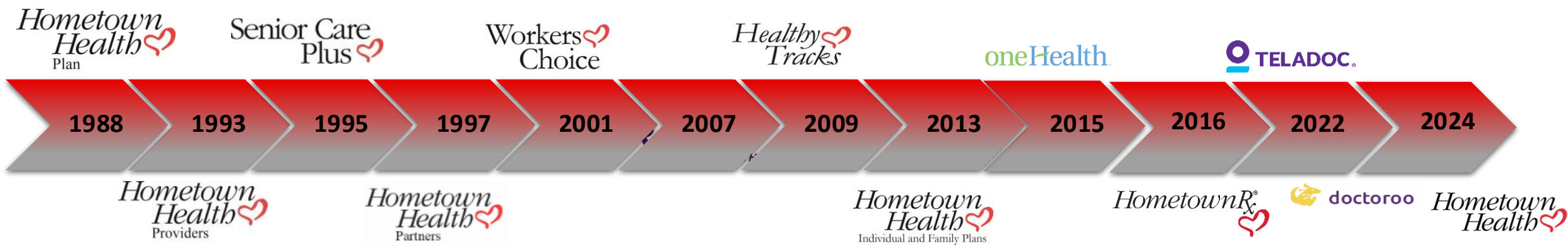


# Benefits 101



# 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

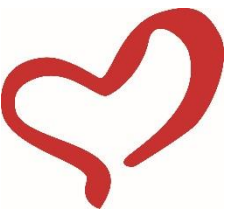
*Hometown Health is a subsidiary of Renown Health.*

## **Our Mission**

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

## **Our Vision**

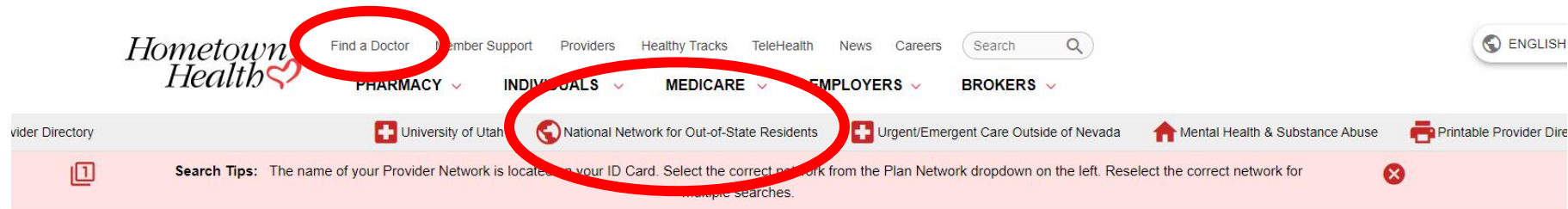
“Renown Health, with our partners, will inspire better health in our communities.”



