Renown® HEALTH

REFERRAL AND PRIOR AUTHORIZATION REQUIREMENTS

- Air ambulance transportation and elective/Non-Emergent Ambulance between facilities
- All inpatient stays and services in any type of facility, including acute and skilled care, mental health care, and drug or alcohol detoxification, rehabilitation.
- Anesthesiology and physiatrist, including pain management
- Bariatric surgery
- Certain high-cost pharmaceuticals and biological meds. A current list of these are available at hometownhealth.com
- Certain infertility laboratory and diagnostic tests
- Chemotherapy
- Gastric restrictive services
- Gender assignment/reassignment
- Genetic counseling services
- Genetic testing
- Healthcare services and supplies including but not limited to oxygen, oxygen-related equipment and all durable medical equipment (DME), with the exception of prosthetic and orthopedic devices, with a cost greater than $500
- Home Health Care services
- Infusion therapy
- Inpatient, same day, or in-office surgical services with a cost greater than $750 (total billed charges), excluding diagnostic and screening colonoscopies
- Ostomy Care supplies, if cost is greater than $500
- Outpatient speech, occupational and physical therapy greater than 20 visits per calendar year
- Prosthetic and orthopedic devices (DME) with a cost greater than $800
- Radiation therapy
- Second-opinion services
- Special food products
- Specialist office visits for plastic surgery and genetic counseling services
- Transplant Services
- Varicose Veins

•Wound therapy in an outpatient setting. General wound care services greater than 12 visits per calendar year

Contracted providers are required to obtain certification/pre-certification from Hometown Health Providers. However, to avoid possible penalties, a covered person should verify that the referral and certification requirements have been met. Prior-Authorization by Hometown Health Providers does not guarantee that all charges are covered under the policy. Charges submitted for payment are subject to all of the terms of the policy.

Members may elect to seek services from non-preferred healthcare providers provided the member pays the additional deductible and coinsurance amounts and any additional charges over a usual and customary charge for the service provided. Members also may be required to obtain prior authorization before seeking services from non-preferred providers. It is the member's responsibility to ensure that the appropriate prior authorizations are in place for both in-network and out of network non-emergency services.

For an emergency or urgent hospital admission or treatment (including all complications of pregnancy) where a non-contracted provider is used, the covered person is responsible for making sure his/her Primary Care Physician and Hometown Health Providers is notified within 24 hours or as soon as reasonably possible after admission or treatment. Non-contracted physicians and providers may not know or attempt to notify Hometown Health Providers to obtain pre-certification for such services. All emergency care not reported to the covered person's Primary Care Physician and certified by Hometown Health Providers will be reviewed retrospectively to determine coverage.

If the covered person or a family member is unable to contact his or her Primary Care Physician and Hometown Health Providers before receipt of emergency or urgent medical services or within 24 hours of onset of the condition due to shock, unconsciousness, or otherwise, the covered person must, at the earliest time reasonably possible, contact his/her Primary Care Physician and Hometown Health Providers.

Benefits will be provided only for certified services and supplies. No Plan benefits will be provided for care that is determined not a covered benefit or not meeting the Plan's criteria and protocols.

It is the obligation of the covered person to comply and cooperate with the referral and pre-certification requirements.

Pre-certification does not guarantee that all charges are covered. Benefits are subject to all of the terms of the Plan.

See Utilization Management Program in the Summary Plan Description for more information.