

WELCOME TO HOMETOWN HEALTH.



Your Home. Your Town.
Your Health.

*Hometown
Health* 

What You **Need to Know** Before You Have Enrolled.

Open Enrollment Period

The Open Enrollment Period is the yearly time period when people can enroll in a health insurance plan. The specific time frame and length may vary by company, but you will want to make your health insurance plan selection before the Open Enrollment Period closes. You cannot enroll outside of the Open Enrollment Period without a Qualifying Life Event.



Eligibility

Full-time employees in good standing are eligible to enroll. In some cases, spouses and dependents may also be eligible. Review the benefit plans offered by your employer to understand coverage guidelines.

Enrollment Process

If you are new to the company, once you have completed your eligibility period, you will receive paperwork that will allow you to make your benefit elections. Existing employees will utilize the Open Enrollment Period to make your benefit selections for the upcoming plan year.

Qualifying Life Event

In most cases, you cannot make changes to your benefits during the plan year unless you have a Qualifying Life Event. A Qualifying Life Event includes changes in marital status like a marriage or divorce. Other Qualifying Life Events include the birth or adoption of a child. If you have questions regarding Qualifying Life Events please check with your Human Resources representative.

Your Hometown Benefit

Hometown Health is your healthcare partner and we encourage you to select the benefit plan that is best for you and your family. To learn more about health insurance, visit **HometownHealth.com**.

Welcome to Optum Rx



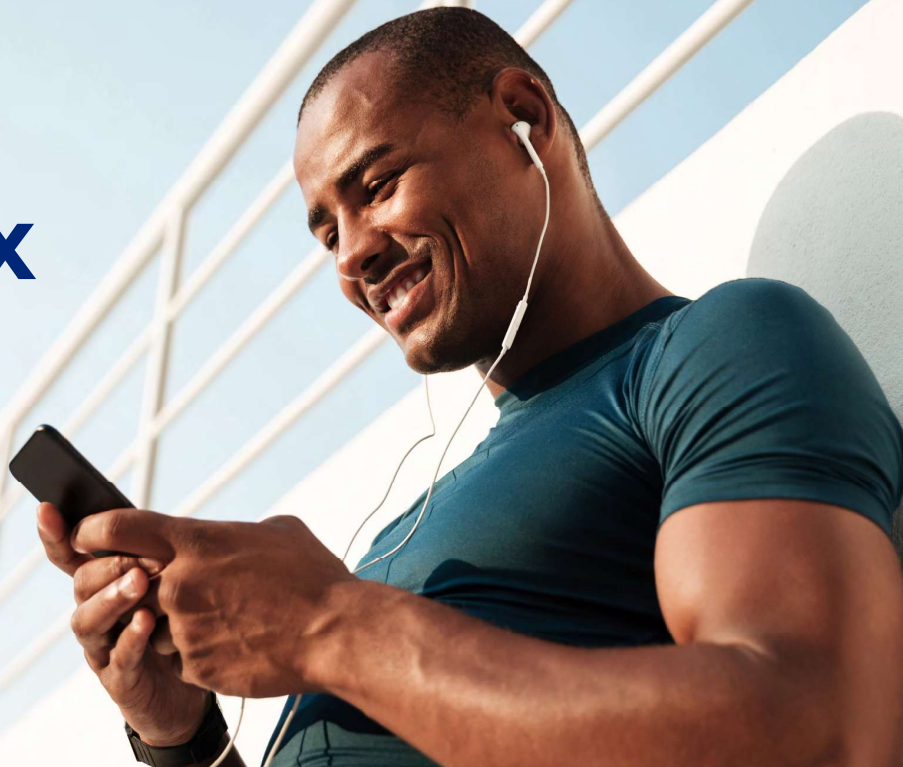
Change can be hard, but we're here to help
Optum Rx provides easy and cost-effective ways
to get your medications

Want a head start?

Here are some things you can do before coverage begins:

- Tell your doctor that Optum Rx will be your new pharmacy benefit manager for refills and future prescriptions.
- Understand brand-name vs. generic medications and how they affect cost.
- Understand your prescription drug coverage and what you need to do to get your medication.
- After **January 1, 2024**, download the Optum Rx app or visit optumrx.com to sign up and take us with you everywhere you go.

Welcome to Optum Rx



Optum Rx is going to manage your pharmacy benefits starting **January 1, 2024.**

We make filling prescriptions easy. No, really.

- Get your long-term medications through Optum[®] Home Delivery.
- Use our large pharmacy network to fill your new and existing prescriptions.

Taking a specialty medication? We've got you.

- Optum[®] Specialty Pharmacy has resources and personalized support to help you manage your condition.

Manage your medications. Our online tools can help.

After **January 1, 2024**, use our app or optumrx.com to manage your medications. You can find a network pharmacy, check medication coverage, track delivery orders and more.



Renown Pharmacy

Hard-to-find meds, mail order services and online prescription tracking

Renown Pharmacy is an integral part of your care team. We specialize in hard to find medications and one-on-one consultations.

How to Get Started

Ask your provider to send your prescription to one of our two locations. You can also transfer prescriptions by calling our team.

Mail Order Prescriptions

If you take maintenance medication, you can save time by signing up for mail-order prescriptions. In addition, Senior Care Plus members enjoy a reduced co-pay. Sign up at renown.org/pharmacy.

Prescription Management in MyChart

Login to your MyChart patient portal to: request a refill, check the status of a prescription and schedule a vaccine appointment. Sign up or login at renown.org/MyChart.

See a full list of accepted insurances at renown.org/pharmacy.

