Benefits 101

Welcome

Account Managers

Christy Oxoby

Jenna Good

Brendan Kilcourse

Hometown Health

Objectives

Today, we will go over:

- Benefits 101 (common terms)
- Understanding eligibility
- Knowing your Evidence of Coverage (EOC), Schedule of Benefits (SOB) and Summary of Benefits and Coverage (SBC)
- Online or App Access
- Vision, Gym, Healthy Tracks
- Knowing your contacts and resources at Hometown Health

Welcome to Hometown Health

Nevada's largest not-for-profit Insurance Company

Locally-owned and offer one of the largest provider networks in the region

BOYS & GIRLS CLUBS

RENO RODEO

[Hometown Health Video]

History of Hometown Health

URAC Accredited

urac ACCREDITED Health Plan

Hometown Health and Renown Health

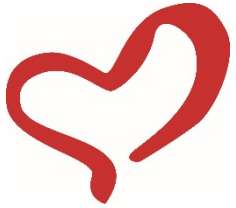
Hometown Health is a subsidiary of Renown Health.

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. PPO

HMO Health Maintenance Organization	PPO Preferred Provider Organization
Members allowed to see: • ***Open Access HMO*** *(LG):* access to Statewide Network – Northern NV Providers • ***Renown HMO*** *(LG & SG):* access to Renown Network providers; must have a Renown PCP • ***Renown HMO*** *(LG):* access to Renown Network providers; may have a non-Renown PCP at a higher copay	Members allowed to see: • Statewide Network – **Northern NV** Providers • Statewide Network – **Southern NV** Providers • Out-of-Network providers (at higher cost share)
Plans cover in-network benefits only ***Exceptions***: • condition judged an emergency or • Services not available within contracted network, received prior authorization from plan	Plan covers both in and out-of-network benefits, however in-network benefits are paid at a higher level. ***You may be balance billed when using out-of-network providers***
Benefits of a HMO: • Lower cost • Specialized network of Renown providers and facilities	Benefits of a PPO: • Ability to see a provider without needing a referral from a PCP • Larger network of providers



Provider Networks

Why stay In-Network?

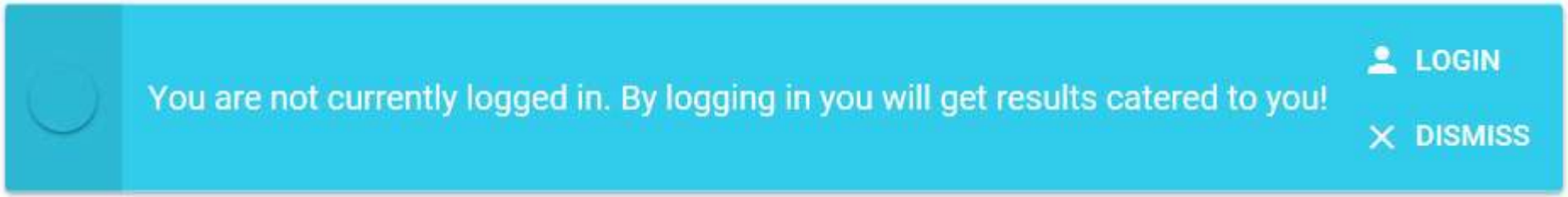
- Extensive provider credentialing process to ensure quality and licensing requirements
- Cost-effective
- Locate contracted providers and facilities at https://www.hometownhealth.com

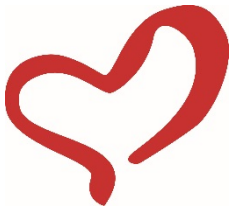
Network Crosswalk Table for 2021 Plans

"Choose Your Network" options:	Products/Plans that have access to the Network
Renown Network	Renown Preferred Plan Brought to You by Senior Care Plus, Renown Health Plan by Hometown Health, IFP & Small Group HMO
Senior Care Plus Network	Northern Nevada Senior Care Plus HMO Plans
P3 Network	Southern Nevada Senior Care Plus Complete Plan
CareMore Network	Southern Nevada Senior Care Plus Encompass and Comprehensive Plans
State of Nevada PDBP CDHP/EPO	PEBP Re-pricing
Statewide Network – Northern NV Providers	Commercial Large Group HMO and PPO, Small Group PPO, IFP PPO, and Self-Funded
Statewide Network – Southern NV Providers	Commercial Large Group, HMO and PPO, Small Group PPO, IFP PPO, and Self-Funded

Provider Directories

- Hometown Health Provider Directory (for Hometown Health Members)
- View Renown Health Providers & Ratings
- Mental Health & Substance Abuse (Contact Truckee Meadows Behavioral Health Services
- Las Vegas Firefighters Self-Funded





2021 Member ID Cards

Current ID cards

- Renown Network – signifies Renown (HMO) plans, large and small group
- No designated network – signifies HMO Open Access (large group)
- Statewide Network – signifies PPO plan options, large and small, offered statewide

- Copays and PCPs will no longer be listed on the cards

- Resources are listed on the back of cards

Behavioral Health Services

Behavioral Health Services

Due to the increased strain on the entire medical system with the COVID-19 situation and the need to conserve and direct limited services to those experiencing the most critical need, please note the below guidance on access to services during this crisis.

