

HOW TO SUBMIT AN INDIVIDUAL AND FAMILY APPLICATION

Step 1

On the homepage, click on the **Individual and Family Plan** drop down and select **New Application**.



INDIVIDUAL & FAMILY PLANS ▼

Step 2

Fill in the necessary **Subscriber Personal Information** denoted by a *.

Subscriber Personal Information

Residential Zip Code, County and State *

89521 - WASHOE - NEVADA

Zip Code
89521

County
WASHOE

State
NEVADA

First Name *
David

Last Name *
Rose

Email *
davidrose@test.com

Date of Birth *
08-02-1984



Request for Effective Date *

10/01/2021



Note: After the zip code is entered into the first line and the correct county/zip/state combination is chosen, the second line will populate.

Current necessary information required: Residential Zip Code, County, State, First and Last Name, Email Address, Date of Birth (MM/DD/YYYY), and Desired Effective Date.

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Step 3

Answer the **Open Enrollment** question. If you click **No**, you will see another question populate below.

Are you enrolling during Open Enrollment period 11/01 through 12/15?

Yes No

* Have you experienced a Qualifying Life Experience that can make you eligible for a Special Enrollment Period to enroll in health coverage? ⓘ

Yes No

Step 4

Click **Next** at the bottom.



Cancel

Step 5

Select the **Qualifying Life Event** and then check the box next in the acknowledgement section.

Qualifying Life Event*
Marriage/Divorce ▼

Request for Effective Date
2021-10-01



I acknowledge that I have a valid Qualifying Life Event and would like to change my effective date to the date above. I understand that Hometown Health will withhold all claim payments until I provide the necessary documentation and that if I fail to provide the required documentation I will be responsible for paying all claims, if any, incurred during that period.

HOW TO SUBMIT AN INDIVIDUAL AND FAMILY APPLICATION

Step 6

Click **Next** at the bottom of the screen.



Step 7

Next, fill in any additional members of the family by selecting **Add** in the top right corner.

✓ Family Members

✓ Family Members Details

First Name*	David	Middle Name*		Last Name*	Rose	Suffix	
Relationship*	Subscriber ▼	Birth Date*	08-02-1984	Social Security Nu...		Gender*	▼
Email Address*	davidrose@test.com						

Add

HOW TO SUBMIT AN INDIVIDUAL AND FAMILY APPLICATION

Step 8

Fill in all necessary information denoted by a *.

Family Members Details

First Name*	Middle Name* ⓘ	Last Name*	Suffix
Alexis	Claire	Rose	
Relationship*	Birth Date*	Social Security Nu...	Gender*
Child ▼	08-06-2003 📅		Female ▼
Email Address			

Current necessary information required: First, Middle, and Last Name, Date of Birth (MM/DD/YYYY), Relationship to Subscriber, and Gender. *If the person doesn't have a middle name, please use X.*

Step 9

Once you have filled in the information, click **Next** at the bottom of the screen.

Next 

Previous

Cancel

HOW TO SUBMIT AN INDIVIDUAL AND FAMILY APPLICATION

Step 10

Next you need select the coverage option. You will know it has been selected because it is highlighted in orange. Click **Next** once you have selected your option.

Select Coverage Options

Select the types of coverage for enrollment



Medical



Cancel Save for later

Step 11

Now you will need to select your coverage. You can sort through HMO/PPO/EPO by using the drop down on the left hand side.



HOW TO SUBMIT AN INDIVIDUAL AND FAMILY APPLICATION

Step 12

You can compare plans by selecting the compare button. You must choose more than one and up to four to compare.



21 IF PPO 50-NA 0000 P D8550X2

[Plan Details](#) [Summary of Benefits](#) [Evidence of Coverage](#)

✓ **Standout Features**

PCP CO-PAY \$70, CYD, \$0	SPECIALIST CO-PAY CYD, \$0	DEDUCTIBLE \$8,550
INPATIENT HOSPIT... CYD, \$0	OUT OF POCKET M... \$8,550	

\$624.20/mo

+ Add to Cart

Compare

Step 13

After you have selected the plans you would like to compare, scroll back up to the top and select the compare button in the top right hand corner.