# HMO vs. EPO vs. PPO

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

# 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

Search

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

Additional Info

**Renown South Meadows Medical Center**  
HOSPITAL

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

Additional Info

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

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

Additional Info



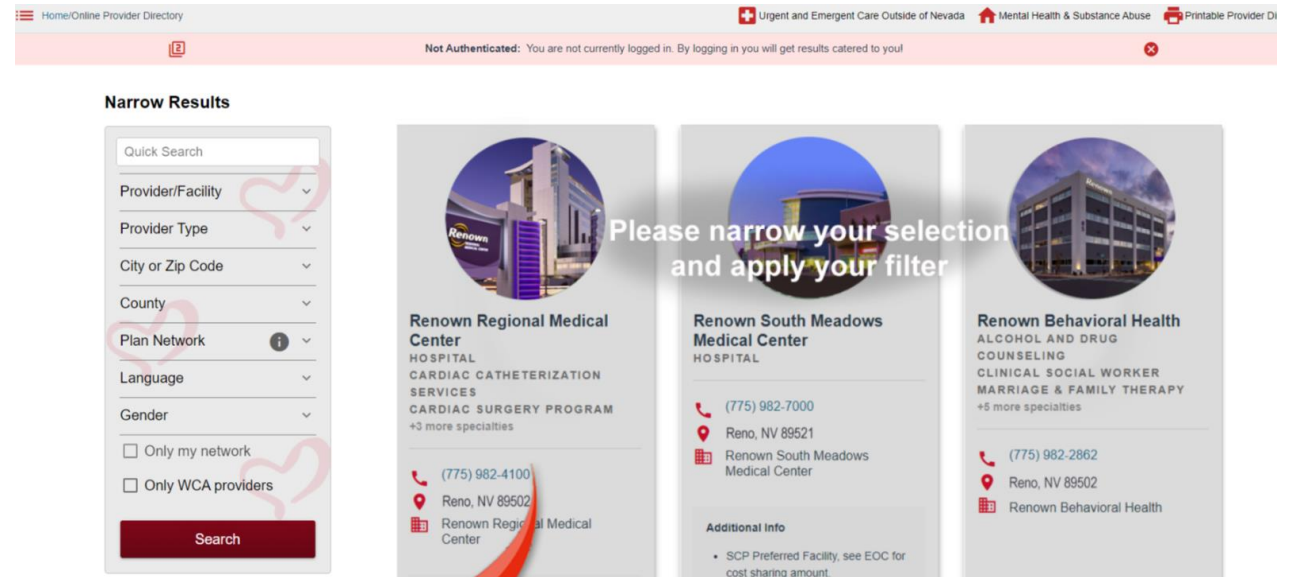
# Provider Networks

## 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

Hometown  
Health 

 Find a Doctor  
HOMETOWNRX



Home/Online Provider Directory

Urgent and Emergent Care Outside of Nevada Mental Health & Substance Abuse Printable Provider Directory

Not Authenticated: You are not currently logged in. By logging in you will get results catered to you

### Narrow Results

Quick Search

Provider/Facility

Provider Type

City or Zip Code

County

Plan Network

Language


Gender

☐ Only my network

☐ Only WCA providers

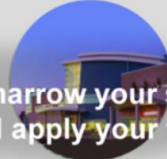
Search

Please narrow your selection and apply your filter



**Renown Regional Medical Center**  
HOSPITAL  
CARDIAC CATHETERIZATION SERVICES  
CARDIAC SURGERY PROGRAM  
+3 more specialties

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

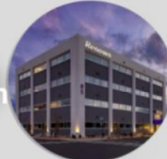


**Renown South Meadows Medical Center**  
HOSPITAL

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

**Additional Info**

- SCP Preferred Facility, see EOC for cost sharing amount



**Renown Behavioral Health**  
ALCOHOL AND DRUG COUNSELING  
CLINICAL SOCIAL WORKER  
MARRIAGE & FAMILY THERAPY  
+5 more specialties

(775) 982-2862  
Reno, NV 89502  
Renown Behavioral Health



# 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

## 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

## 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

## Medical Plan



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

**Optum Rx®**

RxBIN: 610011 RxPCN: HTH RxGrp: HTHRW

**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).***





PHCS  MultiPlan.

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.

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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](https://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 <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
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 <a href="https://hometownhealth.com">hometownhealth.com</a> 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
<b>Deductible:</b> - 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
<b>Out-of-Pocket Maximum:</b> - 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

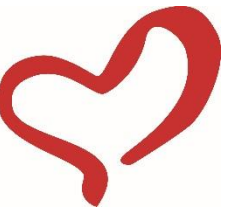
TOLL FREE  
(800) 336-0123

FAX (ATTENTION: CUSTOMER SERVICE)  
(775) 982-3741

TTY (SPECIAL EQUIPMENT REQUIRED)  
711

ESPAÑOL  
(775) 982-3232

CUSTOMER\_SERVICE@HOMETOWNHEALTH.COM  
[www.HometownHealth.com](http://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...NRS588C.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

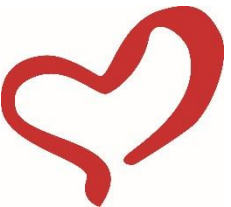
**Effective Date:** 2/1/2022

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

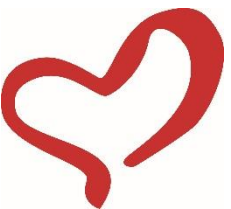
**\*\*Please reconcile your monthly invoices before submitting payment to ensure accuracy.  
Members can only be terminated & credited back to a maximum of 60 days.\*\***

Payments are due the 1<sup>st</sup> 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](mailto: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!