RENOWN PHARMACY

75 PRINGLE WAY • 775-982-7737

21 LOCUST ST • 775-982-5280

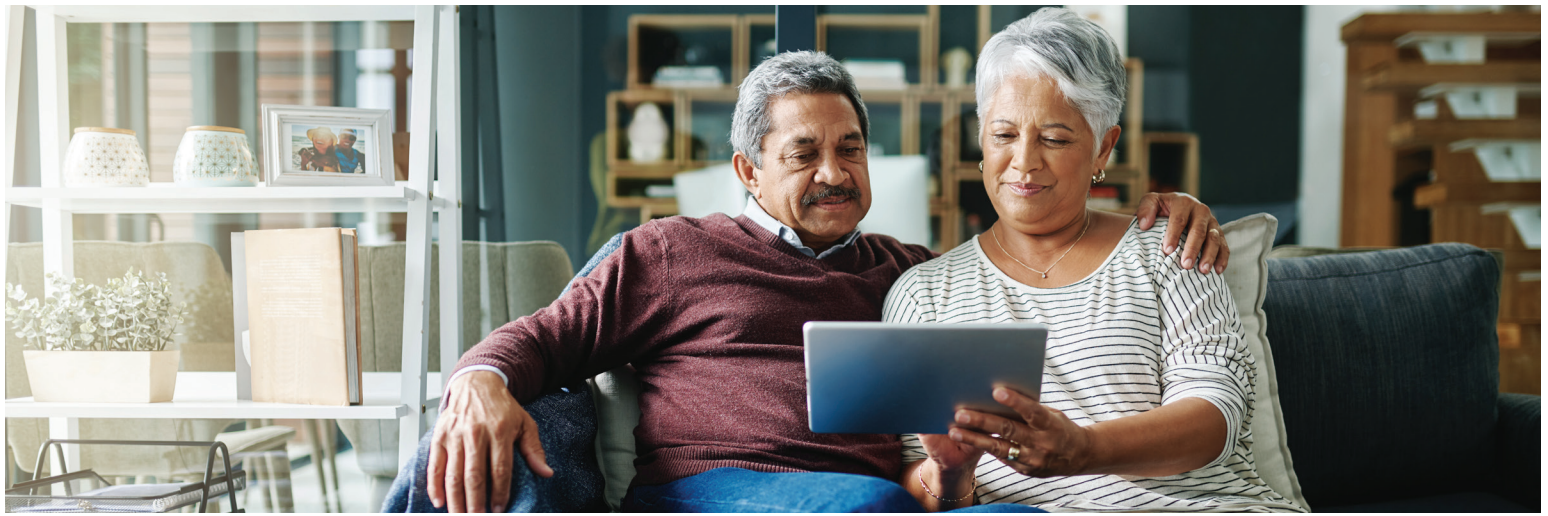
10101 DOUBLE R BLVD • 775-982-5364



renown.org/pharmacy

1972099/0723

Renown[®]
HEALTH

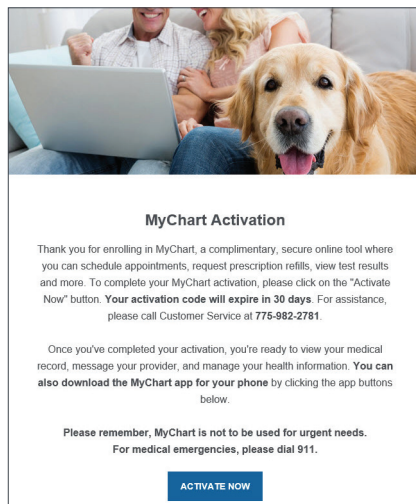


Two Ways To Sign Up For MyChart

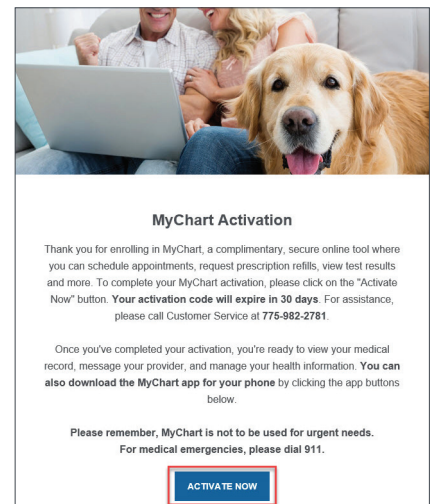
MyChart is a free, secure online patient portal that allows you to manage your healthcare information. We have two ways to help you get set up with your MyChart account. Both of these options can be started by visiting mychart.renown.org.

Sign up with Activation Code

- 1 Users will receive an instant activation email.



- 2 Click Activate Now.



- 3 Enter a username, create a password, enter DOB, Zip Code, and check the box to agree to Terms and Conditions. Click Submit.

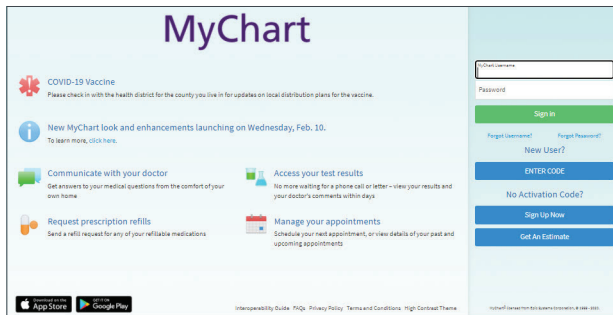
- 4 Sign-up Confirmed.



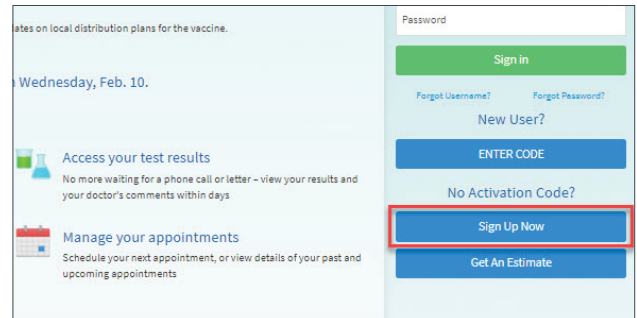
Renown
HEALTH

Self Sign-Up Without an Activation Code

- 1 Sign-up from MyChart website or MyChart Mobile.



- 2 Select Sign Up Now.



- 3 Enter required information indicated by the *, check the box for I'm not a robot, and select Next.

A screenshot of the MyChart account activation form. The form is titled 'Activate Your MyChart Account' and includes a disclaimer about identity verification. It contains several sections with required fields marked with an asterisk (*):

- Name:** First name, Middle name, Last name.
- Address:** Address (with a dropdown menu set to 'United States of America'), Street Address, City, State (dropdown), Zip (dropdown), and County (dropdown).
- Other information:** Date of birth, Legal Sex (Female, Male, Unknown, Nonbinary, with 'X' checked), Home phone, Mobile phone, Email address, Verify email address, and Social Security number.