If you or someone you know is experiencing a medical and or mental health emergency that is life threatening, dial 911 immediately.

If you or someone you know is experiencing a mental health crisis that you believe may be potentially life threatening, please contact one of the resources below:

National Suicide Prevention Lifeline: 800-273-8255

Crisis Support Services: 775-784-8090

Crisis Text Line text "HOME" to 741741

If you are experiencing mental health symptoms that are distressing to you and are creating significant impact on your daily functioning, please call **Truckee Meadows Behavioral Health Services**, formerly **Nevada Behavioral Health**, at **775-551-7001** (available 24/7) to speak with someone to determine if you could benefit from scheduling a teletherapy appointment with a mental health provider.

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:**
  The receipt of services from a Non-Preferred Provider resulting in the Member paying more than if the services were received In-Network.
- **In-Network:**
  The receipt of Covered Services or benefits from a Preferred Provider.
- **Covered Service:**
  A benefit for services and supplies that we provide or arrange under a Policy.

Definitions

- **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)
- **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

Plan Documents, Overview of Document Types

SBC, Summary of Benefits and Coverage

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

Coverage Period: 01/01/2021 - 12/31/2021

Hometown Health

21 SG PPO 20-CO 3000 A D2000X2_RX_$15_$75_$160_20%

Coverage for: Group | Plan Type: PPO

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

Important Questions	Answers	Why This Matters:
What is the overall deductible?	In Network: **$2,000 Person/ $4,000 Family** Out of Network: **$4,000 Person/ $8,000 Family**	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Preventive care and primary care services are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	In Network: **$6,000 Person/$12,000 Family** Out of Network: **$12,000 Person/$24,000 Family**	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.

*Government mandated form that is updated yearly to correspond with your plan. Examples provided may not reflect actual benefits.

Plan Documents, Overview of Document Types

SOB, Schedule of Benefits

Hometown Health Providers Insurance Company, Inc.
Schedule of Benefits – 85266NV0020109
Gold Benefit Plan – 21 SG PPO 20-CO 3000 A D2000X2

Hometown Health

Benefit Category	Member Responsibility In-Network	Member Responsibility Out-of-Network
Calendar Year Deductibles (CYD)		
Medical Calendar Year Deductible (CYD)	Individual $2,000 Family $4,000	Individual $4,000 Family $8,000
Pharmacy Calendar Year Deductible (CYD)	Individual $0 Family $0	Combined with Medical
This plan has an Embedded Deductible. Hometown Health will begin to pay for non-preventive covered services for a Member once that Member has met the individual Deductible or when the family meets the family Deductible, whichever comes first (for those services applicable to the Deductible).		
Calendar Year Out-of-Pocket Maximums		
Combined Out-of-Pocket Maximum (Medical, Pharmacy and Vision services)	Individual $6,000 Family $12,000	Individual $12,000 Family $24,000
The Out-of-Pocket Maximum includes Deductibles, Copayments and Coinsurance. The Out-of-Pocket Maximum does not include Premiums, expenses associated with non-covered services or denied claims, Ancillary Charges and amounts that Non-Participating Providers bill and are payable that are greater than the Allowed Amount.		
Physician Office Visits		
Primary Care Provider (PCP) virtual visits with a Renown provider	$0	CYD then 40%
Primary Care Provider (PCP) office visits with a Renown provider *(no charge for the first in-network PCP visit each Calendar Year; additional charges may apply for other services such as labs or diagnostic tests)*	$20	CYD then 40%

Refer to this Hometown Health document for more detailed benefit information.

Embedded vs. Umbrella Deductible - HDHP

Individual Combined Medical & Pharmacy Deductible	N/A	$4,000
Family Combined Medical & Pharmacy Deductible	N/A	$8,000
Individual Medical Deductible	$2,000	N/A
Family Medical Deductible	$4,000	N/A
Individual Pharmacy Deductible	$0	N/A
Family Pharmacy Deductible	$0	N/A
This plan has an Embedded Deductible. Hometown Health will begin to pay for non-preventive covered services for a Member once that Member has met the individual Deductible or when the family meets the family Deductible, whichever comes first.		