*If you choose to not compare plans, simply click Add to Cart and follow Step 15.

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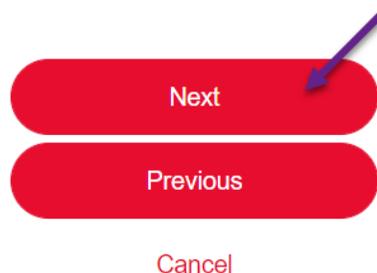
Step 14

You will see a comparison of the plans you have selected. You may select the **Select** button to choose this plan. Click the **X** to exit this screen.

	21 IF PPO 50-NA 0000 P D8550X2 \$624.20/Mo	21 IF PPO 00-NA 0000 P D8550X2 \$656.82/Mo	21 IF PPO 00-NA 0000 E D7000... \$693.82/Mo
	Select	Select	Select
Deductible*	\$8,550	\$8,550	\$7,000
Inpatient Hospital Benefit	CYD, \$0	CYD, \$0	CYD, \$0
Metal Tier*	Catastrophic	Bronze	Bronze
Out of Pocket Maximum*	\$8,550	\$8,550	\$7,000
PCP Copay*	\$70, CYD, \$0	CYD, \$0	CYD, \$0
Specialist Co-pay	CYD, \$0	CYD, \$0	CYD, \$0
Product Code*	85266NV0030064	85266NV0030079	85266NV0030081

Step 15

Once you have selected a plan, scroll to the bottom and click on the **Next** button.



HOW TO SUBMIT AN INDIVIDUAL AND FAMILY APPLICATION

Step 16

Read through the Terms and Conditions. Once you have done that, click the check box on the left hand side under Attesting and then click **Next**.

Attesting,



I, David Rose, have personally read and completed this application and I understand and agree to the terms and conditions outlined above.



Step 17

You will now see the **Confirm Plan** page. Review the information and then click **Next** at the bottom.



Confirm Plan

Subscriber Details

Applicant Name : David Rose

Applicant DOB : 08-02-1984

Family Member Price Breakup

NAME	RELATIONSHIP	DATE OF BIRTH	PRICE
David Eugene Rose	Subscriber	08-02-1984	\$385.80
Alexis Claire Rose	Child	08-29-2012	\$238.40

Medical

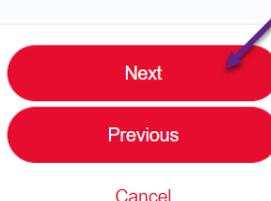
21 IF PPO 50-NA 0000 P D8550X2

[Plan Details](#)

\$624.20/Mo

Who's Covered?

You



HOW TO SUBMIT AN INDIVIDUAL AND FAMILY APPLICATION

Step 18

Next you will fill in the address details for the member. Fill in all necessary information denoted by a *. You can populate the mailing address with the permanent address by clicking the checkbox in between the mailing and permanent address.

Physical Address

Physical Street*
10315 Professional Circle

Physical City*
Reno

Physical State*
Nevada

Physical Zip Code*
89521

Physical County*
89521

Click here to populate the Mailing Address with Permanent Address

Mailing Address

Mailing Street
10315 Professional Circle

Mailing City
Reno

Mailing State
Nevada

Mailing Zip Code
89521

Mailing County
89521

Step 19

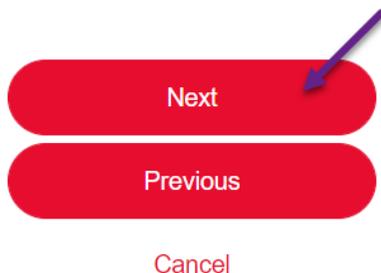
Add the dependent address. If it is the same as the subscriber, scroll to the bottom and check the box that says it is the same.

