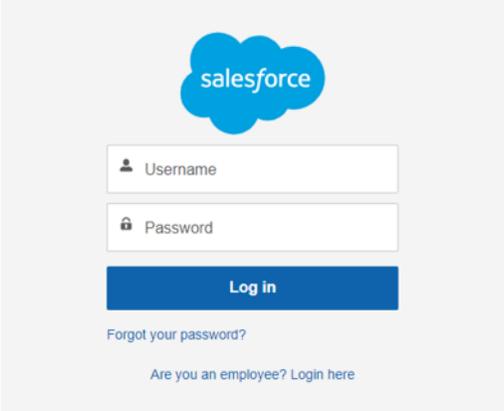


VIEWING AND SUBMITTING AN INDIVIDUAL AND FAMILY MEMBER RENEWAL OFF EXCHANGE

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".

- You will receive an email about 10 days prior to the subscriber indicating the upcoming renewal is ready to be viewed from noreply@salesforce.com.
- You can either click on the link in the email or proceed to logging into your Salesforce broker portal.
- You should receive the email prior to the annual open enrollment period (November 1st- December 15th) and will be able to view the renewal and look at plan options, but you will not be able to submit renewal changes until open enrollment begins.

Sample email to broker

Hi Solaris Dawnbringer,

Thank you for choosing Hometown Health for your client’s Individual & Family health insurance coverage. We truly appreciate your partnership and your trust.

John Lennon's current plan will renew on 1/1/2024. Please review your client's mapped (most similar) plan for next year in our portal and confirm the mapped plans or make an alternate selection. Below you will see the details of the mapped plan.

Link to Renewal: [00042142](#)

Both you and your client will have access to review the mapped and alternate plan options and make any desired changes, until the plan has been Submitted to Hometown Health.

Thank you.

- If you choose to login to your Salesforce portal to review your renewal(s) you can access them from your homepage.
- Go to “My Renewals”



- Use dropdown to filter to Individual and Family



Renewals
Individual & Family

Contract Number	Account Name	Subscriber Email
00042189	Dominic Chambers	dayna.clark@hometownhealth.com.tern
00042270	Jessica Brown	jbrown@dispostable.com
00042271	Thomas Barrow	tbarrow@dispostable.com
00042272	Melissa Foster	mfoster@dispostable.com

- You will see a list of all available renewals.
- You can either click on the contract number OR the dropdown arrow.
- If you use the ▼ you can select "Launch Renewal"
- Click on Launch Renewal

Contract Jessica

Account Name	Status	Contract Owner	Contract Record Type
Jessica Brown	Draft	Solaris Dawnbringer	Individual & Family

Launch Renewal



Subscriber Personal Information

Residential Zip Code, County and State*
89521 - WASHOE - NEVADA

Zip Code
89521

County
WASHOE

State
NEVADA

First Name*
Jessica

Last Name*
Brown

Email*
jbrown@dispostable.com

Date of Birth*
10/09/1980

Request for Effective Date*
01/01/2023

Next

Cancel Save for later

- You will see the subscriber information.
- If there are dependents currently enrolled, you can see those dependents listed.
- You can add or delete dependents on this screen.

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

First Name* Dominic	Middle Initial	Last Name* Chambers	Suffix
Relationship* Subscriber	Birth Date* 07-10-1972	Social Security Number	Gender* Male
Tobacco Use?* No	Email Address* dayna.clark@hometownhealth.com.term		



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

Cancel Save for later

- If you notice any incorrect information listed please email accountspecialists@hometownhealth.com and provide the updated information.



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



Family Members Details

First Name* Dominic	Middle Initial	Last Name* Chambers	Suffix
Relationship* Subscriber	Birth Date* 07-10-1972	Social Security Number	Gender* Male
Tobacco Use?*No	Email Address* dayna.clark@hometownhealth.com.term		

Family Members 2

Add Delete

- Add dependents by clicking on the red **Add** button.

