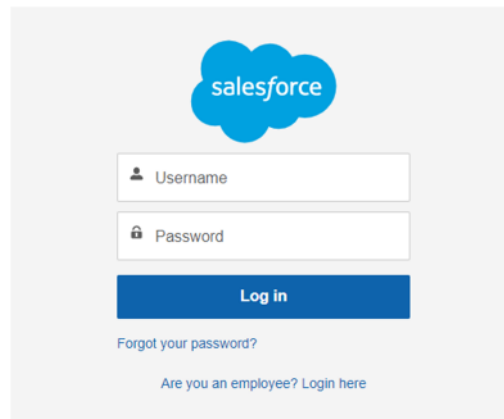


QUOTING AND ENROLLING AN INDIVIDUAL AND FAMILY MEMBER OFF EXCHANGE

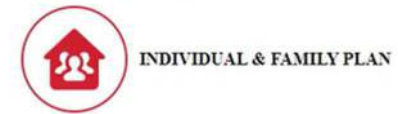
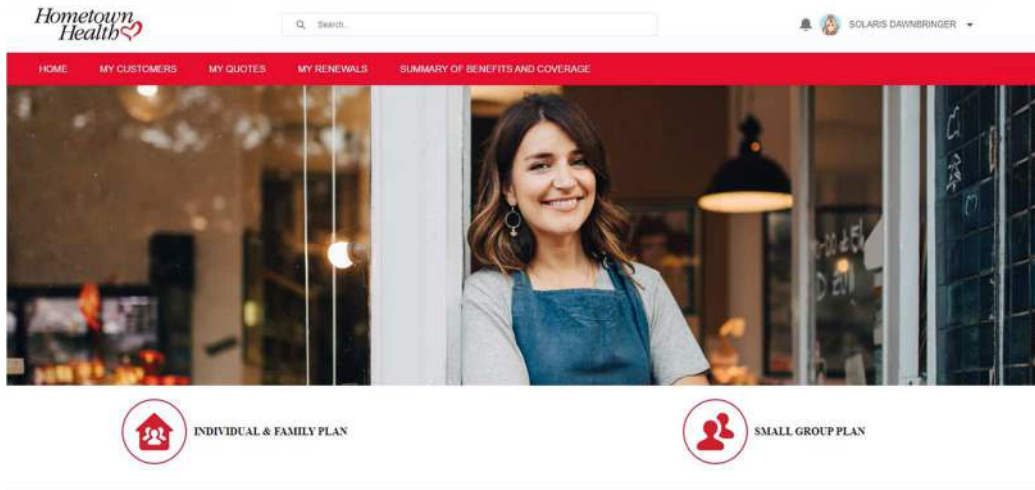
Broker Log-in page

- Log into your Salesforce account at <https://enroll.hometownhealth.com/s/login/>



The image shows a Salesforce login page. At the top center is the Salesforce logo, which consists of a blue cloud shape with the word "salesforce" in white lowercase letters. Below the logo are two input fields: the first is labeled "Username" with a person icon to its left, and the second is labeled "Password" with a lock icon to its left. Below these fields is a blue button with the text "Log in" in white. Underneath the button, there are two links: "Forgot your password?" and "Are you an employee? Login here".

- Choose **Individual & Family Plan** from the icons below



- Enter the information in the Subscriber Personal Information section as shown below. ***IF YOU DO NOT COMPLETE THE ENTIRE ENROLLMENT PROCESS, YOU MUST SELECT *SAVE FOR LATER* TO BE ABLE TO RESUME YOUR QUOTE***

Subscriber Personal Information



Subscriber Personal Information

Residential Zip Code, County and State*

Zip Code County State

First Name* Last Name*

Email* Date of Birth*

Request for Effective Date*

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

Yes No

Please be advised: Individuals that have not experienced a Qualifying Life Event are only able to sign up for health coverage during open enrollment, 11/01 through 12/15.

Next

Cancel

Next

Previous

Cancel

Save for later

Enter the zip code and select the appropriate county from the drop-down list


Subscriber Personal Information



The zip code that you have entered is not in Hometown Health's or Senior Care Plus's Service Area. If you feel that you have reached this message in error, please contact our Sales Team at 775-982-3158.

Residential Zip Code, County and State*

89521

89521 - STOREY - NEVADA

89521 - WASHOE - NEVADA

First Name*

Last Name*

- Enter the Subscriber date of birth using the format shown below as MM/DD/YYYY

Johnson

Date of Birth*

07/10/1972



- Enter the Effective Date using the drop-down, as shown below

Request for Effective Date*

--

02/01/2023

03/01/2023

04/01/2023

02/01/2022

03/01/2022

04/01/2022

- With the exception of the annual Open Enrollment period, you must have a Qualifying Life Event (QLE) within 60 days of the effective date

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



Yes No

Please be advised: Individuals that have not experienced a Qualifying Life Event are only able to sign up for health coverage during open enrollment, 11/01 through 12/15.