Calendar Year Deductibles		
Individual Combined Medical, Pharmacy & Vision Deductible if enrolled as an individual with no other family members	$1,350	$6,000
Individual Combined Medical, Pharmacy & Vision Deductible if enrolled with other family members (this is called an Umbrella Deductible)	$2,700	$12,000
Family Combined Medical, Pharmacy & Vision Deductible if enrolled with other family members	$2,700	$12,000
This plan has an Umbrella Deductible. Individuals enrolled with no other dependents must satisfy the individual deductible before Hometown Health begins to pay for covered services (other than preventive services). If enrolled as a family, the family must satisfy the family Deductible each calendar year before Hometown Health begins to pay for covered services (other than preventive services).		

***Members in HDHP may be eligible to contribute to Health Savings Account (HSA) at the financial institution of your choice.**

Plan Documents, Overview of Document Types

EOC, Evidence of Coverage

HOMETOWN HEALTH PROVIDERS INSURANCE COMPANY, INC.
SMALL GROUP PPO PLAN
2021 EVIDENCE OF COVERAGE

This Evidence of Coverage (EOC) describes Your health insurance Policy provided by Hometown Health Providers Insurance Company, Inc. (Hometown Health), an insurance company licensed by the State of Nevada to provide or arrange for the provision of health care services on behalf of its members. It includes benefits, exclusions, limitations, and applicable administrative policies, rights, responsibilities, and procedures for Your health insurance Policy. Refer to Your Schedule of Benefits for Policy-specific Cost Sharing information not described within this EOC. In case of conflicts between this EOC and Your Schedule of Benefits, this EOC shall be the document that determines the benefits or interpretation of those documents.

Network. This Policy is an open access Preferred Provider Organization (PPO) plan that provides access to a large network of In-Network Providers who have contracts with Hometown Health. Services from In-Network Providers will generally be paid at the In-Network benefit level. Members may also seek services from Out-of-Network Providers (Out-of-Network), generally at a reduced benefit level (higher cost to the Member). *Generally, those Members who live or work in the State of Nevada will only have access to Hometown Health Providers at the In-Network benefit level; they will not have access to Our national network at the In-Network benefit level.* Those Members who live *and* work outside the State of Nevada will have access to the Hometown Health and Our national network of Providers and will be able to receive services from those Providers at the In-Network benefit level.

Prescription Drug Coverage. Members must utilize the HometownRx Signature Pharmacy Network. *This Policy does not cover drugs which are purchased from pharmacies that are not part of the HometownRx Signature Pharmacy Network.* Members must work with their doctors

Hometown Health's Comprehensive plan document detailing how all plans are administered.
Ex: Exclusions, who is eligible to enroll etc.

Eligibility Provisions

This is a **Mandatory form that dictates how Hometown Health enrolls, modifies, and terms your employees**

- 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
- This will 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:
☐	☐	☐ _____	☐ Active Employees ☐ Retirees:
☐	☐	☐ _____	☐ Permanent Full Time employees scheduled to work at least hours per week. *"Eligible employee means a permanent employee who has a regular working week of 30 or more hours.../NRS689C.065
☐	☐	☐ _____	☐ Other: (Attach Explanation)
☐	☐	☐ _____	☐ 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

***Note – waiting period based on calendar days, please count days (not months)**

Calculating 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.

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 guideline?

- If these windows of enrollment are missed, employees or their dependents may have to wait until open enrollment to enroll in coverage
- Hometown Health adheres to these guidelines for reinsurance purposes and risk management.

Invoices & Payments

****Please reconcile your monthly invoices before submitting payment to ensure accuracy****

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

Payment Options:

- Check by Mail
- ACH Wire Payment (contact your Account Manager for details)
- Over the Counter Deposit at Wells Fargo (cash or check) **Tell them your group name!**
  - *Please also notify Premium Accounting and email a copy of receipt*
- Online payment option through www.hometownhealth.com

You may contact Premium Accounting with any questions –
premiumaccounting@hometownhealth.com
775-982-3118

iChoose – Online Portal for HR

Who can access?

- Contact your Account Manager for initial access
- Group contact must be on file
- Brokers with signed authorization from Group can manage

With **iChoose**, employee benefits administrators have 24-hour website access for all enrollment transactions.

- Enroll employees and dependents
- Terminate coverage for employees and dependents
- Request an ID card for members
- View member enrollment
- Change plans
- Update personal information (name, address, etc.)
- Receive an email confirmation for each transaction submitted
- View submitted transactions up to one year
- Eliminate paper enrollment, allowing for timely processing of enrollment transactions!

Reminder:

*It is the groups and brokers responsibility to notify Hometown Health of any contacts who no longer have access to the system.

COBRA/iSolved Benefit Services (formerly Infinisource)

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 in the prior year offer employees and their families the opportunity for a temporary extension of health coverage (called continuation coverage) in certain instances where coverage under the plan would otherwise end.

