

**2018 Form M-1****MEWA-ECE Form**This Form is Open to Public  
Inspection**Report for Multiple Employer Welfare Arrangements (MEWAs) and  
Certain Entities Claiming Exception (ECEs)**This filing is required to be filed under section 101(g) of the Employee  
Retirement Income Security Act of 1974, as amended by the Patient  
Protection and Affordable Care Act.

OMB No. 1210-0116

Department of Labor  
Employee Benefits Security  
Administration**PART I PURPOSE OF FILING**

Complete as applicable:

**A**

Identify the type of filing:

- (1)
- 
- Annual Report:
- 
- 
- Calendar Year
- 
- 
- or the fiscal year beginning
- 
- and ending

- (2)
- 
- MEWA Registration

Date: 

Reasons for filing:

- (3)
- 
- ECE Origination

Date: 

- (4)
- 
- ECE Special Filing

Date: **B** Check if any of the following:Check here if this is a final report Check here if this is an amended report Check here if this is a request for an extension **C** Identify the type of entity:(1)  A Plan MEWA(2)  A Non-Plan MEWA(3)  An Entity Claiming Exception (ECE)**D** Enter the most recent date the MEWA or ECE filed the Form M-1: Check the box if this is the first filing or enter the date below: **PART II CUSTODIAL & FINANCIAL INFORMATION****1a** Name and address of the MEWA or ECE**1b** Telephone number of the MEWA or ECE **1c** Employer Identification Number (EIN) **1d** Plan Number (PN) **2a** Name and address of the administrator of the MEWA or ECE**2b** Telephone number of the administrator **2c** EIN **2d** E-mail address of the administrator**3a** Name and address of the entity or entities sponsoring the MEWA or ECE**3b** Telephone number of the sponsor **3c** EIN **4a** Name and address of the agent for service of process or registered agent**4b** Telephone number of such person **4c** E-mail address of such person**5a** Name and address of each member of the Board, officer, trustee, or custodian of the MEWA or ECE

Teresa McKee  
760 Margrave Drive  
Reno, NV 89502

**5b** Telephone number of each such person (775) 829-5911

**5c** E-mail address of such person

Becky@nvar.org;Teresa@nvar.org

**6a** Name and address of all promoters and/or agents responsible for marketing the MEWA or ECE

Hometwon Health  
10315 Professional Circle  
Reno, NV 89521

**6b** Telephone number of each promoter or agent (775) 982-3232

**6c** E-mail address of such person

JHagar@hometownhealth.com

**6d** EIN of each promotor or agent 88-0177026

**7a** Name and address of any person, financial institution(s), or other entity holding assets for the MEWA or ECE

**7b** Telephone Number of person, financial institution, or entity

**8a** Name and address of any actuary(ies) providing services to the MEWA or ECE

**8b** Telephone number of each actuary

**8c** E-mail address of each actuary

**8d** EIN of each actuary

**9a** If the MEWA or ECE has a contract with a third party administrator (TPA) the name and address of the third party administrator(s)

**9b** Telephone number of each TPA

**9c** E-mail address of each TPA

**9d** EIN of each TPA

**10a** Name and address of any person or entity that has authority or control over the MEWA's or ECE's assets or over assets paid to the entity by plans or employers for the provision of benefits

**10b** Telephone number of each such person or entity

**10c** E-mail address of such person or entity

**10d** EIN of each such person or entity

**11a** Name and address of any person or entity that has discretionary authority, control, or responsibility with respect to the administration of the MEWA or ECE or any benefit program offered by it

Hometwon Health  
10315 Professional Circle  
Reno, NV 89502

**11b** Telephone number of each such person or entity (775) 982-3232

**11c** E-mail address of such person or entity

Jhagar@hometownhealth.com

**11d** EIN of each such person or entity 88-0177026

**12a** Names and addresses of the MEWAs or ECEs that merged

**12b** Telephone number of the entities

**12c** EINs

**13** Do you have an opinion from an actuary assessing the MEWA's or ECE's actuarial soundness, including the adequacy of contribution rates? **No**

**14a** Are you, your entity, and/or its officers, directors, and employees covered by fiduciary liability policies? Please identify the carrier that issued the fiduciary liability policy(ies) in the space provided. **No**

**14b** Are the fiduciaries of each of the plans whose participants are receiving benefits from the entity covered by a fiduciary liability policy? **No**

**15** Are all assets in the possession of the MEWA or ECE maintained consistent with section 403 of ERISA and 29 CFR 2550.403a-1 and 2550.403b-1? **Yes**  
If no, please explain.