- Enter the Qualifying Life Event information as shown below.



A change in your life that can make you eligible for a Special Enrollment Period to enroll in health coverage. Examples of qualifying life events are moving to a new state, certain changes in your income, and changes in your family size (for example, if you marry, divorce, or have a baby). (Source: [HealthCare.gov](#))

Qualifying Life Event* ▼

Date of Qualifying Life Event or Date of Loss of Coverage* 📅

Request for Effective Date
2023-02-01

The application must be effective no later than 60 days after the date of the Qualifying Life Event. If the current and/or application effective date is past the 60-day window you do not qualify for the special enrollment period. Hometown Health will request documentation of the event after the application is submitted along with instructions on how and where to send this information.

An employee who is offered an Employer Individual Coverage Health Reimbursement Arrangement (ICHRA) will generally receive a written notice from the employer within 90 days prior to the effective date of coverage. However, employees who become eligible during the plan year, or later than the 90 days before the start of the plan year (newly hired employees), will receive notice no later than the date on which their coverage under the ICHRA becomes effective. The ICHRA effective date must coincide with the Hometown Health Individual and Family health plan coverage effective date.

✓ Acknowledgement

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.

You can also enroll in a health insurance plan for you and your family through the Silver State Health Insurance Exchange (Nevada's state-based health insurance exchange). The Silver State Health Insurance Exchange allows you to get quotes from different insurance companies that are available on the Exchange. You can compare different plans, get quotes and find out if you qualify for financial assistance. The Silver State Health Insurance Exchange is the only way to receive financial assistance for your health insurance. You can enroll online by visiting [nevadahealthlink.com](#) or by calling 1-800-547-2927 TTY 711.

Next

Previous

- Choose from one of the available Qualifying Life Events from the drop-down box as shown below

A change in your life that can make you eligible for a Special Enrollment Period to enroll in health coverage. Examples of qualifying life events are moving to a new state, certain changes in your income, and changes in your family size (for example, if you marry, divorce, or have a baby). (Source: HealthCare.gov)

Qualifying Life Event*

-- Clear --

- Involuntary Loss of Essential Health Coverage
- Marriage
- Divorce
- Moved Outside of Insurer's Coverage Area
- Birth
- Adoption/Placement for Adoption
- Employer Individual Coverage Health Reimbursement Arrangement Enrollment (ICHRA)

Now you do not qualify for the special enrollment period. Hometown Health will request

30 days prior to the effective date of coverage. However, employees who become eligible for the ICHRA becomes effective. The ICHRA effective date must coincide with the

✓ Acknowledgement

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.

You can also enroll in a health insurance plan for you and your family through the Silver State Health Insurance Exchange (Nevada's state-based health insurance exchange). The Silver State Health Insurance Exchange allows you to get quotes from different insurance companies that are available on the Exchange. You can compare different plans, get quotes and find out if you qualify for financial assistance. The Silver State Health Insurance Exchange is the only way to receive financial assistance for your health insurance. You can enroll online by visiting nevadahealthlink.com or by calling 1-800-547-2927 TTY 711.

- Completed example shown below. Click Next.



A change in your life that can make you eligible for a Special Enrollment Period to enroll in health coverage. Examples of qualifying life events are moving to a new state, certain changes in your income, and changes in your family size (for example, if you marry, divorce, or have a baby). (Source: [HealthCare.gov](https://www.healthcare.gov))

Qualifying Life Event*
Involuntary Loss of Essential Health Coverage

Your Current/Previous Carrier*
Anthem

Date of Qualifying Life Event or Date of Loss of Coverage*
01-31-2023

Request for Effective Date
2023-02-01

The application must be effective no later than 60 days after the date of the Qualifying Life Event. If the current and/or application effective date is past the 60-day window you do not qualify for the special enrollment period. Hometown Health will request documentation of the event after the application is submitted along with instructions on how and where to send this information.

An employee who is offered an Employer Individual Coverage Health Reimbursement Arrangement (ICHRA) will generally receive a written notice from the employer within 90 days prior to the effective date of coverage. However, employees who become eligible during the plan year, or later than the 90 days before the start of the plan year (newly hired employees), will receive notice no later than the date on which their coverage under the ICHRA becomes effective. The ICHRA effective date must coincide with the Hometown Health Individual and Family health plan coverage effective date.

✓ Acknowledgement



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.