Click here if the Permanent Residence, Mailing Address and phone number are the same as the Primary Subscriber

HOW TO SUBMIT AN INDIVIDUAL AND FAMILY APPLICATION

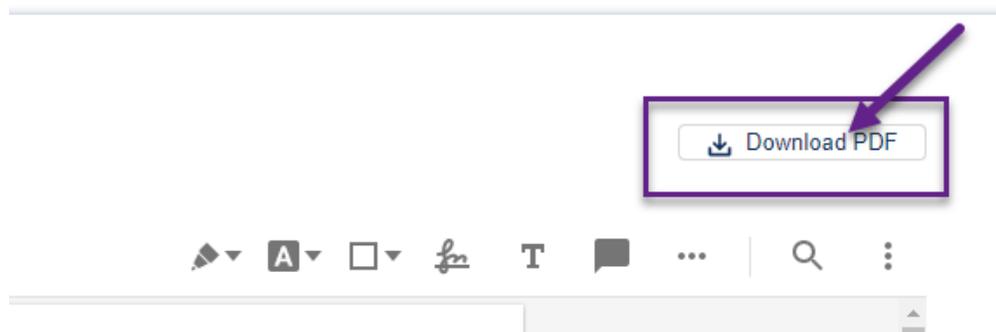
Step 20

Once all necessary information has been filled in, please click **Next** at the bottom of the screen.

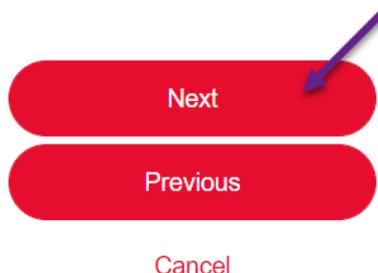


Step 21

You will now see the Enrollment Summary which you can download as a PDF by clicking on the button in the upper right hand corner.



You will click Next at the bottom of the screen once you are done downloading the copy.



HOW TO SUBMIT AN INDIVIDUAL AND FAMILY APPLICATION

Step 22

Now you enter the payment information by selecting the payment method.

*Payment Method

Credit Card	Electronic Funds Transfer
-------------	---------------------------

Step 23

Enter all necessary payment information denoted by a *. Click Next once you have filled all fields in.

*Payment Method

Credit Card	Electronic Funds Transfer
-------------	---------------------------

Name on Card*
David Rose

Exp. Date (MM/YY)*
01/22

Card Number*
999999999999

CVV - Optional
999

What is CVV?

Billing Address
10315 Professional Circle

Billing City
Reno

Billing State/Province/Region
NV

Billing Zip Code
89521

Amount due : \$ 624.2

Next

Previous

Cancel Save for later

HOW TO SUBMIT AN INDIVIDUAL AND FAMILY APPLICATION

Step 24

You will see the confirmation of the application. Click **Close** to exit the application.



Confirmation

Thank you. Your application has been submitted for processing.

Close

Cancel

TIP

There is a bar at the top of the application that acts a map, letting you know where you are at when submitting the application.



How to Renew an Individual and Family Plan

Step 1

Click on the link in the email that has been sent to you for the IFP renewal.

Step 2

You will be taken to the **Contract Page**. Click on **Launch Renewal** on the left hand side of the screen.

Account Name	Employee Count	Status	Contract Owner	Contract Record Type
Ted J Mullens	0	Draft	David Rose	Individual & Family

Step 3

You will be taken to the **Subscriber Personal Information** page. You currently cannot edit any information on this page except First Name, Last Name, and Email Address. Continue to the bottom of the page and select if the member is renewing during the Open Enrollment Period or not. Click **Next**.

Are you enrolling during Open Enrollment period 11/01 through 12/15?

Yes No

Next

How to Renew an Individual and Family Plan

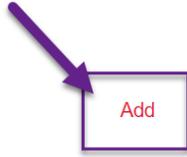
Step 4

Now you will review the Family Members. If a family member needs to be added, click add in the right hand corner. Fill in the information denoted with an * and the click Next at the bottom of the screen. If not, click **Next** at the bottom to continue.