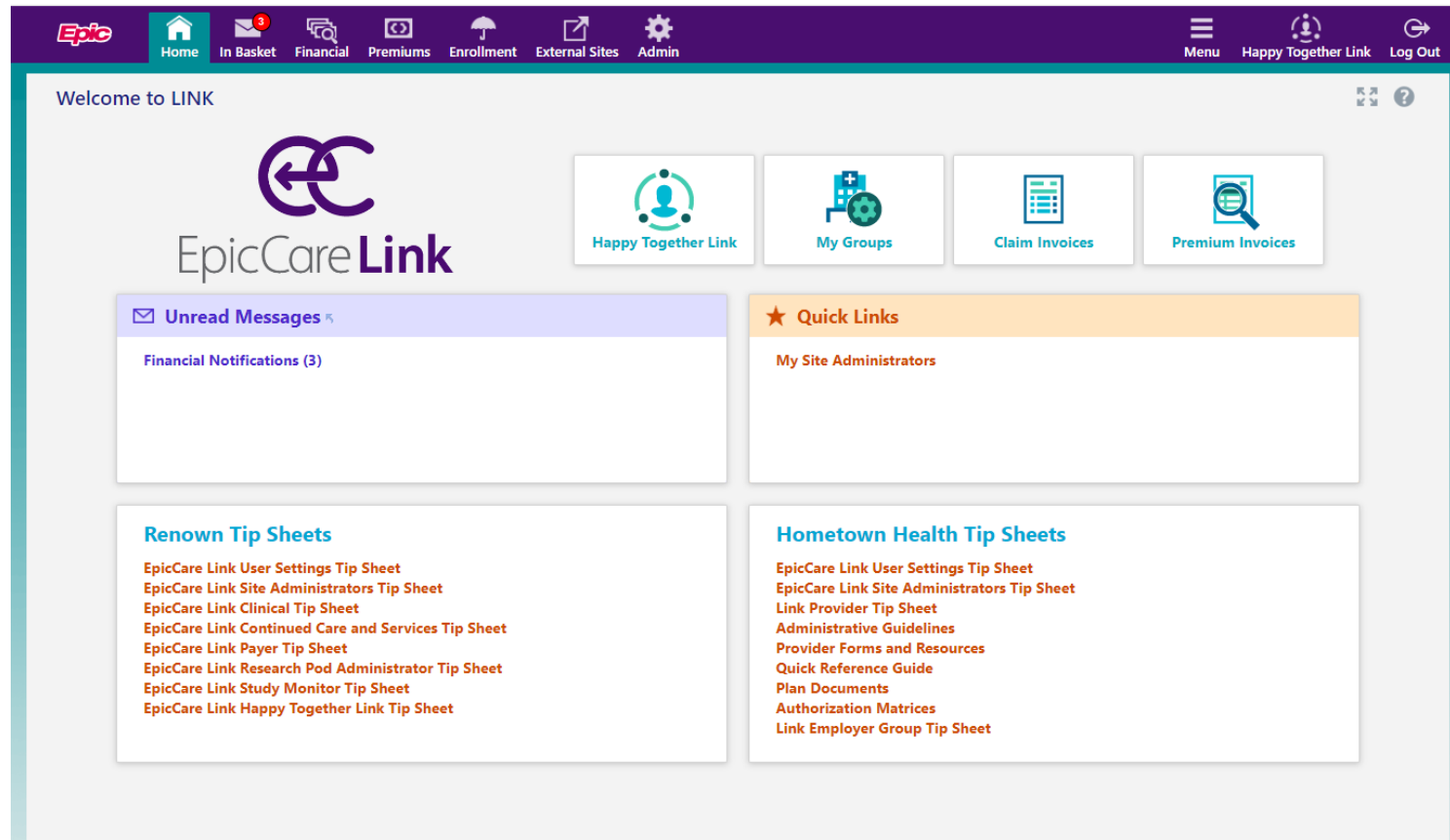
**Reminder:**

\*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:**

**•isolved** Benefit Services

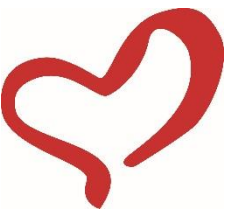
\*COBRA Administration

\*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](#)