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

*COBRA Administration

*COBRA Premium Collection

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

iSolved Benefit Services

Additional Resources available online including my HR counsel

iSolved Benefit Services can be reached at 800-300-3838.

https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/faqs/cobra-continuation-health-coverage-consumer.pdf

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 Fitness Benefit, and some plans have Dental. Our Advantage Plans are offered with and without Prescription Coverage (Part D)

Senior Care Plus

Who is eligible?

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

How to Enroll?

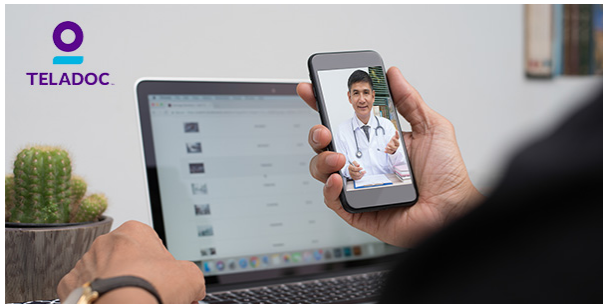
- Complete your enrollment at SeniorCarePlus.com
- Call 775-982-3158 or 888-775-7003
- Speak to a representative in person at one of our office locations
  - 10315 Professional Circle, Reno, NV 89512
  - 911 Topsy Lane, #230, Carson City, NV 89705

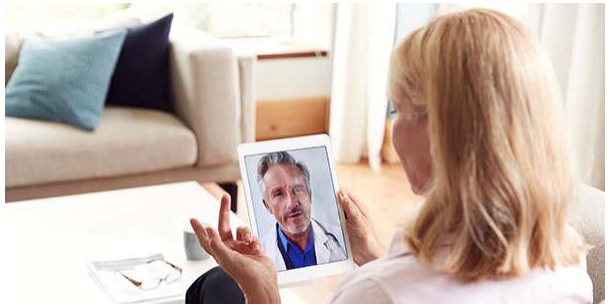
*Employer Groups with 20+ employees Medicare is Secondary

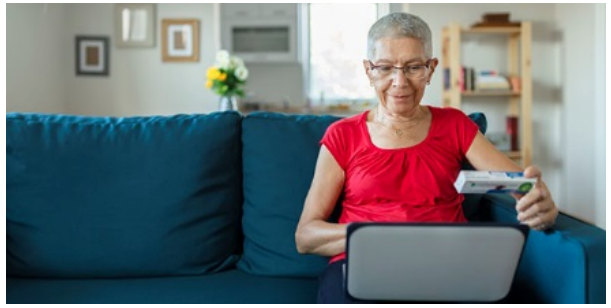
If you have questions about Medicare, Medicare Benefits, Enrollment in Medicare, or Coverage options with Medicare, consider attending our ABC's of Medicare presentation that is offered monthly. The schedule is available on our website at Seniorcareplus.com.

Telehealth Options

	Teladoc – Urgent Care	Renown – PCP or Specialist	Other Contracted Provider
Available to	Covered members	Covered members	Depends on provider
Cost to Member	$0 HMO/PPO $45 HSA members	Renown PCP $0 Renown Specialist - see plan document	Cost of office visit
Access at	https://www.hometownhealth.com/telehealth/	https://www.hometownhealth.com/telehealth/	Through provider's website
When to use	Colds; flu; allergies; bronchitis; etc. (urgent care type services)	All non-emergencies	Depends on provider
Wait time	Less than one hour	Depends on urgency	Depends on urgency







Dispatch Health

Care Delivery for Your Urgent Health Needs

Hometown Health has partnered with DispatchHealth to deliver high-quality medical care to the comfort of your home as a convenient, cost-effective emergency room alternative.

Here's what you need to know:

- Requesting care is easy; simply go to the DispatchHealth website, access the free mobile app or call **775-439-1529**.
- On average, DispatchHealth arrives within a few hours. Each medical team consists of either a physician assistant or nurse practitioner, along with a medical technician and on-call ER physician.
- DispatchHealth will call in any prescriptions you might need, update your doctor and submit your visit to Hometown Health so you can focus on feeling better, faster.
- DispatchHealth is available from 8 a.m. – 10 p.m., seven days a week, 365 days a year including holidays.

https://www.hometownhealth.com/dispatch-health/

MyBenefits Coverage

MyBenefits Coverage

MyBenefits Coverage is Hometown Health's secure online member portal that gives members access to their health information. Features include:

- 24/7 access to claims and authorizations
- View benefits at any time
- Change your Primary Care Physician (PCP)
- Change your address