At the bottom, there is a CAPTCHA section with a checkbox for 'I'm not a robot' and a 'Next' button.

- 4 Identity will be verified using a third-party system (Experian).



renown.org

1286568-2101/EEH

Renown
HEALTH

RENOWN HEALTH SERVICE MAP

RENO		PRIMARY CARE	URGENT CARE	X-RAY & IMAGING	LAB	HOSPITALS & FACILITIES
1	975 Ryland St.		•	*	•	
2	10085 Double R Blvd., Suites 120 & 220	•				
3	15 McCabe Dr., Suite 100 (Pediatrics)	•				
4	25 McCabe Dr.	•		**	•	
5	4791 Summit Ridge Dr.		•	*		
6	1075 North Hills Blvd., Suite 180	•	•	*	•	
7	197 Damonte Ranch Pkwy., Suite 8A		•			
8	10581 Double R Blvd. (Pediatrics)	•				
9	75 Pringle Way Renown Regional Medical Center, Center for Advanced Medicine C			**	•	
10	75 Pringle Way Renown Regional Medical Center, Center for Advanced Medicine C, Suite 601	•				
11	630 Sierra Rose Dr., Suite 2A				•	
12	10101 Double R Blvd. Renown South Meadows, Admitting Entrance			•	•	
13	75 Kirman Ave.			**		
14	901 E. 2nd St., Greenberg Breast Health Center at Renown - 2nd St. Center for Advanced Medicine F, Suite 103			**		
15	901 E. 2nd St., Center for Advanced Medicine F (Pediatrics), Suite 201					
16	1155 Mill St., Renown Regional Medical Center			**	•	
17	6630 S. McCarran Blvd., Building C #27			**		
18	Renown South Meadows Medical Center 10101 Double R Blvd.					•

RENO (continued)		PRIMARY CARE	URGENT CARE	X-RAY & IMAGING	LAB	HOSPITALS & FACILITIES
19	10085 Double R Blvd., Suite 145			**		
20	Renown Rehabilitation Hospital 1495 Mill St.					•
21	1595 Robb Dr.	•			•	
22	4796 Caughlin Pkwy., Suite 108	•				
23	13945 S. Virginia St., Suite 632	•			•	
24	661 Sierra Rose Dr.	•				
25	740 Del Monte Ln., Suite 3 Senior Care Plus Only	•				
SPARKS						
26	910 Vista Blvd., Greenberg Breast Health Center at Renown - Vista	•	•	**	•	
27	202 Los Altos Pkwy.		•	**		
28	440 USA Pkwy., Suite 101		•		•	
29	1525 N. Los Altos Pkwy. (Family Medicine & Pediatrics)	•			•	
FERNLEY						
30	1343 W. Newlands Dr.	•	•	*	•	
FALLON						
31	560 E. Williams Ave.	•	•		•	
SILVER SPRINGS						
32	3595 U.S. Highway 50	•	•	•		
CARSON CITY						
33	2814 N. Carson St., Suite 101		•	•		
34	2300 Carson St., Suite 1	•				

