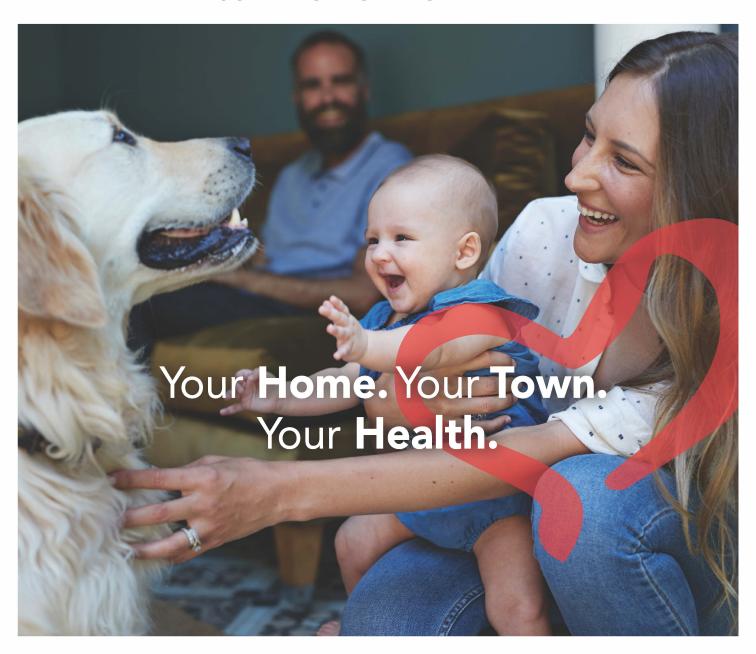
WELCOME TO HOMETOWN HEALTH.



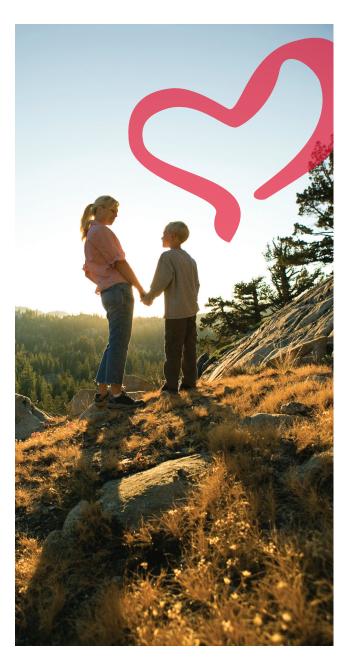




What You Need to Know Before You Have Enrolled.

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**.

PHARMACY OPTIONS AND CARE AT HOME

Optum Rx®

Your Pharmacy Benefits Manager

Starting January 1, 2024, all Hometown Health members' pharmacy benefits will be managed by Optum Rx. With Optum Rx, you will be able to use their large pharmacy network to fill your new and existing prescriptions. In addition, for members who have specialty medications, Optum Specialty Pharmacy has resources and personalized support to help you manage your condition.

After January 1, 2024, download the Optum Rx app or visit **optumrx.com** to manage your medications, view the pharmacy network, check medication coverage, track delivery orders and more.

RENOWN PHARMACY

Renown Pharmacy is an integral part of your healthcare team and a premier destination to receive your medications and vaccines. To get started, ask your provider to send your prescription to one of our locations and/or have medications transferred to Renown Pharmacy. We also offer:

- One-on-one consultations
- Hard to find medications
- Mail-order prescriptions
- Vaccinations
- Prescriptions delivered by courier (available in the Reno/Sparks area only)

Login to MyChart to request a refill, check the status of a prescription or schedule a vaccine appointment.

Visit **renown.org/pharmacy**, call or stop by a Renown Pharmacy at:

75 Pringle Way | **775-982-7737**

21 Locust St. | **775-982-5280**

10101 Double R Blvd. | 775-982-5364



Bringing the House Call Back

Hometown Health has partnered with Doctoroo to provide urgent care services – minor illnesses or injuries– at your home and for the same cost as your urgent care copay. The Doctoroo team sees patients in Reno, Sparks and Carson City, from 7 a.m. to midnight, 365 days a year. Learn more at **888-888-9933**.

