder or urine leakage problems.

MENTAL HEALTH

Mark all that currently apply:

- I feel calm and peaceful.
- I have a lot of energy.
- I feel sad or blue.
- I am having difficulty sleeping.
- Other

MyChart:

An important note about test results

We believe that sharing information builds trust and that you should be able to see your results as soon as they are available. By law, test results will be shared with you via MyChart at the same time your provider gets them. Please be patient in allowing your provider to review them and reach out to you with a plan of care. Test results may be difficult to interpret, and may depend upon individual circumstances. We recommend that any time a test is ordered, you ask your provider what the process of getting your test results will be, so you know what to expect.

Clip and take to your next PCP appointment.



Non-Discrimination Notice

DISCRIMINATION IS AGAINST THE LAW.

Hometown Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2) (or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). Hometown Health does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

HOMETOWN HEALTH:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Compliance Officer.

If you believe that Hometown Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

COMPLIANCE OFFICER

10315 Professional Circle • Reno, NV 89521

800-611-5097 • 800-833-5833 (TTY)

DontDiscriminate@HometownHealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov, or by mail or phone at:

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

200 Independence Ave., SW • Room 509F • HHH Building • Washington, D.C. 20201

800-368-1019 • 800-537-7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

This notice is available at Hometown Health's website:

HometownHealth.com/Statement-of-Nondiscrimination/

Sincerely,

Hometown Health



English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-888-775-7003 (TTY: 711) speak to your provider.

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم م 1-888-775-7003 (TTY 711) أو تحدث إلى مقدم الخدمة

Thai: หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-888-775-7003 (TTY:711) หรือปรึกษาผู้ให้บริการของคุณ

Farsi: همچنین اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. توجه: با کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید. 1-888-775-7003 (تلفن‌تایپ: 711) شماره

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-888-775-7003 (TTY: 711) o hable con su proveedor.

Amharic: ማሳሰቢያ፡- አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራገገ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ አገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ 1-800-775-7003 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።”

French: ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-888-775-7003 (TTY: 711) ou parlez à votre fournisseur.

German: ACHTUN: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-888-775-7003 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Ilocano: PANANGIKASO: No agsasaoka iti Ilocano, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao. Libre met laeng a magun-odan dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti ma-akses a pormat. Awagan ti 1-888-775-7003 (TTY: 711) wenna makisarita iti mangipapaay kenka.

Japanese: 注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-888-775-7003 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

Korean: 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-888-775-7003 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Russian: ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-888-775-7003 (TTY: 711) или обратитесь к своему поставщику услуг.

Simplified Chinese: 注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 1-888-775-7003 (文本电话: 711) 或咨询您的服务提供商。

Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa: 1-888-775-7003 (TTY: 711) o makipag-usap sa iyong provider.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-775-7003 (TTY:) (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.



Hometown Health

Hometown Health

10315 Professional Cir. • Reno, NV 89521

LOBBY HOURS

Mon. – Fri. • 8 a.m. to 5 p.m.

Customer_Service@HometownHealth.com

HometownHealth.com

775-982-3232 • 800-336-0123 (Toll-Free)

Información en español **775-982-3242**

(TTY Relay Service: **711** / Toll-Free)

CALL CENTER HOURS

Monday – Friday • 7 a.m. to 8 p.m.

Renown Health

775-982-5000 • Appointments

775-982-4100 • General Inquiries

Mon. – Sun. • 7 a.m. to 6 p.m.

Doctoroo

888-888-9930

You can call Doctoroo 7 a.m. to midnight, seven days per week.

EyeMed

866-723-0513

Mon. – Sat. • 7:30 a.m. to 11 p.m. (EST)

Sun. • 11 a.m. to 8 p.m. (EST)

TELADOC

800-835-2362

You can call TELADOC 24 hours per day, seven days per week.

Optum Rx

844-368-3139

You can call Optum Rx 24 hours a day, seven days per week.

988 | SUICIDE & CRISIS
LIFELINE

Dial **988**, for judgment-free mental health support, 24 hours per day, seven days per week.

VISIT OUR HEALTH LIBRARY

At Hometown Health, we share Renown Health's vision to create a healthier future through exceptional care and discovery. To that end, we encourage you to visit our Health Library at HometownHealth.com/Health-Library where you can explore and discover health and wellness information.

*This information is not a complete description of benefits. Call **775-982-3232** for more information. All attempts have been made to ensure information accuracy in this booklet, but errors may occur. Please refer to your Evidence of Coverage for detailed benefit information.*

Clip and post for easy access.





Skip the Emergency Room for Non-Emergencies!

Feeling under the weather? In-network services like **Doctoroo** and **Teladoc** offer quick and convenient care when you need it. **Turn page for quick contact information.**

DAYTIME – 7 a.m. to 7 p.m.	NIGHTTIME – 7 p.m. to 7 a.m.
<p>LOCATIONS</p> <p>IN-OFFICE: Renown Urgent Care</p> <p>IN-HOME: Doctoroo</p> <p>VIRTUAL: Teladoc</p>	<p>LOCATIONS</p> <p>IN-HOME: Doctoroo (Until Midnight)</p> <p>VIRTUAL: Teladoc (Anytime)</p>
<p>CONDITIONS – For non-emergency issues, such as:</p> <ul style="list-style-type: none"> • Sinus problems • Flu symptoms • Stomach bugs • Respiratory infections • Rashes • Urinary tract infections • Allergies • Sore throats • Minor injuries and wound care <p><i>Urgent Care / Doctoroo only</i></p>	

SCAN THE QR CODES to explore your care options – without the Emergency Room wait!



Renown
HEALTH

Urgent Care



doctoroo

House Calls



Teladoc
HEALTH

Account Registration

FOR MEDICAL EMERGENCIES: CALL 911 OR GO TO THE NEAREST EMERGENCY ROOM

Examples include, but are not limited to:

- Severe chest pain
- Facial drooping
- Sudden inability to speak, see, walk, or move
- Seizures or convulsions
- Major physical injury
- Coughing or vomiting blood
- Difficulty breathing or swallowing
- Swelling of tongue or throat
- Poisoning or drug overdose
- Loss of consciousness or fainting

Dial **988**, for judgment-free mental health support, 24 hours per day, seven days per week.

988 | SUICIDE & CRISIS
LIFELINE