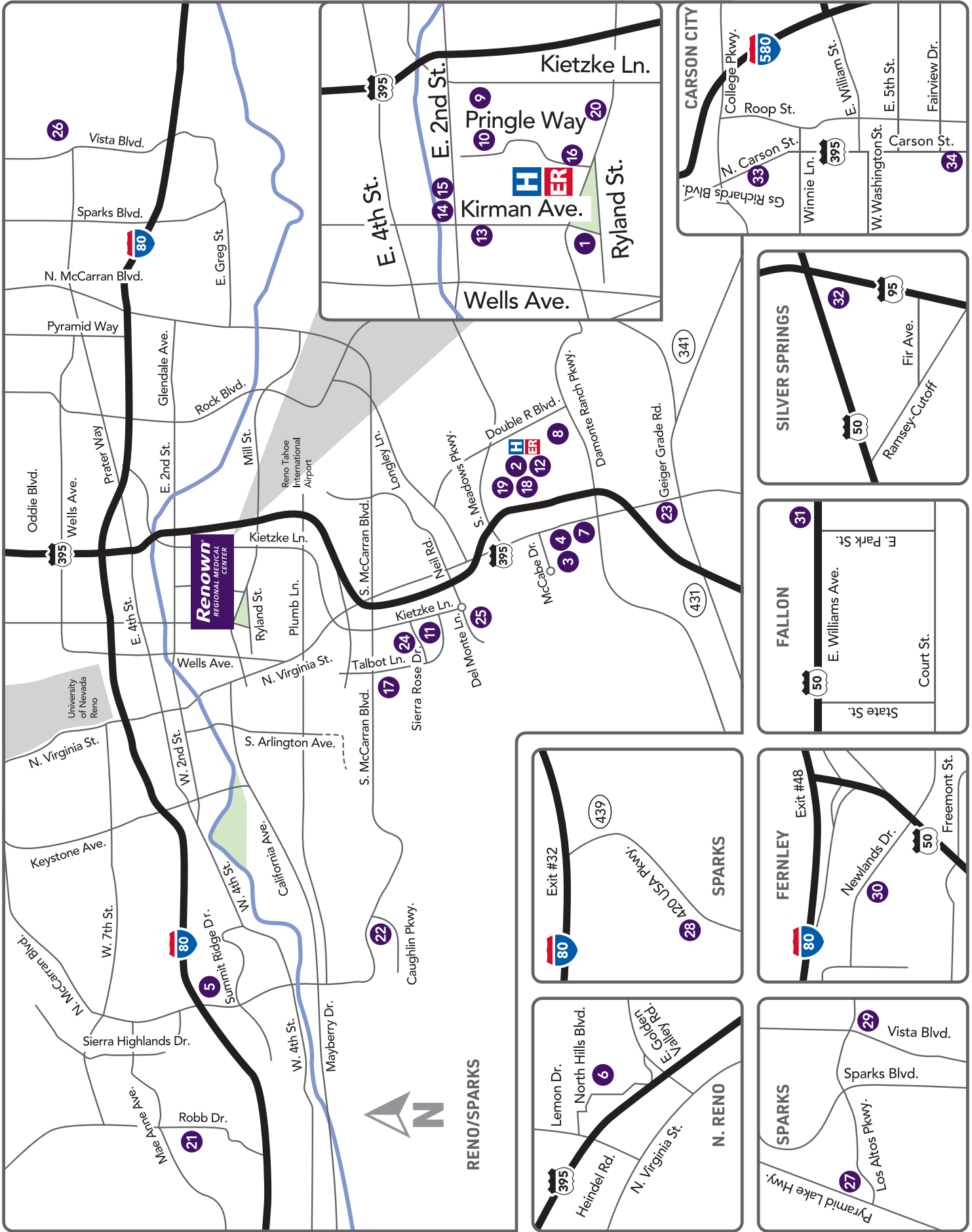
Renown
HEALTH

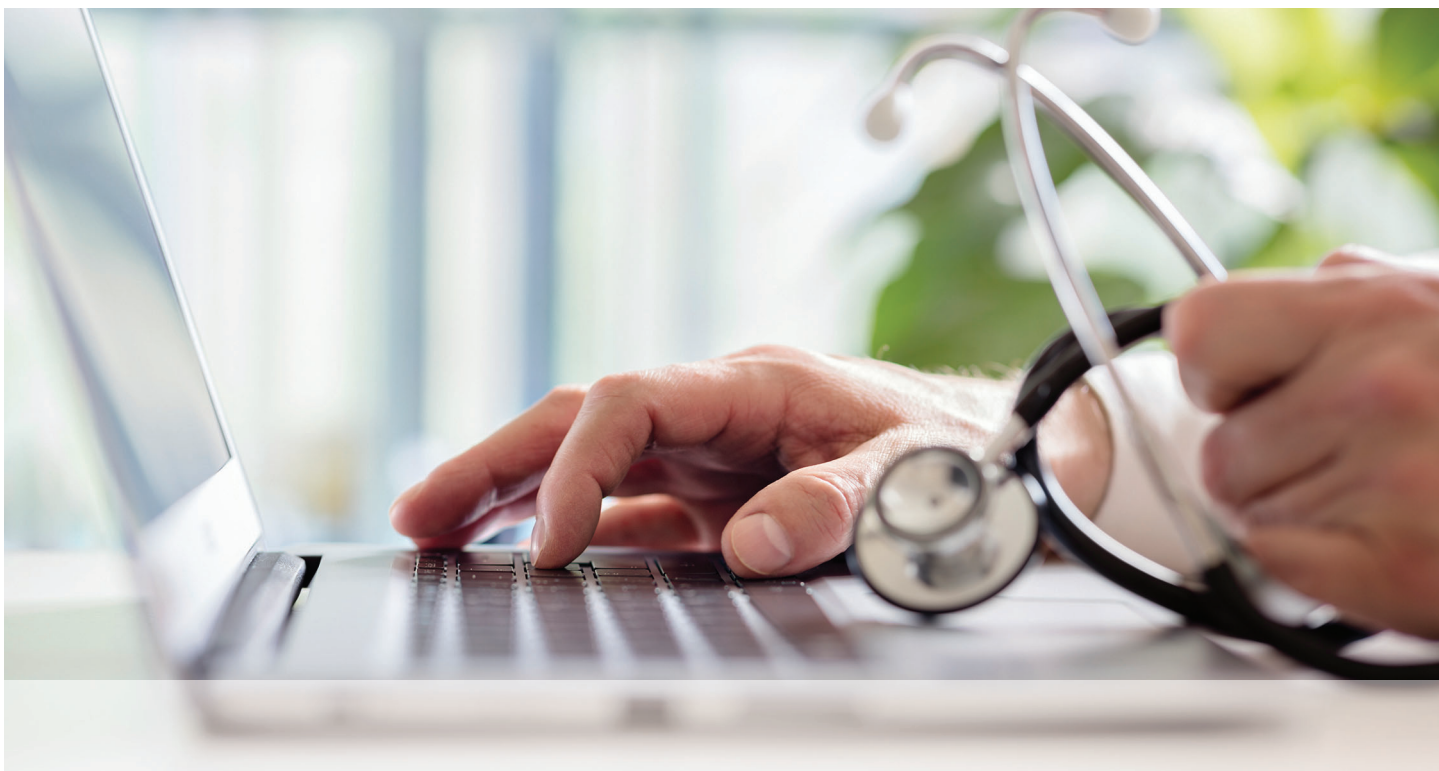
*Hometown
Health* 

* X-Ray only.

**X-Ray & Imaging operated by Renown Regional Medical Center.

Call **775-982-5000** to make an appointment.
Visit **renown.org/doctor**
for a detailed physician directory.





Renown Virtual Visits

Access to Care, Where You Are

Renown providers offer virtual visits for some appointment types, allowing you to see your provider from the comfort of your home.

- **Urgent Care:** Login to MyChart, at [MyChart.renown.org](https://mychart.renown.org) to schedule a virtual urgent care visit.
- **Primary and Specialty Care:** Please call **775-982-5000** to request a visit with your provider.
- **Pediatric Care:** Please call **775-982-5000** to request a visit with your child's established provider.

Examples of appropriate conditions for virtual visits include:

- Common cold and cough symptoms
- Muscular, tendon or joint pains not caused by injury
- Allergy and sinus symptoms
- Urinary discomfort
- Diarrhea without vomiting
- Rashes and skin sores

For more information, visit renown.org/VirtualVisits

Bringing Back The House Call



Did you hear? We have partnered with Doctoroo to provide urgent care services at your home! All for the same price as your regular urgent care copay! Avoid the crowded emergency waiting room. Doctoroo is open from 7 am to midnight, 365 days a year.

How It Works

Avoid an unnecessary trip to the emergency room. Let our fully equipped medical teams see you in the comfort and safety of your own home.



Simple

Book a same day house call by phone, web or app



Cost Effective

The cost is the same as a regular urgent care co-pay



Fast

Receive care from a licensed clinician in your home

What We Treat

▶ Common Illnesses

▶ Respiratory

▶ Ear, Nose, Throat

▶ Eye

▶ Wound Care

▶ Cardio

▶ Musculoskeletal

▶ Gastroenterology

▶ And More!