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

First Name* Dominic	Middle Initial	Last Name* Chambers	Suffix
Relationship* Subscriber	Birth Date* 07-10-1972	Social Security Number	Gender* Male
Tobacco Use?*No	Email Address* dayna.clark@hometownhealth.com.term		

Family Members 2

Add Delete

Family Members Details

First Name*	Middle Initial	Last Name*	Suffix
Error: First Name is Required.		Error: Last Name is Required	
Relationship*	Birth Date*	Social Security Number	Gender*
Error: Relationship is required.	Error: Birth Date is required.		Error: Gender is required.
Tobacco Use?*	Email Address		
Error: Tobacco Use? is required.			

Family Members Details

First Name* Dominic	Middle Initial	Last Name* Chambers	Suffix
Relationship* Subscriber	Birth Date* 07-10-1972	Social Security Number	Gender* Male
Tobacco Use** No	Email Address* dayna.clark@hometownhealth.com.tern		

Family Members 2

Add Delete

Family Members Details

First Name* Sarah	Middle Initial	Last Name* Chambers	Suffix
Relationship* Spouse	Birth Date* 10-11-1973	Social Security Number *****	Gender* Female
Tobacco Use** No	Email Address		

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

Cancel Save for later



Select Coverage Options

Select the types of coverage for enrollment



Medical

Next

Cancel Save for later

- At any time if you need abandon looking at the renewal you can click on “Save for Later”.
- Any changes you have made will be saved.



- The mapped plan for the upcoming renewal will be referenced.
- At this time the current year premium does not display, only the mapped plan premium (information will be available at the end of this document)

 A screenshot of the Hometown Health website interface. At the top left is the Hometown Health logo. A search bar is in the top center, and a user profile for "SOLARIS DAWNBRINGER" is on the top right. A red navigation bar contains links for HOME, MY CUSTOMERS, MY QUOTES, MY RENEWALS, and SUMMARY OF BENEFITS AND COVERAGE. Below this is a progress indicator with a blue dot labeled "Selected Plan". The main content area features a red header "Replaces 23 IFP Hometown Bronze EPO HDHP" and a white box for "24 IFP Hometown Bronze EPO HSA". This box includes a table of "Standout Features" and a large blue box showing a premium of "\$0.00/mo". Below the table are radio buttons for "Renew on mapped plan" and "View alternate plans". At the bottom are "Next" and "Previous" buttons, and "Cancel" and "Save for later" text.

Standout Features		
PCP CO-PAY \$55.00 Copay after deductible	SPECIALIST CO-PAY \$100.00 Copay after deductible	DEDUCTIBLE \$4,025
INPATIENT HOSPITAL BENEFIT Not Applicable	OUT OF POCKET MAXIMUM \$8,050	



Replaces 23 IFP Hometown Bronze EPO HDHP

24 IFP Hometown Bronze EPO HSA

Plan Details Compare Plans

Standout Features

PCP CO-PAY \$55.00 Copay after deductible	SPECIALIST CO-PAY \$100.00 Copay after deductible	DEDUCTIBLE \$4,025
INPATIENT HOSPITAL BENEFIT Not Applicable	OUT OF POCKET MAXIMUM \$8,050	

\$0.00/mo

- Renew on mapped plan
- View alternate plans

Next

Previous

Cancel Save for later

Previous



Select Medical Coverage

Select medical plan(s) for medical enrollment

Sub Type
All

- All
- HMO
- EPO
- PPO

Apply

View Cart 1

Tier

Sort By: Price Low to High

26 Available Plans

24 IFP Renown Silver 70 HMO HSA

Plan Details Summary of Benefits Evidence of Coverage Provider Directory

Standout Features

PCP CO-PAY \$0.00 Copay after deductible	SPECIALIST CO-PAY \$80.00 Copay after deductible	DEDUCTIBLE \$3,295
INPATIENT HOSPITAL BENEFIT Not Applicable	OUT OF POCKET MAXIMUM \$6,590	

Compare

\$0.00/mo

+ Add to Cart

24 IFP Renown Silver HMO \$0PCP

- You will be able to filter options by type of plan, metal level and low to high or high to low premium.

