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AMENDMENT

To the Hometown Health Evidence of Coverage

Individual and Family Plans and Small Groups
HMO, EPO and PPO Plans

This is an amendment to an existing insurance contract that changes the terms or scope of the original policy.

Hometown Health is adding EOC language directing members on how to obtain care after hours, how to submit for direct member reimbursement (DMR) and turnaround times for the formal appeals process effective January 1, 2025. This amendment will make effective the following coverage:

> *Obtaining Care. If you need care urgently outside of Hometown Health's office hours, please go to your nearest urgent care provider. If you have an emergency, please call 911 or go to your nearest emergency room or hospital. To find an Urgent Care or Emergency Room provider, please refer to your Provider Directory or the most recent list of providers is available on our website www.hometownhealth.com/provider-directories.*
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> *Direct Member Reimbursement. Member reimbursement forms are available for direct reimbursement for services rendered at an office for Urgent or Emergent services. Urgent or Emergent care services are reimbursable at the current usual and customary rate incurred inside the United States. Emergencies or Urgent Care inside of the United States must have the applicable Member Reimbursement form filled out with the member information, CPT and diagnosis codes and evidence of payment to the Provider. Claims incurred outside the United States for Emergency treatment of a Member must have medical records or itemized superbill. Bills that are not itemized for services rendered will not be reimbursed. This needs to be submitted with the Member Reimbursement form filled out with member information. If requested documents are not signed and returned to us or our representative within 90 days of the request, we will no longer have any obligation to pay any covered expense incurred by the member. The Member Reimbursement form can be found at hometownhealth.com/customer-service-support/member-forms (Medical Claim Form). Once the form is completed you can fax it to our Reimbursement Services Department at 775-982-3751, email it to customer_service@hometownhealth.com or mail it to our office located at:*
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> *Hometown Health*
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> *10315 Professional Circle*
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> *Reno, NV 89521*

When the review is complete, We will inform You in writing of the resolution no later than:

- *72 hours, in the case of an expedited appeal;*
- *30 days, in the case of an appeal of a pre-service claim; or*
- *60 days, in the case of an appeal of a post-service claim.*

Accordingly, the amendment changes the terms of the original policy in the following manner:

1. When review of a formal appeal is complete, Hometown will inform the member in writing of resolution no later than:
    - 72 hours, in the case of an expedited appeal (no change)
    - 30 days, in the case of an appeal of a pre-service claim (previously 15 days)
    - 60 days, in the case of an appeal of a post-service claim (previously 30 days)
2. Adding language regarding how to obtain care after hours and how to submit for direct member reimbursement.
3. This will impact Individual and Family Plans and Small Group Policies with HMO, EPO and PPO products.
4. There is no incremental cost, charges, or rebates to groups already enrolled in existing plans.

This amendment remains in effect until future Explanation of Benefits documents are filed and approved by the Nevada Division of Insurance.