RENOWN VIRTUAL VISITS

Access Care Where You Are

Renown providers offer virtual visits for some appointment types and conditions allowing you to see your providers from the comfort of your home or while you are on the go. Appointment types include:

- Urgent Care: Go to MyChart.renown.org or sign up via the MyChart app
- Primary and Specialty Care: Call 775-982-5000, to request a virtual visit with your provider
- Pediatric Care: Call 775-982-5000 to request a virtual visit with your child's established provider

Learn more at **renown.org/VirtualVisits**.



TELADOC Virtual Visits

Talk to a doctor by telephone or video anytime day or night in all 50 states – a great option while traveling! Talk to a board-certified doctor or pediatrician 24/7 for non-emergency conditions, such as:

- Prescription refills
- Sinus infections
- Allergies
- Stomach bug
- COVID-19 advice
- Mental Health Concerns: anxiety, depression, trauma, grief and more
- Skin Care issues: Rashes, eczema, psoriasis and more

Set up your account via the TELADOC app, at **Teladoc.com**, or by calling **1-800-TELADOC (835-2362)**.







Change can be hard, but we're here to help

Optum Rx provides easy and cost-effective ways to get your medications

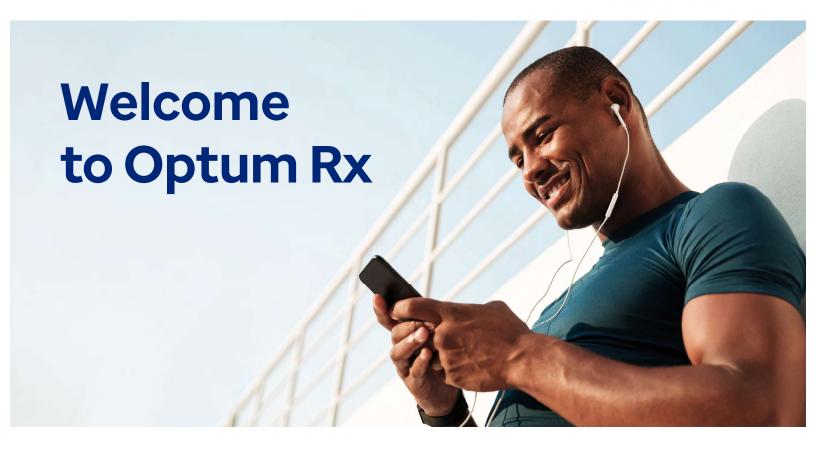
Want a head start?

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.







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







Two Ways To Sign Up For MyChart

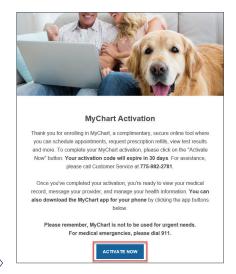
MyChart is a free, secure online patient portal that allows you to manage your healthcare information. We have two ways to help you get set up with your MyChart account. Both of these options can be started by visiting **mychart.renown.org**.

Sign up with Activation Code

1 Users will receive an instant activation email.



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.



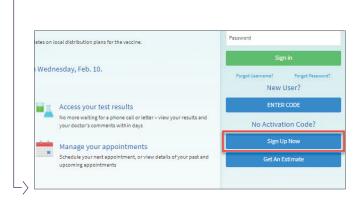


Self Sign-Up Without an Activation Code

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.



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





RENOWN HEALTH SERVICE MAP

		PRI	UR(X-R	LAE	잎
	RENO	<u>.</u>	빤	肃	I	ij
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.					•