**16a** Within the past five years, has any litigation or other enforcement proceeding (including any administrative proceeding) regarding any MEWA, ECE, or Group Health Plan been instituted by a Federal or State agency against the MEWA or ECE, a trustee, or a director, owner, partner, senior manager, or officer of the sponsoring entity? **No**

If yes, please identify each litigation or enforcement proceeding to include (if applicable): (1) the case number, (2) the date, (3) the nature of the proceedings, (4) the court, (5) all parties (for example, plaintiffs and defendants or petitioners and respondents), and (6) the disposition.

**16b** Have any of the persons or entities listed in this Part II ever been the subject of any criminal or civil investigation or action involving dishonesty or breach of trust or been convicted of a felony? **No**  
If yes, please explain.

**16c** Have any cease and desist orders been issued by a Federal or State agency against any of the entities listed in this Part II? **No**  
If so, please list the issuing entities and the year in which each order was issued.

Entity	Year
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**17** Complete a separate row for each state in which the entity operates in the following chart. (Note: Only entities that provide medical care (within the meaning of ERISA section 733(a) (2)) are required to file the Form M-1.):

17a	17b	17c	17d	17e	17f	17g	17h	17i	17j
Enter all States where the MEWA or ECE is operating.	Is coverage provided?	State registration number.	Name of state agent or entity for service of process.	Is the entity a licensed health insurer in this State?	If yes to 17e, enter NAIC number.	If no to 17e, is the entity fully insured?	If yes to 17g, enter name and NAIC number of insurer.	Does the entity purchase stop loss coverage?	If yes to 17i, enter the name and NAIC number of insurer.
NV <input type="checkbox"/> New State	Yes			No		Yes	Hometown Health Providers Company, Inc. #48305 Hometown Health Plans, Inc #95350	No	

**18** Of the States identified in box 17a, identify those States in which the entity conducted 20 percent or more of its business (based on the number of participants receiving coverage for medical care). **NV**

**19** Total number of participants covered under the entity. **4500**

### PART III INFORMATION FOR COMPLIANCE WITH PART 7 OF ERISA

**20** If you answered yes to box 16a, in reference to any State or Federal litigation or other enforcement proceeding (including any administrative proceeding), check yes below if the allegation concerns a provision under part 7 of ERISA, a corresponding provision under the Internal Revenue Code or Public Health Service Act, a breach of any duty under Title I of ERISA if the underlying violation relates to a requirement under part 7 of ERISA, or a breach of a contractual obligation if the contract provision relates to a requirement under part 7 of ERISA. **N/A**

**21** Is the MEWA subject to part 7 of ERISA on the date of the filing? (Note: The Self-Compliance Tool at [www.dol.gov/ebsa/pdf/cagappa.pdf](http://www.dol.gov/ebsa/pdf/cagappa.pdf) may be helpful in answering Boxes 21-21f.) If "yes," complete the following. **Yes**

**21a** Is the coverage provided by the MEWA or ECE in compliance with the portability and nondiscrimination provisions of the Health Insurance Portability and Accountability Act of 1996, including Title I of the Genetic Information Nondiscrimination Act of 2008, and the Department of Labor's (Department's) regulations issued thereunder? **Yes**

**21b** Is the coverage provided by the MEWA or ECE in compliance with the Mental Health Parity Act of 1996 and the Mental Health Parity and Addiction Equity Act of 2008 and the Department's regulations issued thereunder? **Yes**

**21c** Is the coverage provided by the MEWA or ECE in compliance with the Newborns' and Mothers' Health Protection Act of 1996 and the Department's regulations issued thereunder? **N/A**

**21d** Is the coverage provided by the MEWA or ECE in compliance with the Women's Health and Cancer Rights Act of 1998? **Yes**

**21e** Is the coverage provided by the MEWA or ECE in compliance with Michelle's Law? **Yes**

**21f** Is the coverage provided by the MEWA or ECE in compliance with the Patient Protection and Affordable Care Act of 2010 and the Department's regulations issued thereunder that are applicable as of the date signed at the bottom of this form? **Yes**

### ATTACHMENTS

### SIGNATURE

Under penalty of perjury and other penalties set forth in the instructions, I declare that I have examined this report, including any accompanying attachments, and to the best of my knowledge and belief, it is true and correct. Under penalty of perjury and other penalties set forth in the instructions, I also declare that, unless this is an extension request, this report is complete.

**Signature of Administrator:**   
**Address of Administrator:**   
**Date:**