You can also enroll in a health insurance plan for you and your family through the Silver State Health Insurance Exchange (Nevada's state-based health insurance exchange). The Silver State Health Insurance Exchange allows you to get quotes from different insurance companies that are available on the Exchange. You can compare different plans, get quotes and find out if you qualify for financial assistance. The Silver State Health Insurance Exchange is the only way to receive financial assistance for your health insurance. You can enroll online by visiting nevadahealthlink.com or by calling 1-800-547-2927 TTY 711.

Next

Previous



- Complete the Subscriber's data as shown below, including the Subscriber's Social Security number and Tobacco Use attestation. Add dependents if needed, including the Tobacco Use attestation for each member. ****Please note that if you click next and you have forgotten to add a dependent, you cannot return to this screen****

Hometown Health Search... SOLARIS DAWNBRINGER

HOME MY CUSTOMERS MY QUOTES MY RENEWALS SUMMARY OF BENEFITS AND COVERAGE

My Family

Family Members

Family Members Details

First Name* Jack Middle Initial Last Name* Johnson Suffix

Relationship* Subscriber Birth Date* 07-10-1972 Social Security Number Gender*

Tobacco Use? Email Address* jjohnson@dispostable.com

Premiums will be charged based on the member's age at renewal. Families with more than three children under age 21 covered under one subscriber will not be charged for more than three children under age 21. Please complete the required fields below.

Warning: Please enter a valid SSN for yourself and your enrolled dependents to avoid disruption of your coverage and validation of your MyChart account.

Family Members Add

Family Members Details

First Name* Jack Middle Initial Last Name* Johnson Suffix

Relationship* Subscriber Birth Date* 07-10-1972 Social Security Number Gender*


Tobacco Use? Email Address* jjohnson@dispostable.com

Warning: By clicking on 'Next' below, you are confirming that the enrollee details are correct. Once you have clicked on 'Next' you will not be able to make changes to the census.

Next


Previous

- Completed example shown below. Select the Add option next to Family Members Detail to enter additional family members.

Hometown Health Q Search... 

My Family

Premiums will be charged based on the member's age at renewal. Families with more than three children under age 21 covered under one subscriber will not be charged for more than three children under age 21.
Please complete the required fields below

 Please enter a valid SSN for yourself and your enrolled dependents to avoid disruption of your coverage and validation of your MyChart account.

▼ **Family Members** Add


▼ **Family Members Details**

<small>First Name*</small> Jack	<small>Middle Initial</small>	<small>Last Name*</small> Johnson	<small>Suffix</small>
<small>Relationship*</small> Subscriber ▼	<small>Birth Date*</small> 07-10-1972	<small>Social Security Number</small> *****	<small>Gender*</small> Male ▼
<small>Tobacco Use?*</small> No ▼	<small>Email Address*</small> jjohnson@dispostable.com		

▼ **Family Members 2** Add Delete

▼ **Family Members Details**

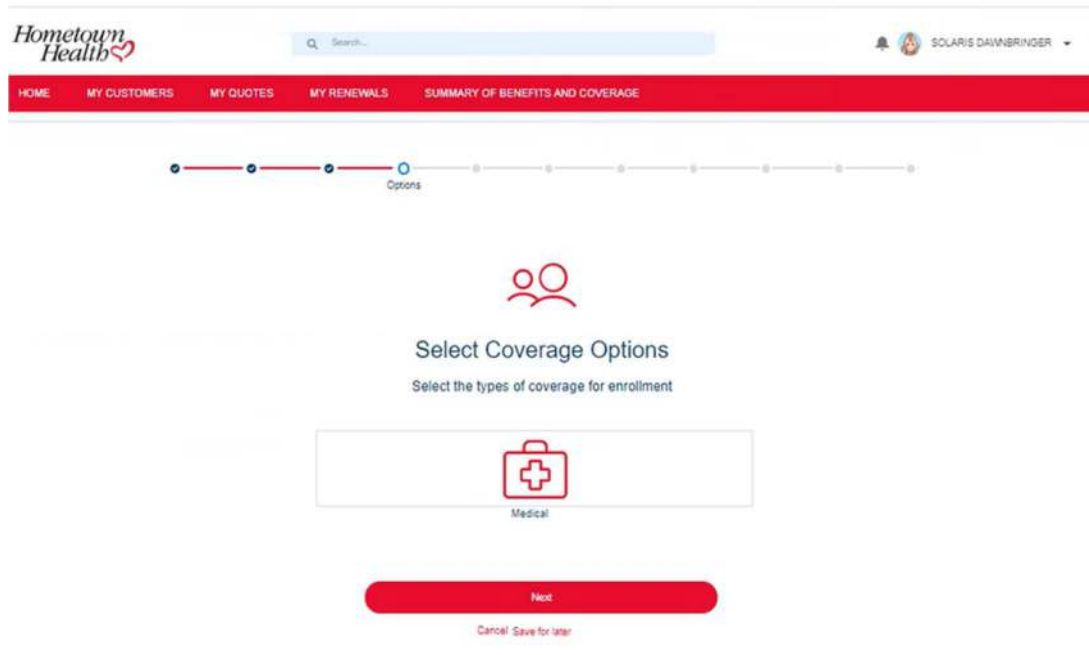
<small>First Name*</small> Marley	<small>Middle Initial</small>	<small>Last Name*</small> Johnson	<small>Suffix</small>
<small>Relationship*</small> Required ▼	<small>Birth Date*</small> Required	<small>Social Security Number</small>	<small>Gender*</small> Required ▼
<small>Tobacco Use?*</small> Required ▼	<small>Email Address</small>		