PRIMARY CARE URGENT CARE X-RAY & IMAGING LAB HOSPITALS & FACILITIES

			N.	X-R	F	오
	RENO (continued)	.	빵	肃	<u> </u>	#
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	•				



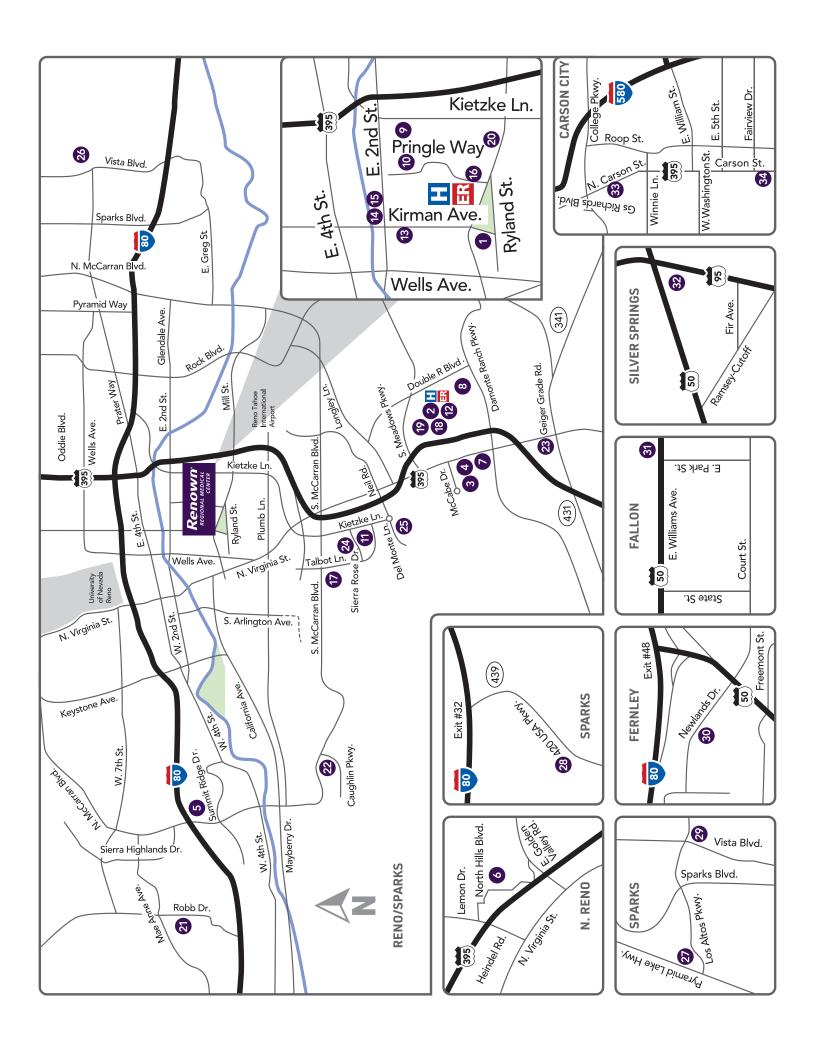




Call **775-982-5000** to make an appointment. Visit **renown.org/doctor** for a detailed physician directory.

^{*} X-Ray only.

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





RENOWN SPECIALISTS – what to expect

When you require care from a specialist, there are a number of steps that happen behind the scenes to make sure you are seen by the right specialist, at the right time. It is important that you are aware of these steps so you know what to expect.

- All urgent referrals are reviewed within one business day using clinical criteria to assess your situation. This ensures you are seen as soon as you need, based on the complexities of your medical condition.
- When a referral is reviewed, it is triaged to make sure you are scheduled with a provider who has the right specialization for your particular care needs.

Appointments with your specialist are a key part of your care; however, getting the specialty care you need does not always require a visit to a provider. The Renown Specialty Care Teams may offer alternative solutions to provide the care you need. These may include:

- Talking to nurses or medical doctors about your symptoms, concerns, medications, and care coordination needs.
- Your PCP and specialist may message each other directly using our electronic medical record system.
- Pre-visit planning to prevent delays in assessment and care, such as ensuring you
 have the correct lab work completed prior to your appointment
- E-Consultations: With this process, Primary Care Providers consult with a specialty provider and get real time information on assessment and treatment. This allows your care to remain with your Primary Care Provider and avoiding the need for further specialty care.
- Some of the specialties we offer have on-call providers who are available
 24 hours a day, seven days a week that you can speak to for real time assessment.

WHAT IS AN AUTHORIZATION?

Some medical services and medications are covered only if **prior authorization** is received. Covered services that require prior authorization are marked in the benefits chart in chapter 4 of your Evidence of Coverage.

Prior authorization is not a guarantee of payment. There are multiple factors that determine whether the plan pays for a service. These include, but are not limited to your eligibility at the time of service, whether the benefit is applied to your deductible (if applicable), and other terms of your Evidence of Coverage.