Call
(888) 888-9930



Open 7 am - Midnight | 365 Days a Year

Accepting Medicare, Medicaid, and most major health plans

doctoroo.com



Your care. Your way.
**Access your Teladoc
Health benefits anytime.**



Scan the code to activate
your benefits

General Medical

Talk to a board-certified doctor or pediatrician 24/7 for non-emergency conditions.

Prescription refills • sinus infections • allergies • stomach bug • COVID-19 advice • and more

Mental Health

Talk to a therapist or psychiatrist of your choice 7 days a week from anywhere.

Stress and anxiety • depression • trauma • grief • burnout • medication management

Dermatology

Upload images and details of your skin issue in the Teladoc Health app. A dermatologist will review them and provide a treatment plan within 24 hours. Follow up via in-app messaging for 7 days after your results.

Eczema • psoriasis • poison ivy • rashes • rosacea • and more



Member copay group

- General Medicine: Member pays \$0
- Dermatology: Member pays \$20
- Mental Health: Member pays \$20

High Deductible Health Plan copay group

- General Medicine: Member pays \$50
- Dermatology: Member pays \$75
- Mental Health: Member pays \$200 for first consult, \$95 for follow-up, \$85 for therapy.

Set up your account or log in to get started today

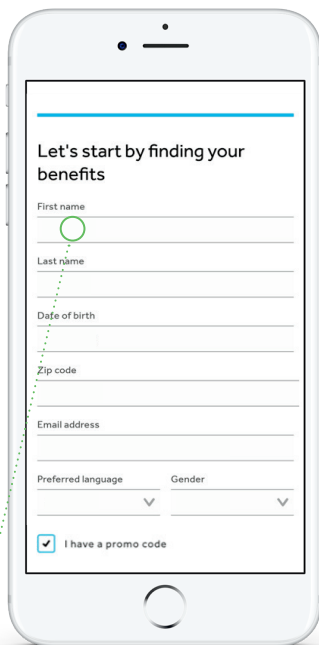
Visit [Teladoc.com](https://www.teladoc.com)

Call 1-800-TELADOC (835-2362) | Download the app |



Get started with Teladoc

It's quick and easy to set up your account through our app. Simply download the Teladoc app and follow the three steps you see below.



Let's start by finding your benefits

First name

Last name

Date of birth

Zip code

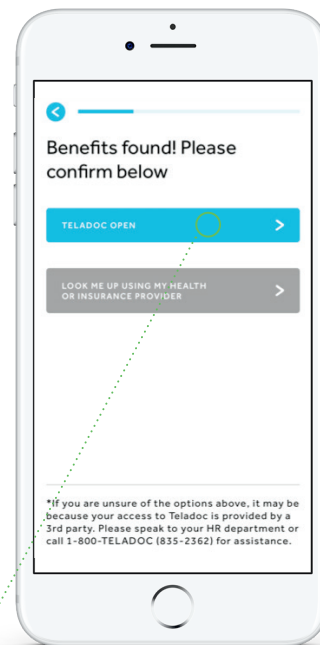
Email address

Preferred language Gender

☒ I have a promo code

1. Confirm benefits

Provide some information about yourself to confirm your eligibility.



Benefits found! Please confirm below

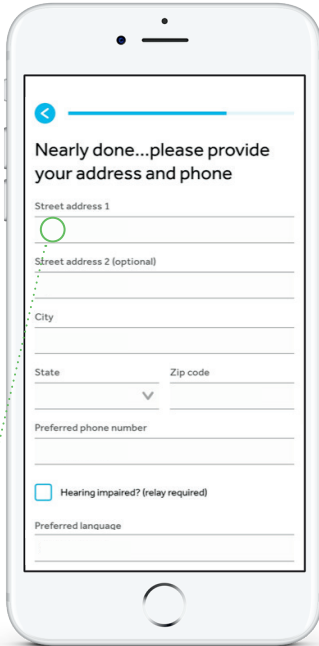
TELADOC OPEN

LOOK ME UP USING MY HEALTH OR INSURANCE PROVIDER

*If you are unsure of the options above, it may be because your access to Teladoc is provided by a 3rd party. Please speak to your HR department or call 1-800-TELADOC (835-2362) for assistance.

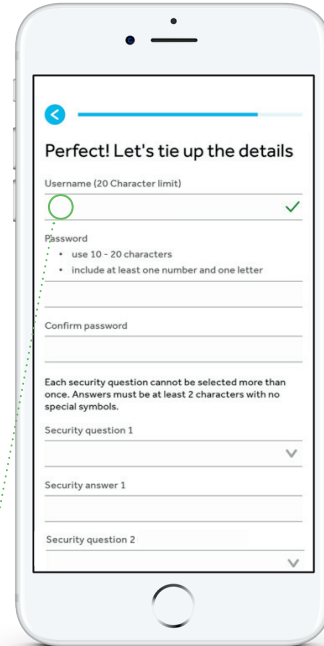
2. Benefit confirmation

We'll confirm that we found your benefits and you'll continue creating your account.



3. Create account

Please provide your contact information and preferred language.



4. Complete account

Create a username, password, and pick security questions to ensure your account is secure.

Talk to a doctor anytime for free

📞 1-800-TELADOC (835-2362)

🍏 | 🤖 Download the app

💻 Teladoc.com



Behavioral Health Services

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-t hreatening, 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**

To schedule a behavioral health assessment with a licensed clinician at The **Stacie Mathewson Behavioral Health & Addiction Institute** at Renown Health, please call **775-982-1121**. (Specialist copay on most plans).

G# _____
 M# _____
 L _____
 F, M _____



ENROLLMENT / CHANGE FORM

HUMAN RESOURCES ONLY

Employer _____ Group Number _____
 Effective Date _____ Employee's Weekly Hours _____ Employee's Date of Hire _____

Employer Signature _____

EMPLOYEE INFORMATION

Last Name _____ First Name _____ Middle Initial _____
 Mailing Address _____
 City _____ State _____ Zip _____ County _____
 Physical Address _____
 City _____ State _____ Zip _____ County _____
 Social Security Number _____ Date of Birth (mm/dd/yyyy) _____
Marital Status ☐ Married ☐ Single ☐ Divorced ☐ Widowed
 Occupation _____ Home Phone _____ Work Phone _____

PLAN ELECTED

**Street Address only, no P.O. Boxes*

<input type="checkbox"/> HMO	<input type="checkbox"/> EPO	<input type="checkbox"/> PPO	<input type="checkbox"/> PPO w/HSA*
Plan Elected	Plan Elected	Plan Elected	Plan Elected
_____	_____	_____	_____
_____	_____	_____	_____

OTHER MEDICAL COVERAGE

Do you or any of your Dependents listed on the next page have Medical/Health Insurance

(Including Medicare/Medicaid)?