 By clicking on 'Next' below, you are confirming that the enrollee details are correct. Once you have clicked on 'Next' you will not be able to make changes to the census.

Next

Previous

- Select Coverage Options by selecting the Medical option and Next.



The screenshot shows the Hometown Health website interface. At the top left is the logo "Hometown Health" with a heart icon. To its right is a search bar with the text "Search...". Further right is a user profile icon and the name "SOLARIS DAWBRINGER" with a dropdown arrow. Below this is a red navigation bar with white text links: "HOME", "MY CUSTOMERS", "MY QUOTES", "MY RENEWALS", and "SUMMARY OF BENEFITS AND COVERAGE". Below the navigation bar is a progress indicator consisting of a horizontal line with several circular markers; the fourth marker from the left is highlighted in blue and labeled "Options".

In the center of the page, there is a red icon of two people. Below it, the text reads "Select Coverage Options" and "Select the types of coverage for enrollment".

Below this text is a white rectangular box containing a red icon of a first aid kit with a cross. Underneath the icon, the word "Medical" is written in a small font.

At the bottom of the selection area, there is a prominent red button with the word "Next" in white text. Below the "Next" button, there is a smaller, less prominent link that says "Cancel Save for later".

- You can view plans, options, and compare benefits, as well as view all plan designs or filter to view specific plan designs.

Hometown Health | Search... | SOLARIS DAWNBINGER

HOME MY CUSTOMERS MY QUOTES MY RENEWALS SUMMARY OF BENEFITS AND COVERAGE

Plan Selection

Next
Previous

Select Medical Coverage
Select medical plan(s) for medical enrollment

Please select at least one plan to proceed to the next page.

Sub Type: All | Apply

Sub Type: All, HMO, EPO, PPO

23 IFP Renown Catastrophic HMO

Sub Type: All | Apply

Results | Sort By: Price Low to High

13 Available Plans

23 IFP Renown Catastrophic HMO

Plan Details | Summary of Benefits | Evidence of Coverage | Provider Directory

By selecting this plan, you attest that you meet the following requirements:
Myself and my dependents are under age 30 prior to coverage effective date or we have received a certificate of exemption related to the ability to purchase affordable coverage or a hardship.

Standout Features

PCP CO-PAY \$55.00 Copay after deductible	SPECIALIST CO-PAY \$0.00 Copay after deductible	DEDUCTIBLE \$9,100
INPATIENT HOSPITAL BENEFIT \$0.00 Copay per Stay after deductible	OUT OF POCKET MAXIMUM \$9,100	

