



HOMETOWN HEALTH COVID-19 FREQUENTLY ASKED QUESTIONS (FAQ)

Q: Does Hometown Health offer special enrollment opportunities outside of qualifying life events (QLE) or traditional open enrollment periods due to the COVID-19 emergency declaration?

A: No. Open enrollment, during renewal, and special enrollment periods are designed to provide options for health plan members to enroll in plans when major life events occur, while protecting the health plan and the employer from adverse selection and future premium increases. Currently, Hometown Health is not expanding open enrollment opportunities beyond the circumstances described in our EOCs. Self-funded plans administered by Hometown Health should contact their Account Manager if they want to expand enrollment opportunities due to the COVID-19 emergency declaration.

Q: Will Hometown Health offer an extended grace period for premium payment?

A: An extended grace period option is not available to Hometown Health clients. Hometown Health offers its standard 30 day grace period for premium payment. Payments are due on the 1st of the month. The grace period allows for payments made by the end of the month without penalty.

Q: Will Hometown Health extend a Special Enrollment Period (SEP) for Individual and/or Small Group Plans?

A: Hometown Health is not offering a period of open enrollment outside of the annual Open Enrollment period listed in the Evidence of Coverage. Members have access to Special Enrollment periods through the many Qualifying Life Events listed in the Hometown Health Evidence of Coverage. Individuals with a Qualifying Life Event, such as loss of coverage, are able to enroll in a Hometown Health Individual and Family Plan option at [HometownHealth.com](https://www.HometownHealth.com).

Q: Can a group request a break in contract to change plan options or “buy down” to a less expensive plan option outside of their standard renewal window?

A: Currently, Hometown Health is not allowing off-cycle contract changes.

Q: Some employer groups are reducing hours (less than 30 hours per week) and/or laying off staff due to the COVID-19 pandemic. Does Hometown Health permit these employers to maintain employee health coverage during layoff situations?

A: Hometown Health published a new temporary policy, COVID-19 Continuation Coverage for Employees with Reduced Hours and Layoffs. *This allows employees with reduced hours or who are terminated to remain enrolled on the health plan.*

To continue coverage:

- The reduction in hours or layoff must have occurred on or after March 1, 2020.

- The employee and any dependents seeking continued coverage must have been covered by the employer's Hometown Health group policy on the day prior to the reduction in hours or layoff.
- The employer must offer such coverage to all employees (or former employees) in a similar situation.
- The employer must continue to pay premiums to Hometown Health for the laid off or reduced hour employees. Hometown Health will not be responsible for collecting any employee contributions assessed by the employer. Standard premium payment policies apply.

This coverage will continue as long as the employer continues to pay premiums for individuals covered under COVID-19 continuation coverage; it will expire no later than September 30, 2020, unless otherwise extended by Hometown Health.

This option is available at the discretion of the employer. If the employer does not want to continue health plan coverage, they are not required to do so.

Q: If an employee is terminated due to a reduction in hours, can the employer waive the waiting period when the employee resumes full time work (30 or more hours per week)?

A: Yes. Employers have the choice to select an eligibility provision with no waiting period for large group plans and a waiting period as short as the first of the month on or following date of hire for small groups. Employers can change their eligibility provision at open enrollment and have the ability to change their provisions once annually to support the need to modify waiting period rules. If approved outside of open enrollment the changes to the provision are effective 1st of the month following the approval.

Q: Are employees eligible for COBRA in the event of layoffs?

A: Employer group coverage is subject to COBRA continuation if the company has at least 20 full time employees; one individual must remain actively employed in order to preserve group health coverage. Employees may elect COBRA coverage under the normal notice and election procedures. If the plan has no active employees, the Hometown Health group health plan is terminated and COBRA is not an option.

Q: Can an employee choose to terminate group coverage without a Qualifying Life event?

A: Terminations are managed by the employer group. Hometown Health recommends employees check with the employer's Human Resource (HR) benefit manager. Hometown Health processes employee coverage terminations based on the group's eligibility provisions.

Q: What coverage is available for Hometown Health members who need Mental Health or Substance Use Disorder counseling/treatment during the COVID-19 pandemic?

A: Hometown Health uses Nevada Behavioral Health – a single point of contact for all behavioral health needs. Nevada Behavioral Health helps members find the appropriate care at the right time in all available behavioral health specialties; members don't have to call multiple providers to find an appointment in a reasonable amount of time – Nevada Behavioral Health does it for you. They also offer same day appointments for emergencies. Please contact Nevada Behavioral Health at these phone numbers: (877) 551-7001 or (775) 551-7001. Important: if you are experiencing a life-threatening emergency, please call 911 immediately.