Here is how the process works:

- 1. The ordering provider will submit an authorization request to our plan that includes specific details about the type and duration of treatment they would like you to receive and any corresponding medical records that support your need for the treatment(s).
- 2. A licensed registered nurse or pharmacist or medical doctor at Senior Care Plus will review the request, your medical records, your plan benefits and decide whether the treatment being requested is considered medically necessary based on recognized standards of care.
- **3.** You and the requesting provider will both be notified of our decision in writing.



MyChart: View referrals and authorizations

In MyChart referrals and authorizations are located in the Referrals page

- To view your claims, click on Your Menu in the upper left corner of the page.
- 2. Scroll to the **Insurance** section.
- 3. Click on Referrals.

Referrals and authorizations

Did you know that "referral" and "authorization" mean different things?



WHAT IS A REFERRAL?

A referral is your Primary Care Provider's (PCP) recommendation for you to see a specialist, or receive specialized treatment. Most specialists require a referral from your PCP before they will schedule an appointment with you.

Here is how the process works:

- 1. Your PCP will send a referral to the specialist's office.
- 2. At this point, you should discuss with your PCP's office how the specialist will receive your medical records prior to your appointment. Most likely, your PCP's office will coordinate sending these records to the specialist for you, but it is always a good idea to confirm this with them.
- **3.** Once the specialist's office receives the referral, they may call you to schedule the appointment. You may also call the specialist's office yourself to schedule the appointment, but be aware that it can take the specialist's office a few days to review the referral. Each office processes the referrals they receive in a slightly different time frame.
- **4.** Once you have seen the specialist, they will start to develop a course of treatment. That may include procedures, diagnostic tests or medications. Some or all of these treatments may require prior authorization from our plan, so it is important that you discuss how and when the authorization(s) will be obtained prior to you beginning that course of care.

A NOTE ABOUT MEDICAL NECESSITY:

Your services (including medical care, services, supplies and equipment) must be medically necessary in order to be covered.

"Medically necessary" means that the services, supplies or drugs are needed for the prevention, diagnosis or treatment of your medical condition and meet accepted standards of medical practice.

The numbers on the diagram to the left correspond to the numbered explanations below.

- **1. An EOB is not a bill.** It is an overview of the total amount the provider charged, paid, and the amount you are responsible for. You may get a bill separately from the provider.
- **2. Service** description is an overview of the healthcare services you received, like a medical visit, lab tests, or screenings.
- **3. Billed** charges is the amount your provider billed for your visit. Those that have not completed will display a processing message.
- **4. Allowed** charges is the amount your provider will be reimbursed based on your plan's benefits and the amount the in-network provider is contracted to be paid. If the provider is not contracted, we allow the same amount Medicare would pay for the same service. This may not be the same as the billed charges.
- **5. Not covered** amount is the difference between the billed charges and the allowed charges.
- **6. Copay** and **deductible** is the amount you are responsible for according to your plan's benefits. You will see this broken-down service-by-service (line-by-line) in this section.
- **7. Total expected cost** is the sum of the deductible, copay, coinsurance and any non covered amounts you are responsible for.
- **8. Reason code** is a code that explains more about the costs, charges and paid amounts for your visit.
- **9. Code summary** is a note that corresponds with the reason code that explains more about the costs, charges and paid amounts for your visit.

How to read your Explanation of Benefits (EOB)

Once your claim has been processed, both you and your provider will receive an Explanation of Benefits.

MyChart: View claims and EOBs

- To view your claims, click on **Your Menu** in the upper left corner of the page.
- Scroll to the Insurance section click on Claims.
- You will be able to see EOBs for any claims that have completed by, those that have not completed will display a **Processing** message.



EXPLANATION OF BENEFITS

Member Name Member ID: C00077777 • Group: SCP RENOWN PREFERRED PBP 023

Sent 11/09/21

Claim Information

Reference Number: CLM-1129254

3/30/21 Date:

Provider: Provider Name Location: 20/20 VISION

20/20 VISION Paid to:

Total cost of services

110.00

In-plan savings -1.30

Covered by this plan -63.70

This is not a bill. There is no payment due for these services at this time.