Compare

\$969.98/mo

Add to Cart

Compare

- Select the Compare button to compare more than one plan

<p>23 IFP Renown Bronze HMO D9100</p> <p>Plan Details Summary of Benefits Evidence of Coverage Provider Directory</p> <p>Standout Features</p> <table border="1"> <tr> <td>PCP CO-PAY \$0.00 Copay after deductible</td> <td>SPECIALIST CO-PAY \$0.00 Copay after deductible</td> <td>DEDUCTIBLE \$9,100</td> </tr> <tr> <td>INPATIENT HOSPITAL BENEFIT \$0.00 Copay per Stay after deductible</td> <td>OUT OF POCKET MAXIMUM \$9,100</td> <td></td> </tr> </table>	PCP CO-PAY \$0.00 Copay after deductible	SPECIALIST CO-PAY \$0.00 Copay after deductible	DEDUCTIBLE \$9,100	INPATIENT HOSPITAL BENEFIT \$0.00 Copay per Stay after deductible	OUT OF POCKET MAXIMUM \$9,100		<p><input checked="" type="checkbox"/> Compare</p> <p>\$1,070.16/mo</p> <p>+ Add to Cart</p>
PCP CO-PAY \$0.00 Copay after deductible	SPECIALIST CO-PAY \$0.00 Copay after deductible	DEDUCTIBLE \$9,100					
INPATIENT HOSPITAL BENEFIT \$0.00 Copay per Stay after deductible	OUT OF POCKET MAXIMUM \$9,100						
<p>23 IFP Renown Bronze HMO HDHP</p> <p>Plan Details Summary of Benefits Evidence of Coverage Provider Directory</p> <p>Standout Features</p> <table border="1"> <tr> <td>PCP CO-PAY \$80.00 Copay after deductible</td> <td>SPECIALIST CO-PAY \$160.00 Copay after deductible</td> <td>DEDUCTIBLE \$3,550</td> </tr> <tr> <td>INPATIENT HOSPITAL BENEFIT \$3550.00 Copay per Stay after deductible</td> <td>OUT OF POCKET MAXIMUM \$7,100</td> <td></td> </tr> </table>	PCP CO-PAY \$80.00 Copay after deductible	SPECIALIST CO-PAY \$160.00 Copay after deductible	DEDUCTIBLE \$3,550	INPATIENT HOSPITAL BENEFIT \$3550.00 Copay per Stay after deductible	OUT OF POCKET MAXIMUM \$7,100		<p><input checked="" type="checkbox"/> Compare</p> <p>\$1,187.78/mo</p> <p>+ Add to Cart</p>
PCP CO-PAY \$80.00 Copay after deductible	SPECIALIST CO-PAY \$160.00 Copay after deductible	DEDUCTIBLE \$3,550					
INPATIENT HOSPITAL BENEFIT \$3550.00 Copay per Stay after deductible	OUT OF POCKET MAXIMUM \$7,100						
<p>23 IFP Renown Bronze HMO</p> <p>Plan Details Summary of Benefits Evidence of Coverage Provider Directory</p> <p>Standout Features</p> <table border="1"> <tr> <td>PCP CO-PAY \$80.00</td> <td>SPECIALIST CO-PAY \$160.00</td> <td>DEDUCTIBLE \$0</td> </tr> <tr> <td>INPATIENT HOSPITAL BENEFIT \$4000.00 Copay per Stay</td> <td>OUT OF POCKET MAXIMUM \$9,100</td> <td></td> </tr> </table>	PCP CO-PAY \$80.00	SPECIALIST CO-PAY \$160.00	DEDUCTIBLE \$0	INPATIENT HOSPITAL BENEFIT \$4000.00 Copay per Stay	OUT OF POCKET MAXIMUM \$9,100		<p><input checked="" type="checkbox"/> Compare</p> <p>\$1,238.30/mo</p> <p>+ Add to Cart</p>
PCP CO-PAY \$80.00	SPECIALIST CO-PAY \$160.00	DEDUCTIBLE \$0					
INPATIENT HOSPITAL BENEFIT \$4000.00 Copay per Stay	OUT OF POCKET MAXIMUM \$9,100						
<p>23 IFP Hometown Bronze EPO HDHP</p> <p>Plan Details Summary of Benefits Evidence of Coverage Provider Directory</p> <p>Standout Features</p> <table border="1"> <tr> <td>PCP CO-PAY \$80.00 Copay after deductible</td> <td>SPECIALIST CO-PAY \$160.00 Copay after deductible</td> <td>DEDUCTIBLE \$3,550</td> </tr> <tr> <td>INPATIENT HOSPITAL BENEFIT \$3550.00 Copay per Stay after deductible</td> <td>OUT OF POCKET MAXIMUM \$7,100</td> <td></td> </tr> </table>	PCP CO-PAY \$80.00 Copay after deductible	SPECIALIST CO-PAY \$160.00 Copay after deductible	DEDUCTIBLE \$3,550	INPATIENT HOSPITAL BENEFIT \$3550.00 Copay per Stay after deductible	OUT OF POCKET MAXIMUM \$7,100		<p><input type="checkbox"/> Compare</p> <p>\$1,310.78/mo</p> <p>+ Add to Cart</p>
PCP CO-PAY \$80.00 Copay after deductible	SPECIALIST CO-PAY \$160.00 Copay after deductible	DEDUCTIBLE \$3,550					
INPATIENT HOSPITAL BENEFIT \$3550.00 Copay per Stay after deductible	OUT OF POCKET MAXIMUM \$7,100						

Compare

Tier

Sort By: Price Low to High

- After selecting Compare Plans, you can view a high level comparison of plan designs and premiums