Employees should also consider the employer's Employee Assistance Program (EAP), if available. This program usually provides a limited number of mental health visits at no cost to the member. Contact your employer for more details regarding your EAP.

Q: Does Hometown Health cover health plan member's out-of-pocket costs for COVID-19 testing and related visits?

A: Hometown Health members will not be required to pay a deductible, coinsurance or copayment for a provider office visit, urgent care center, or emergency room visit when the purpose of the visit is to be tested for COVID-19 in accordance with CDC guidelines. Please notify Hometown Health as soon as possible if you receive services from an out-of-network provider.

Q: Does Hometown Health cover health plan member's out-of-pocket costs for COVID-19 treatment?

A: No. Waiver of member's copayment, deductible and coinsurance applies to COVID-19 diagnostic testing and related visits. Treatment received for COVID-19 diagnosis, i.e. inpatient hospitalization, etc. requires the member to pay their ordinary share of cost based on plan design unless otherwise stipulated under state or federal law.

Q: Does Hometown Health cover health plan member's out-of-pocket costs for COVID-19 testing and related visits received from Out-of-Network (non-contracted) providers?

A: Yes, out-of-network (non-contracted) health care services received for COVID-19 screening and testing and related visits are covered under the health plan; member deductible, coinsurance or copayment is waived in this situation. However, the out-of-network provider may bill you for amounts in excess of the allowable amount paid by Hometown Health.

Q: Does Hometown Health cover health plan member's out-of-pocket cost for COVID-19 testing and related visits if the member is enrolled in a qualified High Deductible Health Plan (HDHP)?

A: Yes, Hometown Health covers member deductible, coinsurance and copayment for COVID-19 testing and related visits for all plans. The Internal Revenue Service updated qualified HDHP guidelines to permit health insurance companies to waive member cost sharing for COVID-19 diagnostic testing and related services.

Q: Does Hometown Health cover health plan member's out-of-pocket cost for COVID-19 testing and related visits if the member is enrolled in a catastrophic plan?

A: Yes, Hometown Health covers member deductible, coinsurance and copayment for COVID-19 testing and related visits for all plans. The Centers for Medicare and Medicaid Services updated catastrophic health plan guidelines to permit health insurance companies to waive member cost sharing for COVID-19 diagnostic testing and related services.

Q: What is the effective date for waiver of member cost sharing associated with COVID-19 diagnostic testing and related visits?

A: For fully-insured customers impacted by the Nevada public health emergency regulation, the effective date coincides with the state mandate effective date (March 5, 2020). Self-insured customers who did not elect to voluntarily opt-in for this benefit when the state mandate became effective must be in compliance with federal law no later than April 1, 2020.

Q: What diagnosis codes are applicable for COVID-19 illness?

A: The Centers for Disease Control provided coding guidelines for reference. Refer to this link for more information.

<https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Guidance-Interim-Advice-coronavirus-feb-20-2020.pdf>

Q: Does Hometown Health provide telemedicine services (virtual visits) to health plan members?

A: Yes. Telemedicine services are available to health plan members through Teladoc. For many health plan members, the cost to receive these services will be zero (based on plan design). Using Teladoc prevents members from spreading the COVID-19 virus to individuals in waiting rooms, clinics, and emergency room settings. Hometown Health strongly encourages members to utilize this benefit. More information can be found here <https://www.hometownhealth.com/teladoc/>

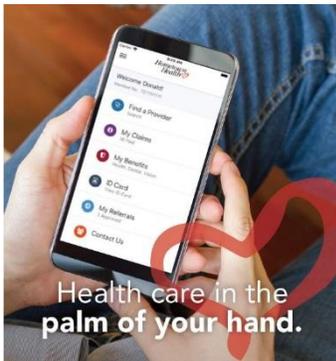
Q: Does Hometown Health offer mail order prescription drug coverage?

A: Yes. Hometown Health offers 90-day mail order prescription drug coverage for maintenance medications. Depending on the pharmacy used, home delivery may be available subject to pharmacy pricing policies. Hometown Health does not cover the cost of home delivery.

Q: Does Hometown Health offer a health and wellness program for members?

Yes. Hometown Health offers a comprehensive web and mobile based wellness portal called Healthy Tracks! In Healthy Tracks, members have access to a health risk assessment, an online “University” of health and wellness courses, and six NEW personal challenges aimed at reducing stress, building social connection, and having fun with co-workers and family (all from the comfort of your home).

Individual Family Plan members can register their account at <https://mygybenefit.myhealthytracks.com>. Members on company plans please check with your HR manager for more details.



The myHometown Health mobile app gives members 24/7 centralized access to benefits, referrals, provider search, member ID cards and more at the touch of a button.

Download today on the App Store or get it on Google Play.



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Hometown Health is dedicated to supporting the health and wellness of the communities we serve.