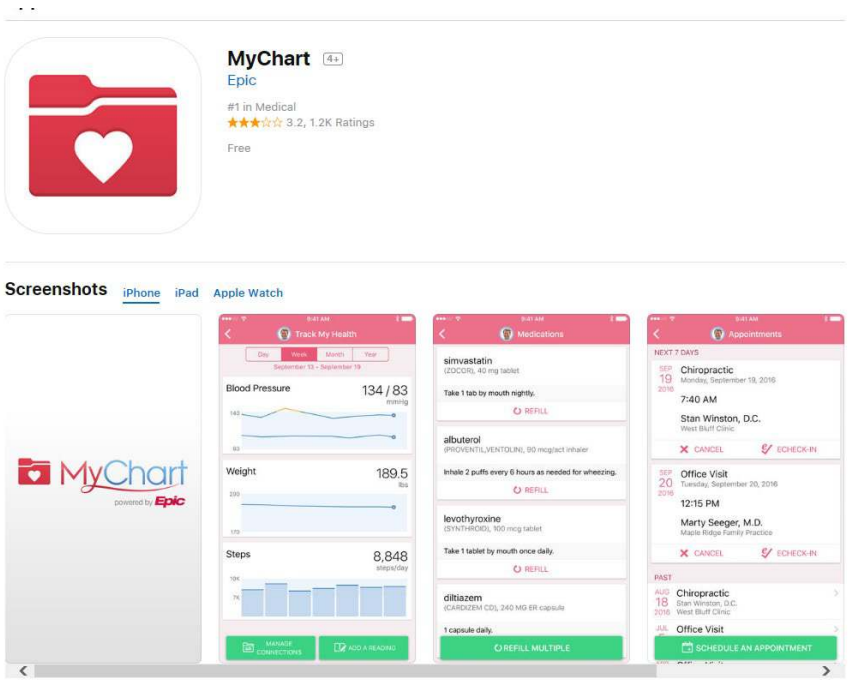
MyChart – A Secure Health Tool

What is MyChart?
MyChart is a free, secure online patient portal available through **Renown**, that allows you to manage your healthcare information.

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

Manage Your Health Online
By calling 775-982-2781 Monday-Friday, from 7 a.m. to 6 p.m., excluding holidays, to receive your activation code to set up your MyChart account

Download the MyChart Mobile App



Hometown Health App

Introducing myHometown Mobile App

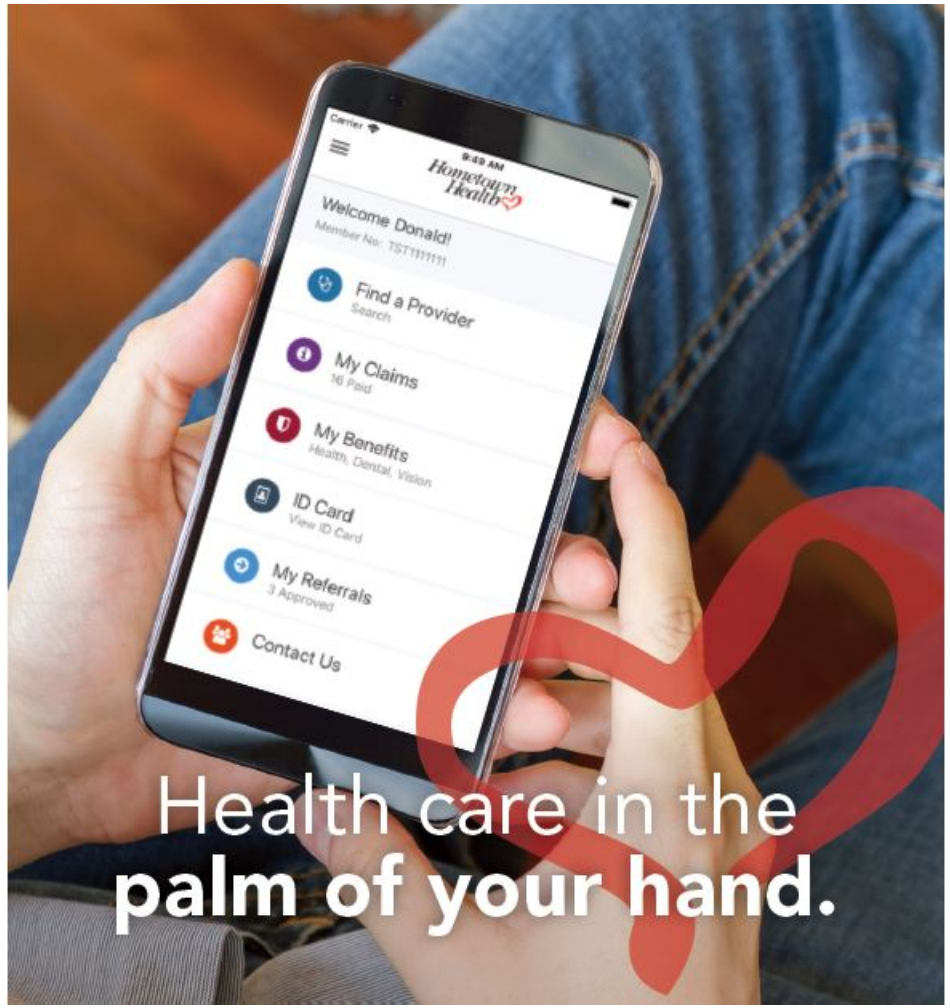
With the new myHometown app, you can now access your benefit information at the touch of a button. The app provides Hometown Health members 24/7 centralized access to:

- Benefits
- Referrals
- Provider Search
- Claims
- Authorizations
- Member ID Cards

Plus, it features fingerprint and facial recognition technology to keep your information safe and secure.