My Family

Please complete the required fields below

▼ Family Members



▼ Family Members Details

First Name* Ted	Middle Name* ⓘ J	Last Name* Mullens	Suffix
Relationship* Subscriber ▼	Birth Date* 09-28-1989 ⓘ	Social Security Numb...	Gender* Male ▼
Email Address* test@test.com			

How to Renew an Individual and Family Plan

Step 5

Next, you will see the Coverage Options. You will notice that is already highlighted for you in orange. All you need to do is click **Next** at the bottom of the screen.

Select Coverage Options

Select the types of coverage for enrollment



Medical



Cancel Save for later

How to Renew an Individual and Family Plan

Step 6

You will now choose if you are going to renew on the mapped plan or on an alternate plan. The plan in the **red box** is your mapped plan. To renew on that plan, click renew on mapped plan at the bottom. To view alternate plans, click alternate plans at the bottom of the screen. Click **Next** at the bottom.

This tip sheet will cover an alternate plan

Replaces 21 IF PPO 30-CO 3500 A D3000X2

22 IF Hometown Gold PPO

\$641.53/mo

[Plan Details](#) [Compare Plans](#)

✓ **Standout Features**

PCP CO-PAY \$30	SPECIALIST CO-PAY \$60	DEDUCTIBLE \$500
INPATIENT HOSPIT... \$2,000	OUT OF POCKET ... \$5,000	

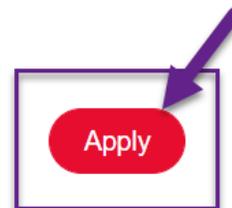
Renew on mapped plan

View alternate plans

Step 7

Now you can review and compare alternate plans. To switch products, use the filter function on the left hand side to select your product and then click **Apply**.

Sub Type
PPO



How to Renew an Individual and Family Plan

Step 8

To select a plan, click the Add To Cart button. If you would like compare multiple plans, click compare on at least two different plans. Currently, you can compare Sub Types. You currently can only compare HMO to HMO, PPO to PPO, and EPO to EPO. Once you have chosen, click **Next** at the bottom of the screen.

22 IF Hometown Gold PPO

[Plan Details](#) [Summary of Benefits](#) [Evidence of Coverage](#)

✓ **Standout Features**

PCP CO-PAY \$30	SPECIALIST CO-PAY \$60	DEDUCTIBLE \$500
INPATIENT HOSPIT... \$2,000	OUT OF POCKET M... \$5,000	

Compare

\$641.53/mo

+ Add to Cart

Step 9

Read through the terms and conditions. Once you have done that, click the checkbox at the bottom of the screen and then click **Next**.

Attesting,

I, Ted Mullens, have personally read and completed this application and I understand and agree to the terms and conditions outlined above.

Next

Previous

[Cancel](#) [Save for later](#)

How to Renew an Individual and Family Plan

Step 10

Next, confirm the plan and click **Next** at the bottom of the screen.

Step 11

Your Enrollment Summary will now generate. You can download this by clicking **Download PDF** in the right hand corner of the screen. Once you have reviewed this page, click **Next** at the bottom of the screen.

A rectangular button with a blue download icon and the text "Download PDF". A purple arrow points to the button from the top right.

Download PDF

Step 12

Next is the payment screen. The member will have their payment automatically taken from their account. This is more of a reminder of that. Click **Next** at the bottom of the screen.



Payment

If you haven't already done so, we recommend that you create your MyChart account by visiting <https://mychart.renown.org/mychart/Authentication/Login?> If you do have a MyChart account, please update your Patient Wallet with your credit card information for which you would like your monthly invoice to be charged. Your next payment will be drafted from your account on 01/01/2022.

A red rounded rectangular button with the text "Next". A purple arrow points to the button from the top right.

Next

A red rounded rectangular button with the text "Previous".

Previous

How to Renew an Individual and Family Plan

Step 13

You have now completed the renewal. Be on the lookout for an email with the confirmation.



Confirmation

Thank you

Your renewal has been submitted for processing.

Close