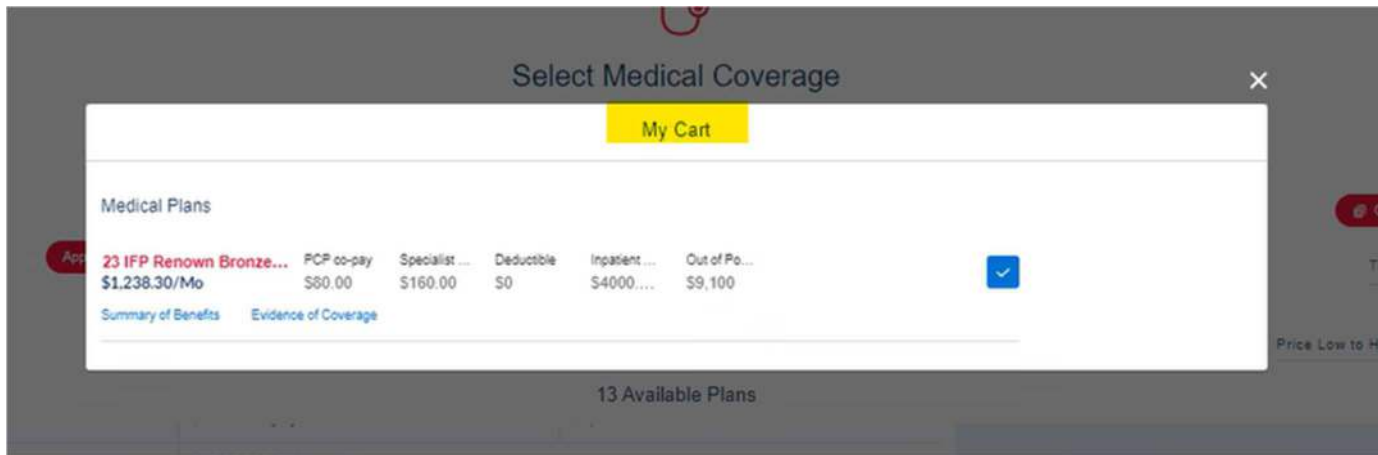
Please select at least one plan to proceed to the next page.

Compare Plans

	Alternate Plan 23 IFP Renown Bronze HMO D9100 \$1,070.18/Mo	Alternate Plan 23 IFP Renown Bronze HMO HDHP \$1,187.78/Mo	Alternate Plan 23 IFP Renown Bronze HMO \$1,228.30/Mo
	Select	Select	Select
Product Code*	2023_41094NV0030049-00	2023_41094NV0030051-00	2023_41094NV0030064-00
Product Market	Individual	Individual	Individual
Product Segment	HMO	HMO	HMO
Deductible*	\$0.100	\$3,500	\$0
Inpatient Hospital Benefit*	\$0.00 Copay per Stay after deductible	\$3500.00 Copay per Stay after deductible	\$4000.00 Copay per Stay
Metal Tier*	Bronze	Expanded Bronze	Expanded Bronze
Out of Pocket Maximum*	\$8,100	\$7,100	\$6,100
PCP Co-Pay*	\$0.00 Copay after deductible	\$00.00 Copay after deductible	\$00.00
Specialist Co-pay*	\$0.00 Copay after deductible	\$100.00 Copay after deductible	\$100.00

23 IFP Renown Bronze HMO D9100

- You can select the desired plan for enrollment from the comparison or from the main benefits screen, then view the cart to confirm. You can only choose one plan to be added to the cart, which will be the intended plan for enrollment.



- FOR HMO PLANS ONLY You will need to acknowledge that you are required to select a Renown Primary Care Physician (PCP)

Please Acknowledge

By selecting the box below, I confirm that I will be required to select a Renown Health Plan Primary Care Physician (PCP). I must see the selected Renown Health Plan PCP and receive a referral prior to scheduling or receiving any specialist care. Visits to PCPs not included in this list will not be covered and will be the financial responsibility of the member. Visits to specialists without a referral from a Renown Medical Group will not be covered and will be the financial responsibility of the member. Furthermore, I must utilize the Hometown Signature Preferred Pharmacy Network. Prescription drugs purchased at Pharmacies not included in this network will not be covered.

I understand and I am willing to accept these conditions.

- Review Terms and Conditions and click on the **Attesting** box to proceed.