☐ **YES** ☐ **NO**

If yes, please provide copy of insurance card (front & back).

CONTRACT TERMINATION ONLY

Completion of this section will terminate coverage for subscriber and all dependents.

<input type="checkbox"/> Left Company	<input type="checkbox"/> Ineligible
<input type="checkbox"/> Deceased	<input type="checkbox"/> Dissatisfied
<input type="checkbox"/> Moved	<input type="checkbox"/> Other (If other, explain below)

REASON FOR CHANGE

<input type="checkbox"/> New Hire	<input type="checkbox"/> PT/FT
<input type="checkbox"/> Name	<input type="checkbox"/> Reinstatement
<input type="checkbox"/> Annual Election	<input type="checkbox"/> Waive Coverage
<input type="checkbox"/> Rehire	<input type="checkbox"/> Retiree
<input type="checkbox"/> COBRA (18-29-36)	<input type="checkbox"/> Transfer
<input type="checkbox"/> Other (If other, explain below)	<input type="checkbox"/> Address

ADD/DELETE DEPENDENT

<input type="checkbox"/> Marriage**	<input type="checkbox"/> Divorce**
<input type="checkbox"/> Birth/Adoption**	<input type="checkbox"/> Other**
<input type="checkbox"/> Loss of Dependent Status**	<input type="checkbox"/> Court Ordered/ Legal Guardianship**
<input type="checkbox"/> Loss of Insurance**	<input type="checkbox"/> Deceased**

****Attach legal documentation as proof of event.**

Plan Change From _____ To _____

MEMBER INFORMATION – COMPLETE WITH NEW OR CHANGE INFORMATION**EMPLOYEE****Action**☐ Add☐ Change☐ Delete

Last Name** _____ First Name _____ Middle Initial _____

Social Security Number _____ Date of Birth (mm/dd/yyyy) _____

Sex ☐ Male ☐ FemaleEmail Address _____ Primary Care Physician (if required)[†] _____

THIS SPACE IS FOR HOMETOWN HEALTH USE ONLY

SPOUSE**Action**☐ Add☐ Change☐ Delete

Last Name** _____ First Name _____ Middle Initial _____

Social Security Number _____ Date of Birth (mm/dd/yyyy) _____

Sex ☐ Male ☐ Female**Reside with Employee?**☐ YES☐ NOEmail Address _____ Primary Care Physician (if required)[†] _____

THIS SPACE IS FOR HOMETOWN HEALTH USE ONLY

DEPENDENT CHILD (Relationship)**Action**☐ Add☐ Change☐ Delete

Last Name** _____ First Name _____ Middle Initial _____

Social Security Number _____ Date of Birth (mm/dd/yyyy) _____

Sex ☐ Male ☐ Female**Reside with Employee?**☐ YES☐ NOEmail Address _____ Primary Care Physician (if required)[†] _____

THIS SPACE IS FOR HOMETOWN HEALTH USE ONLY

DEPENDENT CHILD (Relationship)**Action**☐ Add☐ Change☐ Delete

Last Name** _____ First Name _____ Middle Initial _____

Social Security Number _____ Date of Birth (mm/dd/yyyy) _____

Sex ☐ Male ☐ Female**Reside with Employee?**☐ YES☐ NOEmail Address _____ Primary Care Physician (if required)[†] _____

THIS SPACE IS FOR HOMETOWN HEALTH USE ONLY

DEPENDENT CHILD (Relationship)**Action**☐ Add☐ Change☐ Delete

Last Name** _____ First Name _____ Middle Initial _____

Social Security Number _____ Date of Birth (mm/dd/yyyy) _____

Sex ☐ Male ☐ Female**Reside with Employee?**☐ YES☐ NOEmail Address _____ Primary Care Physician (if required)[†] _____

THIS SPACE IS FOR HOMETOWN HEALTH USE ONLY

DEPENDENT CHILD (Relationship)**Action**☐ Add☐ Change☐ Delete

Last Name** _____ First Name _____ Middle Initial _____

Social Security Number _____ Date of Birth (mm/dd/yyyy) _____

Sex ☐ Male ☐ Female**Reside with Employee?**☐ YES☐ NOEmail Address _____ Primary Care Physician (if required)[†] _____

THIS SPACE IS FOR HOMETOWN HEALTH USE ONLY

**Attach legal documentation as proof of action (Add, Change or Delete).

[†] It is member's responsibility to verify physician availability in their area.**ACKNOWLEDGMENT OF TERMS**

Employee Signature _____ Date _____

See Next Page



ACKNOWLEDGMENT OF TERMS

I understand and agree that, with the exception of emergency procedures, all services must be performed by a Hometown Health participating provider, or authorized in advance by Hometown Health, to be considered for payment at the in-network rate. Additional requirements may apply. See the appropriate plan documents for details.

I understand that I am responsible for paying any required deductibles, copayments, and coinsurance directly to the providers of healthcare at the time of service.

I agree to be bound by all terms of the plan under which I am applying for coverage for as long as I am covered under the plan.

I certify that, to the best of my knowledge, the information shown on the front of this form is correct.

I have read and understand the terms of this application.

My signature on the front of this form constitutes acceptance of the terms listed above.

Key to Plan Types

- HMO** Health Maintenance Organization
- EPO** Exclusive Provider Organization
- PPO** Preferred Provider Organization
- TPA** Third Party Administrator for self-funded plan
- HSA** Health Savings Account

STATEMENT OF ACCOUNTABILITY

To be completed only when the applicant cannot complete the application

NOTE: Translator must be 18 years or older to translate the application on behalf of the applicant

I, _____, personally read and completed this Individual Application for the applicant named below because:

- ☐ Agent assisted application
 ☐ Applicant does not read English
 ☐ Applicant does not speak English
☐ Applicant does not write English
 ☐ Other (Explain) _____

I translated the contents of this form and to the best of my knowledge obtained and listed all the requested personal and medical history disclosed by the:

- ☐ Applicant
 ☐ Or by _____

I also translated and fully explained the "Application Understandings, Conditions and Agreement," and "Payment Method."