Download today!

Available for iPhone and Android



Gym Benefit

Small Groups

Hometown Health

Find a Doctor | Member Support | Providers | Brokers | Healthy Tracks | Virtual Visits | News | Search

HOMETOWNRX | INDIVIDUALS | MEDICARE | FOR EMPLOYERS | MEMBERS | CAREERS

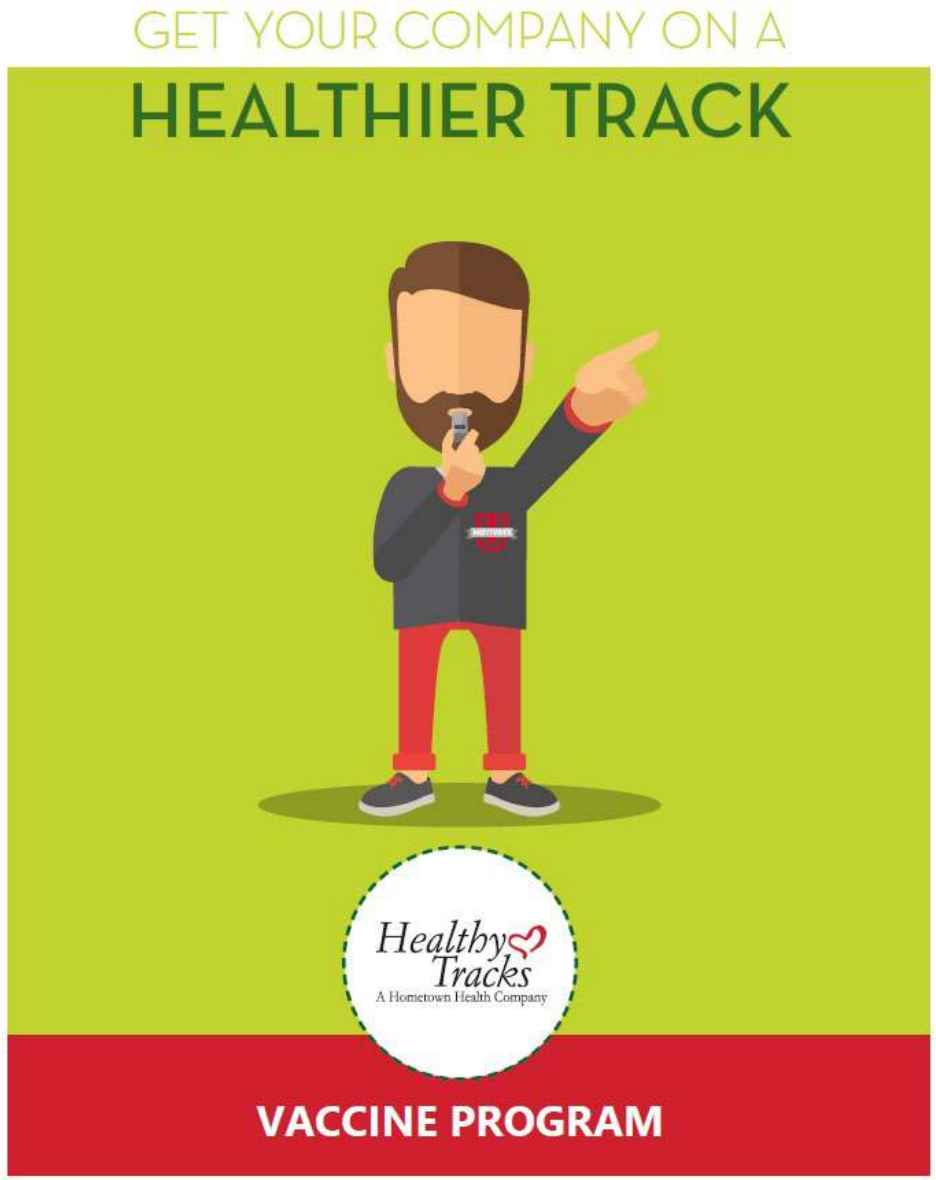
- Healthy Tracks Overview
- Individual & Family Healthy Tracks
- Employer Groups Healthy Tracks

Hometown Health Gym Benefits

New in 2019, Hometown Health plans offer a Gym Benefit for our members*. Hometown Health members with *qualifying plans* who would like to use their gym benefit *MUST* first complete the Health Risk Assessment (HRA) on the Healthy Tracks website.