**IMPORTANT:**

- It is important that you carefully read and understand the following. All applicants age 18 and over must personally read and agree to the following

Terms and Conditions

- By applying for coverage, I, the undersigned, agree to and understand the following:

- Contract.** If this application is accepted, this application, the Evidence of Coverage and Schedule of Benefits will become part of my contract with Hometown Health. I am responsible for reading and accurately completing this application. I am responsible for reading the Evidence of Coverage and Schedule of Benefits.
- Current Health Coverage.** If you currently have health coverage, we strongly recommend that you maintain your coverage until the effective date of your Hometown Health Policy.
- Out-of-Network Providers.** If I enroll in an HMO or EPO plan and use an out-of-network hospital or physician for non-emergency care, the charges will not be covered and will be my responsibility to pay. If I enroll in a PPO plan and use an out-of-network hospital or physician, I will have to pay more than if I use an in-network hospital or physician.
- Effective Date.** The effective date of my coverage will be the effective date listed on the application, unless our enrollment rules and the required documentation (such as a marriage or birth certificate) support a different effective date.
- Initial Payment not a Guarantee of Coverage.** Even if I pay money with this application, that money is only a deposit against future premiums in the event this application is accepted. Cashing my check or charging my credit card does not mean my application is approved. If this application is not approved due to misrepresentations or misstatements, neither Hometown Health nor any affiliated company shall have any liability to me or anyone else listed on it, except for the obligation to return the money submitted with this application. If this application is not accepted, I will not be entitled to benefits or coverage from Hometown Health.
- Authority.** The selling agent has no authority to modify Hometown Health policies or the terms of any Hometown Health coverage.
- Minors.** If the applicant is a minor, I accept full legal and financial responsibility for the coverage and information provided on this application. Court documents establishing guardianship must be submitted if the responsible adult is not the parent.
- Change in Status.** I must promptly communicate any changes to my status to Hometown Health.
- Pediatric Vision Coverage.** All members under the age of 18 enrolled in my Hometown Health medical plan have Pediatric Vision Essential Health Benefit coverage through a policy issued through Hometown Health or another company.
- Rescission.** I understand that if any act, practice, or omission that constitutes fraud, or intentional misrepresentation of material fact is discovered in this application, Hometown Health may revoke my coverage. This means Hometown Health may cancel membership as if it never existed. Also, after approval for membership, if any act, practice, or omission that constitutes fraud, or intentional misrepresentation of material fact is discovered by Hometown Health that was not provided to Hometown Health prior to the effective date of the policy, the plan may revoke coverage.

I understand that if my coverage is revoked, I will be sent written notice that will explain the basis for the decision and my appeal rights. I have the option to submit a new application in the future to be considered for enrollment. I also understand that I may be required to pay for any claims that were paid while a member and that Hometown Health will refund all amounts paid by me except amounts owed to Hometown Health.

11. **Release of Information.** I authorize Hometown Health, or an agent, subsidiary or affiliate that has a business contract with Hometown Health, to obtain any medical records or other health history information concerning me and any family member listed on my application from any physicians, hospitals, pharmacies, other health care providers, pharmacy benefits managers, health benefits plans, health insurers, medical or pharmacy benefit administrators, Consumer Reporting Agencies, and/or insurance support organizations.

I also authorize any physicians, hospitals, pharmacies, other health care providers, pharmacy benefits managers, health benefit plans, medical or pharmacy benefit administrators, to furnish any medical records or health history information concerning me and any family member listed on my application to Hometown Health, or an agent, subsidiary or affiliate that has a business associate contract with Hometown Health. This information is needed to determine eligibility for payment of claims for specified benefits.

Attesting.

- I, Jack Johnson, have personally read and completed this application and I understand and agree to the terms and conditions outlined above.

[Next](#)[Previous](#)[Save for later](#)

- Review and Confirm Plan, including Premium Rates, and advise your client that, as a Broker, you will be receiving commissions.

Next

Previous



Confirm Plan

Subscriber Details

Applicant Name : Jack Johnson

Applicant DOB : 07/10/1972

Family Member Price Breakdown

NAME	RELATIONSHIP	DATE OF BIRTH	PRICE
Jack Johnson	Subscriber	07-10-1972	\$019.15
Marley Johnson	Spouse	02-28-1972	\$019.15

Medical

23 IFP Renown Bronze HMO

[Plan Details](#)

\$1,238.30/Mo

I, Solaris Davenbringer, acknowledge, that my client and Hometown Health member, have been advised that as a broker, I will be receiving commissions ranging in fees, based on my total membership with Hometown Health, of 0%-14% of the cost of their monthly premium for the first year as a new member. For each year after the initial year of membership, I will be receiving commissions of 5% of their premium, and for every year following.