Total expected cost

45.00

Service Details

3/30/21 OFFICE/OUTPATIENT

30-39 MIN

ESTABLISHED MOD MDM

Claim Totals:

Allowed

110.00

110.00

Covered

0.00

Copay

Deductible Co-Insurance

Reason Patient Code



Date

110.00

110.00

0.00

45.00

45.00

0.00

0.00

0.00

0.00

Total 3 45.00

45.00

Code Summary

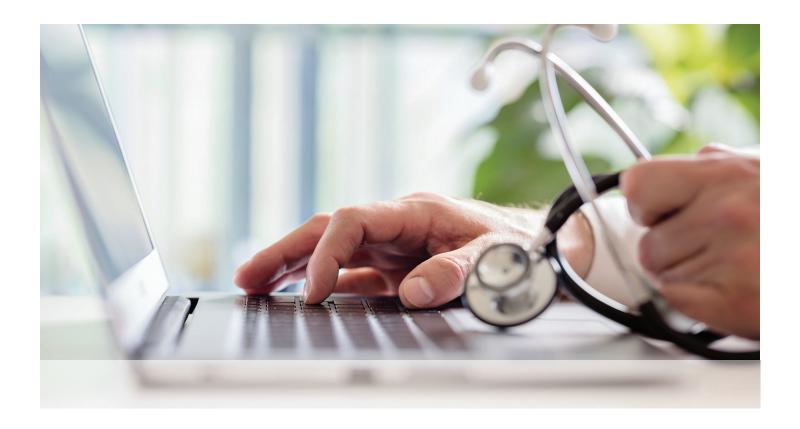
3 - 3-Co-payment Amount

What if I have questions about a bill I received from a medical provider?

We encourage you to first reach out to the provider's office to discuss any denials or charges for which you are responsible. Voicing your questions and concerns directly with your provider may be the most effective way to resolve any issues. You can also ask your provider's office to review the claim to ensure it was appropriately submitted based on the services you received.

If you feel that your concerns were not adequately addressed, or if you would like us to know about your experience, reach out to our customer service team at 775-982-3232 They can help you file a grievance. Our grievance team will investigate all of your concerns by contacting the entity or individual provider directly, and work to develop a solution to ensure your needs are met.





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** 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

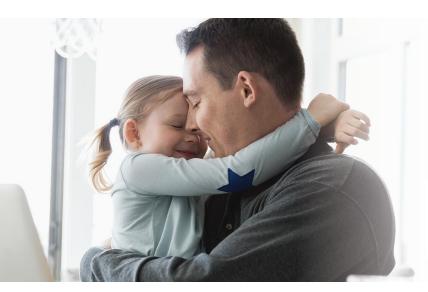
For more information, visit renown.org/VirtualVisits











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 (after Calendar Year Deductible has been met)

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

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Group ID: 269711 Rates effective date: 1/1/2023 10E-211B_1812851_G_08182022_PC

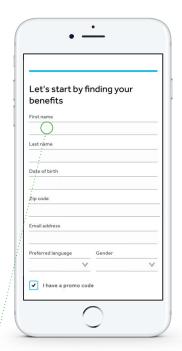






Get started with Teladoc

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.



1. Confirm benefits

Provide some information about yourself to confirm your eligibility.



• 2. Benefit confirmation

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

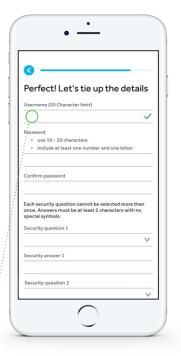






3. Create account

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)



Ć | ♠ Download the app



Teladoc.com

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HOW IT WORKS

Doctoroo is bringing back the house call! 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 licensed clinicians in your home

WHAT WE **TREAT**

Common Illnesses

- + Fever
- + Weakness/Fatigue
- + Dehydration
- + Headache/Migraines
- + Vertigo/Dizziness
- + Accident/Falls
- + Urinary Tract Infection

Wound Care

- + Animal Bites
- + Burns
- + Sutures/Staples
- + Incision/Drainage of Abscess
- + Foreign Body Removal
- + & More...

Respiratory

- + Cough
- + Shortness of Breath

Ear, Nose, Throat

- + Asthma
- + & More...

Musculoskeletal

- + Sprains/Strains
- + Joint Pain
- + Leg Swelling
- + & More...

Gastroenterology

- + Nausea/Vomiting
- + Diarrhea
- + Constipation
- + & More...