Commercial Small Groups (BANN Plans excluded)

Flu Shot & Immunization Events



CORPORATE IMMUNIZATION PROGRAMS

Our expert team of registered nurses and support staff will come to your workplace for your own corporate flu vaccine event and immunization clinic.

For more information **Call 775-982-6644 or email us at** healthytracks@hometownhealth.com

Pediatric Vision

- Coverage is listed in the Schedule of Benefits (SOB)
- Vision providers can be found on the EyeMed Network – www.eyemedvisioncare.com

****Pediatric Vision is included in small group plans for members under the age of 19****
(excludes BANN Plans)

Vision

- Coverage is listed on the EyeMed Summary Sheet
- Vision providers can be found on the EyeMed Network – www.eyemedvisioncare.com

****Vision can be purchased and bundled with all group plans****

Know Your Resources

Establishing Care

Q: How do I choose a new Primary Care Provider (PCP)?

A: The Hometown Provider Networks are comprised of providers based on type of plan you are enrolled on. You can view these
provider lists and determine if your PCP is on the list by visiting *www.hometownhealth.com.*

- Click "Find a Doctor" at the top of the page
- Choose the Provider Network associated with your plan to search for your current provider

If you are using Renown providers:

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

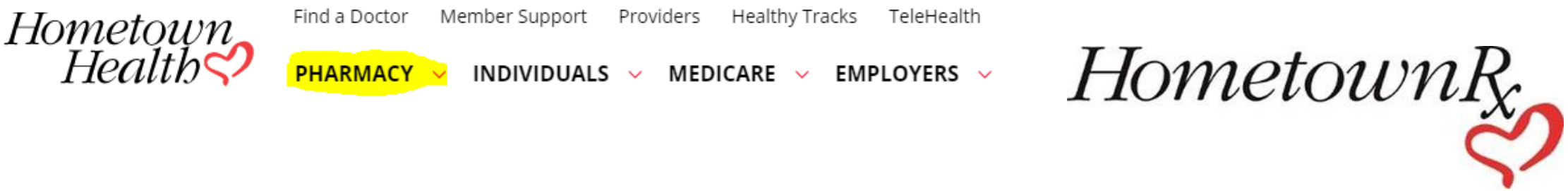
*****You must make an appointment and see your PCP, before you are considered an established patient.**

Pharmacy Benefits – HometownRx

- HometownRx members have access to one formulary for both Large and Small Employer Groups & Individual and Family Plan (IFP) Members
  - Members can view the formulary on the website, or search for the cost of their drugs on My Benefits Coverage

- **HometownRx has two Pharmacy Networks**
  - Large Employer Group members utilize the ***National Pharmacy Network Directory*** with access to over 65,000 pharmacies nationwide
  - Small Employer Group and IFP members utilize the ***Signature Pharmacy Network Directory*** with access to over 35,000 pharmacies nationwide – **Walgreens is not available**

➢ To find a contracted pharmacy in our network go to our website at www.hometownhealth.com and select **HOMETOWNRX** then select the directory based on type of plan or call HometownRx Customer Service at 1-884-373-0970 available 24 hours 7 days a week (excludes some holidays)



Mail Order

- For maintenance medications only
  - List available online https://www.hometownhealth.com/customer-service-support/pharmacy-services/

Advantages:

- Cost savings of four copays per year
- Delivery right to your home
- Easy convenient refill ordering

HometownRx

Mail Order Partner

MXP(Maxor Plus) Mail Order

To register with MXP Pharmacy:

- Go online and activate your mail order account at www.maxorplus.com
- Fill out the *MAIL ORDER FORM* that is available on the website, and mail it to the pharmacy, along with your prescription. You may also contact Member Services to have a MAIL ORDER FORM mailed to your address of choice
- Provider can also send an e-script or fax directly to Maxor
- Call them toll-free at 800-687-8629 and speak to a Member Advocate who will help activate your mail order account

To refill prescriptions:

- On the website at www.maxorplus.com once you have registered
- Can call 800-687-8629 and follow the menu instructions to refill medications or to speak with a Member Advocate
- You may print a *MAIL ORDER FORM* from the MaxorPlusRx website and mail it to the pharmacy, along with your prescription and payment
- Provider can also send an e-script or fax directly to Maxor
- The earliest refill date is printed on the bottom of the prescription bottle

Additional Contacts

Small Group (Sales/Renewal)

Account Specialist
Dayna Clark
775-982-3101
Dayna.clark@hometownhealth.com

Rod Cortez
775-982-3194
Rod.cortez@hometownhealth.com

Sales & Retention Manager
Brenda Grace-Smith
775-982-3093
Brenda.grace-smith@hometownhealth.com