# 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](https://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	<a href="#">Teladoc</a>	<a href="#">Doctoroo Website</a> Or call 888-888-9933	<a href="#">Renown Virtual Visit</a>
When to use	<b>Non-emergent</b> Colds, flu, allergies, bronchitis, etc. (urgent care type services)	<b>Non-emergent</b> Colds, flu, allergies, bronchitis, etc. (urgent care type services)	<b>Non-emergent</b> Colds, flu, allergies, bronchitis, etc. (urgent care type services)

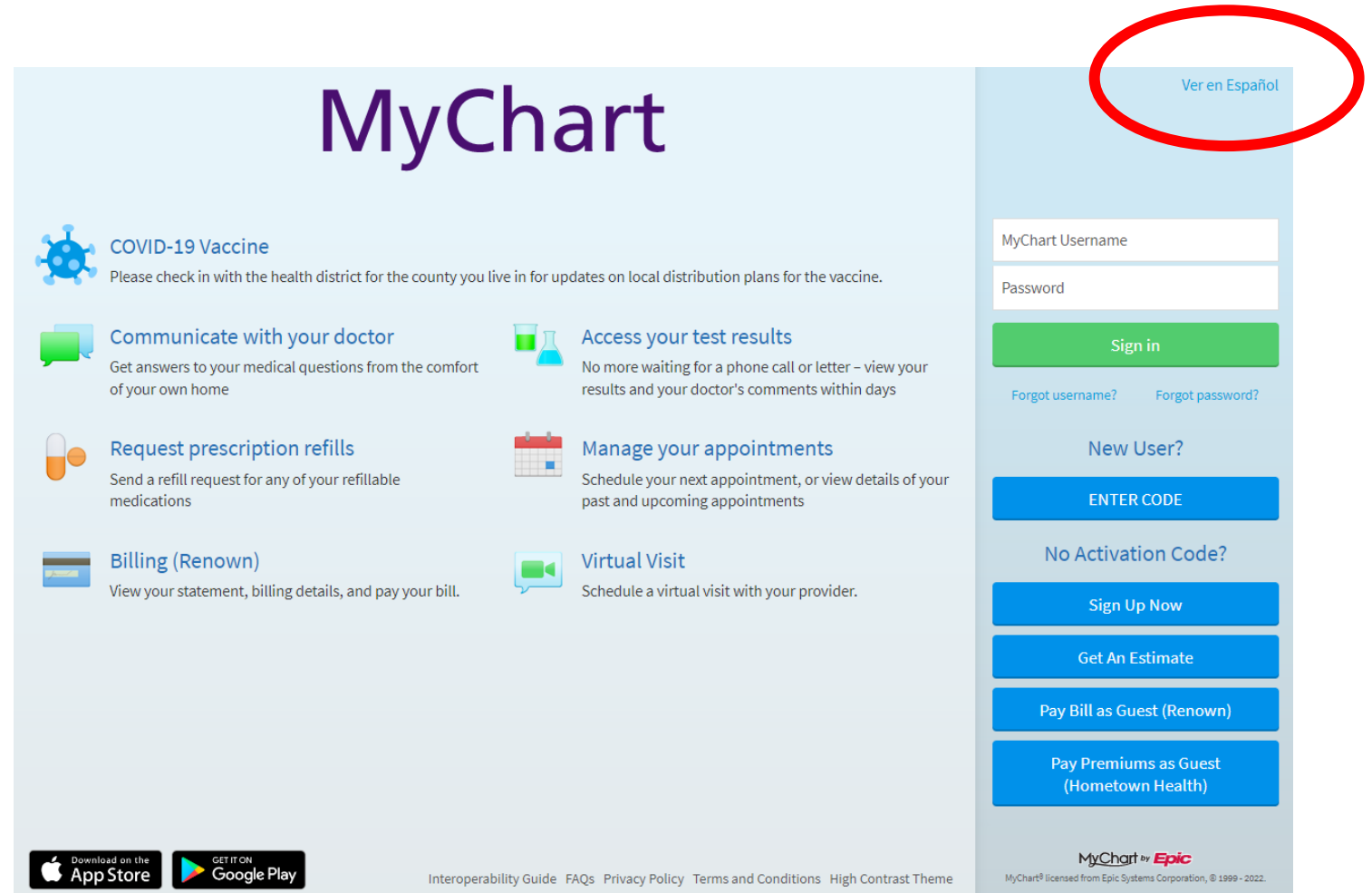


# MyChart Application

[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 – A Secure Health and Benefits Tool