Translator Signature (Required) _____ Date (Required) _____

I confirm that the application was translated on my behalf.

Applicant Signature (Required) _____ Date (Required) _____

Language interpreted (e.g. Spanish) _____



WAIVER OF HEALTH COVERAGE BENEFITS

All the sections on this form must be completed and signatures are required from employee and employer.
SEE INSTRUCTIONS ON PAGE 2

EMPLOYER INFORMATION

Name of Employer _____
 Address _____
 City _____ State _____ Zip _____
 Telephone _____

APPLICANT / EMPLOYEE INFORMATION

Last Name _____ First Name _____ Middle Initial _____
 Address _____
 City _____ State _____ Zip _____
 Social Security Number _____ Date of Birth (mm/dd/yyyy) _____
 Date of Hire _____ Job Title _____

OTHER COVERAGE INFORMATION

Do you have other health benefit coverage?

- ☐ **YES** – If Yes, please complete below
☐ **NO** – I do not have other health insurance coverage

Coverage Information

Name of primary person on policy _____
 Name of Employer or the Party providing health care coverage _____
 Name(s) of dependent(s) covered on policy _____

 Name of health plan provider / insurer _____

PLEASE ATTACH A PHOTOCOPY OF YOUR HEALTH PLAN PROVIDER ID CARD.

VALIDATION OF WAIVER OF BENEFITS

*I understand that I have been offered group health insurance by my employer, with Hometown Health. I have elected **NOT** to enroll myself, and/or my dependent(s). I understand that if I and/or my dependent(s) decide, at some time in the future, that I (we) desire this coverage, I must wait for my employer's "open enrollment" period, or special enrollment period due to qualifying event. (i.e.: Divorce, marriage, birth of child, death, loss of medical insurance, etc).*

Employee Signature _____ Date _____
 Employer Signature _____ Date _____

.....
 Comments _____



INSTRUCTIONS

ALL THE SECTIONS ON THIS FORM MUST BE COMPLETED
and signatures are required from employee and employer.

EMPLOYER INFORMATION

- 1 Enter company data in the appropriate Employer information areas.

APPLICANT / EMPLOYEE INFORMATION

- 1 Enter your personal data in the appropriate Applicant / Employee information areas.

OTHER COVERAGE INFORMATION

- 1 Please indicate if you do or do not have other health benefit coverage.
- 2 Please indicate the name of both the Employer, the primary member holding this insurance coverage and the insurance carrier providing you and/or your dependents with the coverage.
- 3 Attach a photocopy of the Plan Provider ID card.

VALIDATION OF WAIVER OF BENEFITS

- 1 **EMPLOYEE**
Read the statement carefully, then sign and date the Waiver of Coverage Form. Please return the form to your employer.
- 2 **EMPLOYER**
Please sign form before returning to Hometown Health.

Hometown Health Right of Access Form

Instructions: Please complete the following information exactly as it appears on your Member Identification Card (ID). Complete the form in its entirety and include as much information as possible. If necessary, call the Member Services Department Number found on your ID card for assistance.

Note: This form does not need to be completed to share information with the legal guardian of an emancipated minor.

Member Full Name:					
Member ID Number:		Primary Telephone Number:			
Date of Birth:		Secondary Telephone Number:			
Member Address:					
City:		State:		Zip Code:	

I authorize Hometown Health/Senior Care Plus, and its affiliates and agents, to disclose information about my health care and/or payment for my health care with the individual listed below:

Name:	Relationship:
-------	---------------

I do **NOT** authorize the release of the following types of sensitive information (check boxes that apply):

<input type="checkbox"/> Drug, Alcohol & Substance Abuse Records <input type="checkbox"/> Communicable Disease Records, including without limitation, HIV/AIDS Records <input type="checkbox"/> Genetic Testing Records	<input type="checkbox"/> Psychiatric & Mental Health/Behavioral Health Records <input type="checkbox"/> Other: _____ _____
---	--

MEMBER SIGNATURE

DATE

Designated Legal Representative/Guardian

If this form is signed by a legal representative/guardian on behalf of an individual, please include the following: a copy of a Health Care Power of Attorney, a court order or other documentation establishing Custody or other legal documentation demonstrating the authority of the legal representative to act on the individual's behalf.

Legal Representative (print full name): _____

Representative's Relationship to member: _____

LEGAL REPRESENTATIVE SIGNATURE

DATE



WHAT YOU NEED TO KNOW AFTER YOU HAVE ENROLLED.



1. Sign Up for MyChart to Manage Your Benefits

Managing your healthcare benefits with MyChart is easy. MyChart is a free, secure online portal that allows you to access your health insurance benefit information. Through MyChart, members can view benefit and coverage information, review referrals, authorization and claims as well as securely message Renown care teams. Visit **HometownHealth.com/mychart** to set up your MyChart account.

2. Review the Online Provider Directory

You will want to make sure the provider you chose as your Primary Care Provider (PCP) is listed in the online provider directory on **HometownHealth.com**. If you have an HMO plan and you do not select a PCP, one will be assigned to you. The provider directory also tells you which providers are in-network for your plan. You can avoid unnecessary out-of-network provider charges by utilizing this tool.

3. Review the Preferred Drug List and Pharmacy Directory

If you take a specific medication, you should make sure it is listed on the preferred drug list or formulary. If it is not, you will want to discuss with your doctor potential alternatives that are covered by your plan. Visit the **Drug Formularies** page under the **Pharmacy** tab on **HometownHealth.com** to review the preferred drug list. You can also visit the **Pharmacy Networks** page under the **Pharmacy** tab on **HometownHealth.com** to review the online pharmacy directory for your plan to ensure you utilize in-network pharmacies and avoid out-of-network pharmacy charges.