Large Group (Sales/Renewal)

Senior Account Executive
Bo Cassel
775-982-3092
Bo.cassel@hometownhealth.com

Lisa Schloemer-Gaub
775-982-3095
Lisa.schloemer-gaub@hometownhealth.com

Account Manager

Account Manager
Christy Oxoby
775-982-3012
Christy.oxoby@hometownhealth.com

Jenna Good
775-982-3060
Jenna.good@hometownhealth.com

Brendan Kilcourse
775-982-5953
Brendan.kilcourse@hometownhealth.com

Additional Contacts
Enrollment@hometownhealth.com
PremiumAccounting@hometownhealth.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

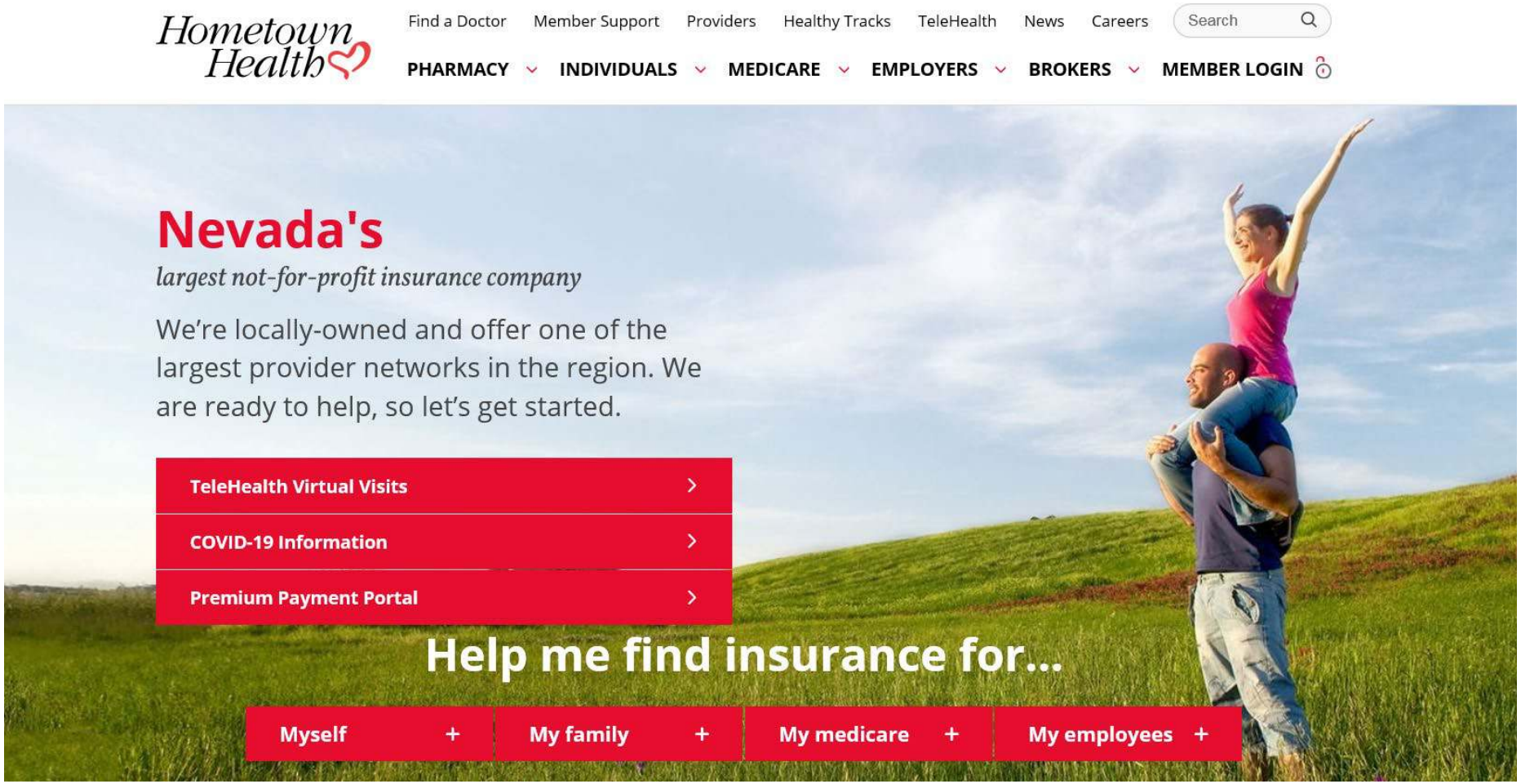
Toll Free: 800-336-0123, for TTY 711 (special equipment required)

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

www.HometownHealth.com

Hometownhealth.com

For up-to-date information and resources please visit – hometownhealth.com



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BestMedicine
by Renown Health

Questions?