+ Dental Pain

+ Sore Throat + Ear Pain

+ & More...

Eye

- + Pain/Redness/Infection
- + Eye Injury
- + Foreign Body Removal

Cardio

- + Palpitations
- + High blood Pressure
- + EKG Analysis







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).

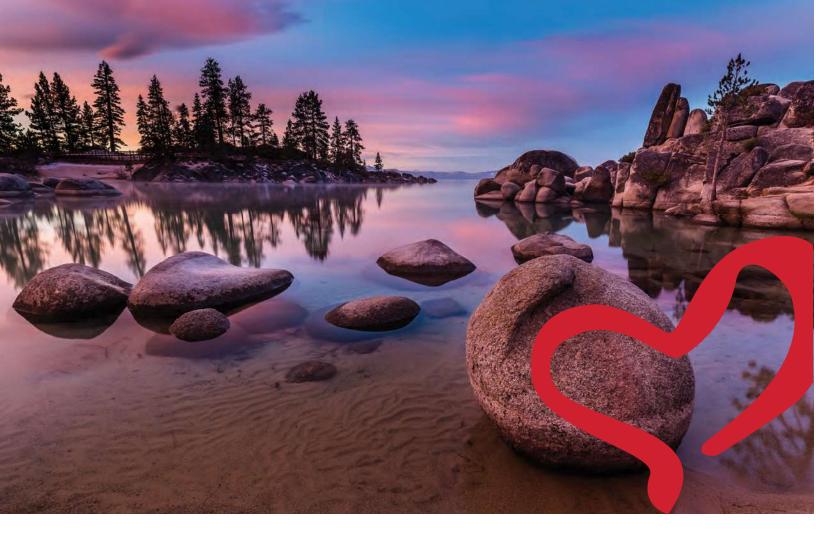


The Types of Plans: **HMO**, **EPO** and **PPO**

HMO Health Maintenance Organization	EPO Exclusive Provider Organization	PPO Preferred Provider Organization
MEMBERS ALLOWED TO SEE: • Renown HMO access to Renown Network providers; must have a Renown Primary Care Physician (PCP) • PCP Referral required*	MEMBERS ALLOWED TO SEE: • May have a Renown PCP or a Hometown Health-contracted Provider	MEMBERS ALLOWED TO SEE: • Hometown Health Statewide Network • Out-of-Network providers (at higher cost share/ member out-of-pocket)
PLANS COVER IN-NETWORK BENEFITS ONLY, UNLESS: • Conditions determined to be emergent or urgent • Services not available within contracted network, received prior authorization from plan	PLANS COVER IN-NETWORK BENEFITS ONLY, UNLESS: Conditions determined to be emergent or urgent 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 AN HMO: • Lower monthly premiums • Specialized network of Renown providers and facilities • Simplified network referrals/authorizations	BENEFITS OF AN EPO: • Lower monthly premiums • Ability to see a provider without needing a referral from a PCP • Larger network of providers	BENEFITS OF A PPO • Ability to see a provider without needing a referral from a PCP • Larger network of providers

^{*}PCP Referral required for Individual and Family members.

No PCP Referral needed for Small Group, Association Health or Larger Group members (starting 1/1/2024).



What it means to be a member of an **HMO Plan**

WELCOME TO HOMETOWN HEALTH! YOUR INSURANCE PLAN IS WHAT'S KNOWN AS A HEALTH MAINTENANCE ORGANIZATION (HMO), WHICH MEANS YOU HAVE ACCESS TO ALL THE INCREDIBLE RENOWN HEALTH PROVIDERS AND LOCATIONS.

As a Hometown Health HMO plan member, you will need to establish care with a Renown Primary Care Provider. This provider will coordinate your medical care including checkups, immunizations, referrals to specialists, lab work, x-ray & imaging and hospital admissions. As part of your plan, a referral from your primary care provider may be required.

Your Hometown Health HMO plan will cover healthcare services that are in-network at a Renown Health location. If Renown does not have a service available, Hometown Health will review the referral for an out-of-network authorization. You will still have access to urgent and emergent care outside of your specialized Renown network, should you need it while traveling outside of Nevada.