Next

Previous

Cancel Save for later

- Enter the physical and mailing addresses of all members

Family Member Address Details 1

Member Name: Jack Johnson

Physical Address

Physical Street*

Required

Physical City*

Physical State*

Physical Zip Code*

Click here to populate the Mailing Address with Permanent Address

Mailing Address

Mailing Street*

Mailing City*

Mailing State*

Mailing Zip Code*

Phone Number*



Family Member Address Details 2

Member Name: Marley Johnson

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

Physical Address

- Completed example below

  SOLARIS DAWNBRINGER

HOME MY CUSTOMERS MY QUOTES MY RENEWALS SUMMARY OF BENEFITS AND COVERAGE

Family Member Address Details 1

Member Name: Jack Johnson

Physical Address

Physical Street* 10315 Professional Circle	Physical City* Reno
Physical State* NV	Physical Zip Code* 89521

Click here to populate the Mailing Address with Permanent Address

Mailing Address

Mailing Street 10315 Professional Circle	Mailing City Reno
Mailing State NV	Mailing Zip Code 89521

Phone Number*
(775) 982-3000

Family Member Address Details 2

Member Name: Marley Johnson

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

Physical Address

- You will have the option to download and print the Premium Rate sheet. Please share with your client. *No signature is required from the client.* Click on **Apply for Coverage** to proceed.

The screenshot displays the Hometown Health website interface. At the top, the logo is on the left, a search bar in the center, and a user profile 'SOLARIS DAWNBRINGER' on the right. A red navigation bar contains the following menu items: HOME, MY CUSTOMERS, MY QUOTES, MY RENEWALS, and SUMMARY OF BENEFITS AND COVERAGE. Below this is a progress indicator with several steps, the last of which is 'Enrollment Summary'. Two red buttons are visible: 'Apply for Coverage' (highlighted with a blue border) and 'Previous'. The main content area shows a PDF viewer for 'IFPErollmentRates.pdf' at 113% zoom. The PDF content includes the Hometown Health logo, the name 'Jack Johnson', and the effective date '02/01/2023 - 12/31/2023'. It also states 'Grand Total Premium: \$1238.3* / Month'. A table lists the following details:

Jack Johnson	23 IFP Renewal Bronze HMO	Date of Birth	
Jack Johnson	Subscriber	7/10/1972	\$619.15
Marley Johnson	Spouse	2/26/1972	\$619.15

- Enter Credit Card or Electronic Funds Transfer information for payment. This will be a one-time payment and payment information will **not** be saved for future payments. Members will need to set up payment preferences through their [MyChart](#) account. Once the information is entered, click on Next (**CLICK ONCE ONLY**) to proceed.

Hometown Health

Search

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Premium Payment

Payment

Enter the group's payment information.
The payment will not be processed until the members are enrolled with Hometown Health.

*Payment Method

Credit Card Electronic Funds Transfer

Name on Card*

Exp. Date (MM/YY)* Card Number*

CVV* [What is CVV?](#)

Billing Address*

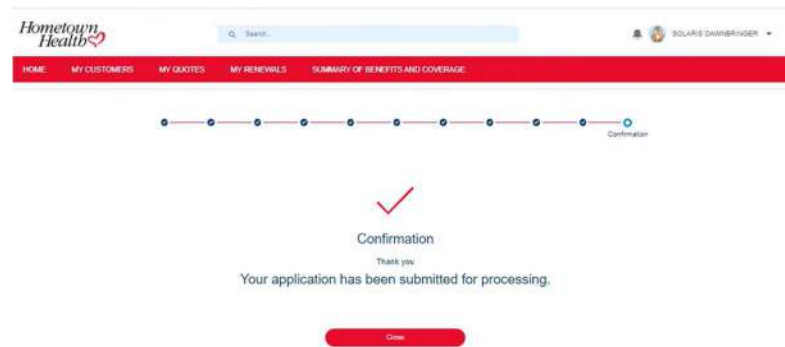
Billing City* Billing State/Province/Region* Billing Zip Code*

Amount due : \$ 1238.3

Next

Previous

- You will receive a Confirmation screen when transaction is complete



- Broker and Client will receive a confirmation email as shown below

Hello George N Jetson,

Thank you for choosing Hometown Health Individual and Family coverage to meet your medical and pharmacy insurance needs. Please note that you will also be receiving an official Welcome email about two weeks after the date your coverage becomes effective. Below are a few things to know as a member.

Your Application ID: 00018713

Member ID Cards

You will receive a physical member ID card in the mail within 7 – 10 business days.

MyChart Registration

The MyChart system allows you to securely manage your personal health insurance information. You can make monthly premium payments, check the status of your claims, download and print member ID cards, and much more.

Additionally, if you are a patient of Renown Health, you can communicate with your doctor, access test results, schedule appointments and so much more.

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 encounter any problems, please contact Hometown Health Customer Service at (775) 982-3232 or toll free (800) 336-0123.

SBC Document: [Download](#)

Please be aware that this email was sent from an unattended mailbox. Please do not reply.

Thank You.