## What is MyChart?

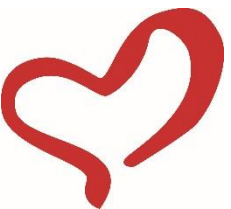
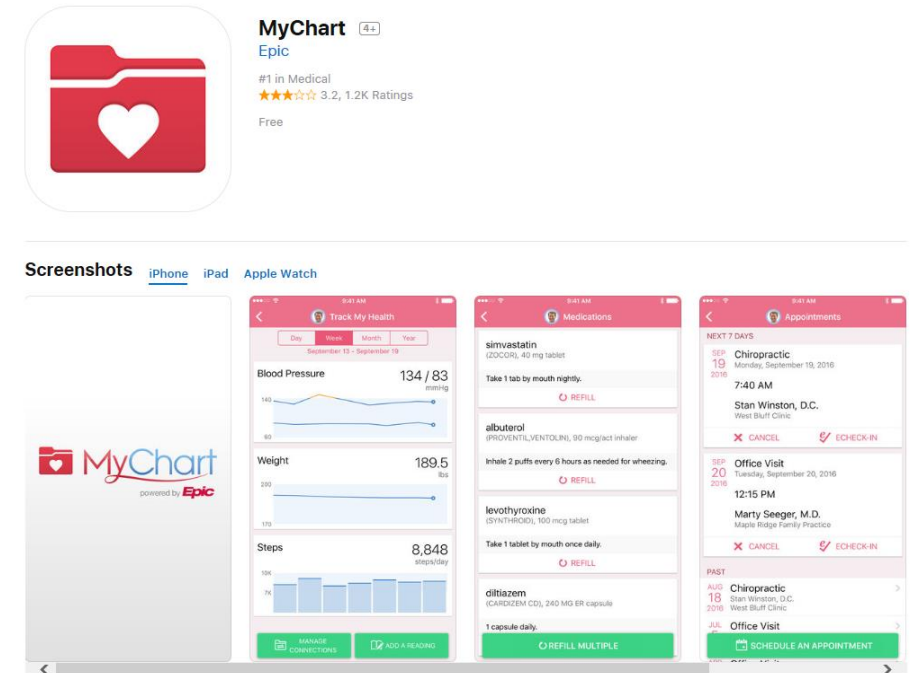
[MyChart](#) is a free, secure online patient portal that allows you to manage your healthcare information.

- 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](tel:775-982-2781) Monday-Friday, from 7 a.m. to 6 p.m., [excluding holidays](#), 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](http://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 Formulary](#) 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.



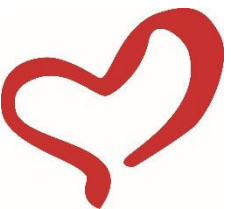
# Definitions

- **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* 





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### **BROKER INFORMATION**

For Questions Regarding Commissions Contact:  
[brokerupdates@hometownhealth.com](mailto:brokerupdates@hometownhealth.com)

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### **ELIGIBILITY/ENROLLMENT**

Phone 775-982-3118 Fax 775-982-3749  
[enrollment@hometownhealth.com](mailto:enrollment@hometownhealth.com)

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### **PREMIUM ACCOUNTING**

For Copies of Bills or Billing Questions:  
[premiumaccounting@hometownhealth.com](mailto:premiumaccounting@hometownhealth.com)  
Fax 775-982-3749

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

Customer Services Representatives:  
775-982-3232 Fax 775-982-3741  
[customer\\_service@hometownhealth.com](mailto:customer_service@hometownhealth.com)

Toll-Free Hometown Health:  
1-800-336-0123  
[hometownhealth.com](http://hometownhealth.com)

TDD (Hearing Impaired):  
775-982-3240

Senior Care Plus:  
775-982-3158  
[SeniorCarePlus.com](http://SeniorCarePlus.com)



## Customer Service

### **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](http://www.HometownHealth.com)

**Contact Us**