What it means to be a member of an **EPO Plan**

WELCOME TO HOMETOWN HEALTH! YOUR INSURANCE PLAN IS WHAT'S KNOWN AS AN EXCLUSIVE PROVIDER ORGANIZATION (EPO) WHICH MEANS YOU CAN CHOOSE IN-NETWORK PROVIDERS WITHIN A BROAD NETWORK AND CAN SEE SPECIALISTS WITHOUT A REFERRAL FROM YOUR PRIMARY CARE DOCTOR. THIS MAY BE A BETTER OPTION IF YOU TRAVEL WITHIN THE STATE OF NEVADA AND WANT THE FLEXIBILITY OF A LARGER NETWORK, BUT DON'T NECESSARILY NEED OUT-OF-NETWORK, OUT-OF-STATE BENEFITS.

As a Hometown Health EPO plan member, it is recommended that you establish care with either a Renown Primary Care Provider or with a Hometown Health-contracted Provider. This provider will coordinate your medical care including checkups, immunizations, referrals to specialists, lab work, x-ray & imaging and hospital admissions. As part of your plan, a referral from your primary care provider will not be required but be aware that most specialists will require a doctor-to-doctor referral.

Your Hometown Health EPO plan will cover healthcare services that are in-network. If your EPO network does not have a service available, Hometown Health will review the referral for an out-of-network authorization. You will still have access to urgent and emergent care outside of your specialized Renown network, should you need it while travelling outside of Nevada.

What it means to be a member of a **PPO Plan**

WELCOME TO HOMETOWN HEALTH! YOUR INSURANCE PLAN IS WHAT IS KNOWN AS A PREFERRED PROVIDER ORGANIZATION (PPO).

PPO plans are often more flexible when it comes to choosing a doctor or a hospital. These plans include a large network of in-network providers and there are fewer restrictions on the providers you choose. In fact, PPO members have access to Hometown Health's statewide network. Also, PPO plan members may seek services from out-of-network providers at a reduced benefit level (I.e., higher cost to the member/higher out-of-pocket cost). We advise members to receive care from contracted providers to minimize out-of-pocket costs.

Your Primary Care Provider (PCP) will coordinate your medical care including checkups, immunizations, referrals to specialists, lab work, x-ray & imaging and hospital admissions. As part of your plan, a referral from your primary care provider will not be required. You will still have access to urgent and emergent care outside of your specialized Renown network, should you need it while traveling outside of Nevada.

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.

The Power of the Brand.

The nationally known, highly regarded Cigna brand will be recognized and valued by your clients and their individual customers.

Together, all the way.º



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

^{*} Cigna's PPO network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration.

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

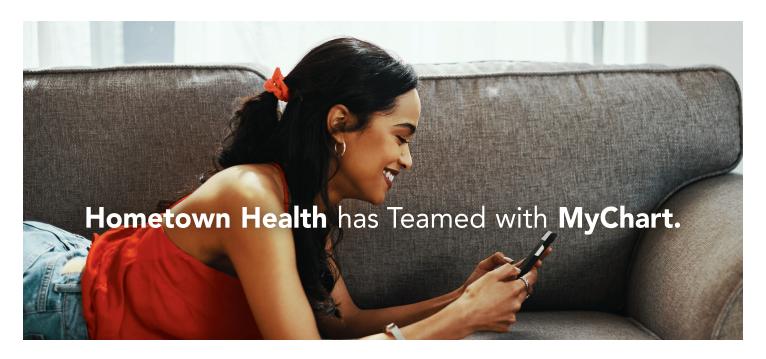
- Keep your membership card with you or download it for free through MyChart.
- Use in-network providers for routine care to maximize your benefits and save money.
- Emergency room visits should be limited to true emergencies. Visit an urgent care when appropriate to avoid expensive ER charges and out-of-pocket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



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.





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



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







Your Important Contacts

HOMETOWN HEALTH SALES & RETENTION

Phone 775-982-3100

Fax 775-982-3090



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BROKER INFORMATION

For Questions Regarding Commissions Contact: brokerupdates@hometownhealth.com

ELIGIBILITY/ENROLLMENT

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

PREMIUM ACCOUNTING

For Copies of Bills or Billing Questions: premiumaccounting@hometownhealth.com
Fax 775-982-3749

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
Senior Care Plus.com