USING YOUR BENEFITS

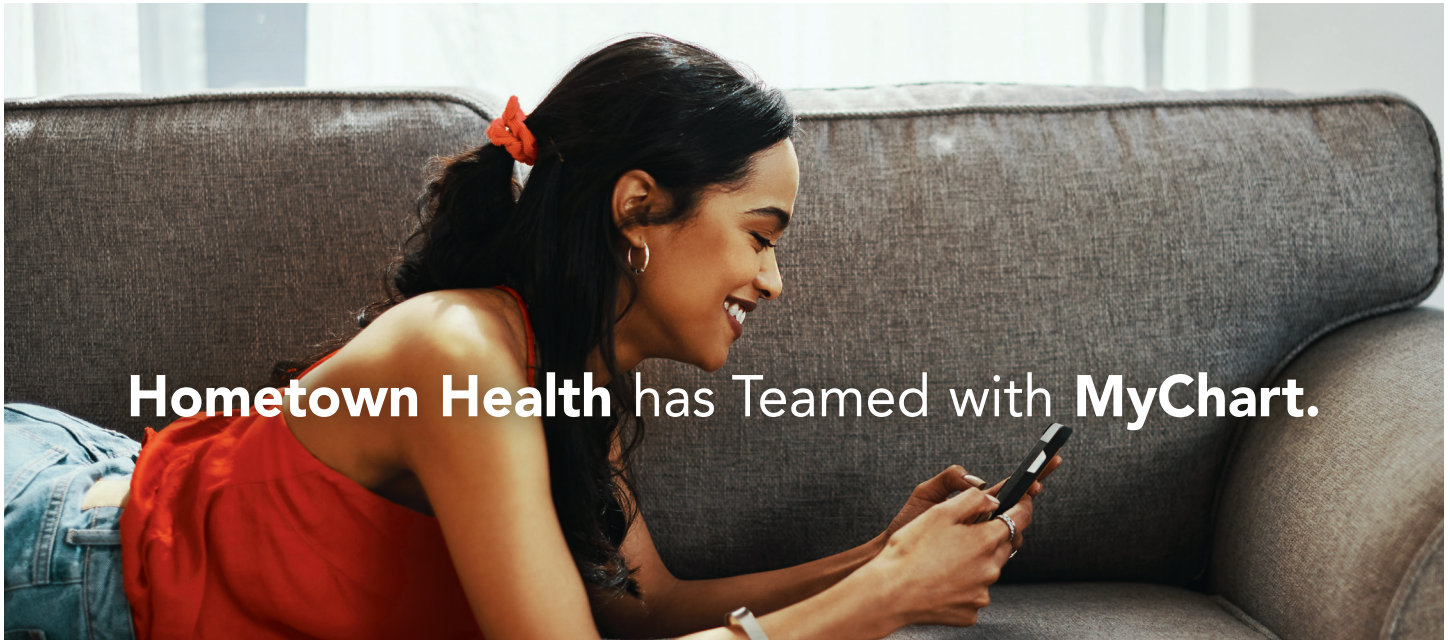
- Keep your membership card with you or download it for free through MyChart.
- Use in-network providers for routine care to maximize your benefits and save money.
- Emergency room visits should be limited to true emergencies. Visit an urgent care when appropriate to avoid expensive ER charges and out-of-pocket costs.

IF YOU CAN'T FIND WHAT YOU NEED
ON OUR WEBSITE, OUR CUSTOMER
SERVICE TEAM IS HERE FOR YOU.

Live Person Telephone – 775-982-3232
Monday – Friday | 7 a.m. to 8 p.m.

24 Hour Recorded Assistance – 800-336-0123

HEALTH CARE IN THE PALM OF YOUR HAND.



Hometown Health has Teamed with MyChart.

Take a few minutes to download the MyChart app, so you can access your benefit and healthcare information at the touch of a button. With MyChart, you have 24/7 secure, centralized access to:

**View Benefit and
Coverage Information**

**Review Referrals,
Authorization and Claims**

**Obtain Mobile
ID Cards**

**Securely Message
Renown Care Teams**

**Review Prescriptions
and Request Refills**

For assistance with accessing your health insurance benefit information or your MyChart account, please call **775-982-3232**.

For general assistance with MyChart, visit **renown.org/MyChart** or call **775-982-2781**.

Download MyChart today! Available for iPhone and Android.



App Store



Google Play

Download the MyChart app on the Apple App Store or get it on Google Play.

*Hometown
Health* 

Hometown Health Office

10315 Professional Cir. | Reno, NV 89521
Monday – Friday | 8 a.m. to 5 p.m.

Live Person Telephone – 775-982-3232
Monday – Friday | 7 a.m. to 8 p.m.

24 Hour Recorded Assistance – 800-336-0123

TTY Relay Service – 711

Pharmacy Team – 844-373-0970

Contact our pharmacy team with your pharmacy benefit questions.

HometownHealth.com



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.

LADD/2201-1701262

Your Important Contacts

HOMETOWN HEALTH SALES & RETENTION

Phone 775-982-3100

Fax 775-982-3090



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*Hometown
Health* 

ELIGIBILITY/ENROLLMENT

Tammi Foote

Revenue & Enrollment Manager
775-982-3186

Deanna Conley

Eligibility/Enrollment

Shauna Powell

Eligibility/Enrollment

Daya Ravindran

Eligibility/Enrollment Supervisor
775-982-3174

Annette Krager

Eligibility/Enrollment

KC Unick

Eligibility/Enrollment

Phone 775-982-3118 Fax 775-982-3749
enrollment@hometownhealth.com

PREMIUM ACCOUNTING

Pat Edwall

Premium Accounting Supervisor
775-982-3181

Carol Chambers

*Premium Accounting
(A-E) and (T-Z)*
775-982-7496

Fax 775-982-3749

For copies of bills or billing questions

premiumaccounting@hometownhealth.com

Sara Eke

*Premium Accounting
(F-M) and (IFP)*
775-982-3810

Tonya Granata

*Premium Accounting
(N-S)*
775-982-3187

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

Customer Services Representatives

775-982-3232 Fax 775-982-3741
customer_service@hometownhealth.com

Toll-Free Hometown Health

1-800-336-0123
hometownhealth.com

TDD (Hearing Impaired)

775-982-3240

Senior Care Plus

775-982-3158
SeniorCarePlus.com