Previous



Select Medical Coverage

Select medical plan(s) for medical enrollment

Sub Type
All

Apply

View Cart 1

Tier

- Bronze
- Catastrophic
- Expanded Bronze
- Gold
- Silver

Sort By:

Results

26 Available Plans

24 IFP Renown Silver 70 HMO HSA

Plan Details Summary of Benefits Evidence of Coverage Provider Directory

Standout Features

PCP CO-PAY \$0.00 Copay after deductible	SPECIALIST CO-PAY \$80.00 Copay after deductible	DEDUCTIBLE \$3,295
INPATIENT HOSPITAL BENEFIT Not Applicable	OUT OF POCKET MAXIMUM \$6,590	

Compare

\$0.00/mo

+ Add to Cart

Previous



Select Medical Coverage

Select medical plan(s) for medical enrollment

View Cart 1

Sub Type
All

Apply

Tier

Results

Sort By: Price Low to High

- Price Low to High
- Price High to Low

26 Available Plans

24 IFP Renown Silver 70 HMO HSA

Plan Details Summary of Benefits Evidence of Coverage Provider Directory

Standout Features

PCP CO-PAY \$0.00 Copay after deductible	SPECIALIST CO-PAY \$80.00 Copay after deductible	DEDUCTIBLE \$3,295
INPATIENT HOSPITAL BENEFIT Not Applicable	OUT OF POCKET MAXIMUM \$6,590	

Compare

\$0.00/mo

+ Add to Cart

- Once a plan has been chosen click on "Add to Cart"

Previous



Select Medical Coverage

My Cart

Medical Plans

24 IFP Renown Bronze... \$297.05/Mo	PCP co-pay Not Ap...	Specialist ... Not Ap...	Deductible \$9,450	Inpatient ... Not Ap...	Out of Po... \$9,450	<input checked="" type="checkbox"/>
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Summary of Benefits Evidence of Coverage

26 Available Plans

24 IFP Renown Catastrophic HMO

24 IFP Renown Silver HMO \$20PCP

Plan Details Summary of Benefits Evidence of Coverage Provider Directory

Standout Features

PCP CO-PAY \$20.00	SPECIALIST CO-PAY \$80.00	DEDUCTIBLE \$4,590
INPATIENT HOSPITAL BENEFIT Not Applicable	OUT OF POCKET MAXIMUM \$9,180	

Compare

\$0.00/mo

+ Add to Cart

24 IFP Renown Silver HMO \$5PCP

Plan Details Summary of Benefits Evidence of Coverage Provider Directory

Standout Features

PCP CO-PAY \$5.00	SPECIALIST CO-PAY \$80.00	DEDUCTIBLE \$4,705
INPATIENT HOSPITAL BENEFIT Not Applicable	OUT OF POCKET MAXIMUM \$9,410	

Compare

\$0.00/mo

+ Add to Cart

Next

Previous

Cancel Save for later



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 19 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, Dominic Chambers, have personally read and completed this application and I understand and agree to the terms and conditions outlined above.

Next

Previous



Confirm Plan

Subscriber Details

Applicant Name : Dominic Chambers
Applicant DOB : 07/10/1972

Family Member Price Breakdown

NAME	RELATIONSHIP	BIRTHDATE	PRICE
Medical 24 IFP Hometown Bronze EPO HSA			\$0.00/Mo

Next

Previous

Cancel Save for later

- You can download the rate sheet and save if needed.
- It is not required the subscriber sign the rate sheet to renew.



Apply for Coverage
Previous

IFPEnrollmentRates.pdf

Download PDF

113%

Effective Date: 01/01/2024 - 12/31/2024

Hometown Health

Grand Total Premium: \$0* / Month

24 IFP Hometown Bronze EPO HSA	Date of Birth
Subscriber	\$

- Click on “apply for coverage”.



\$ 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 01/01/2024.

Next
Previous
Cancel Save for later

- The renewal is now submitted.
- You are your client will receive a confirmation email from noreply@salesforce.com
- The client will be auto renewed on the equivalent mapped plan if no renewal selection is submitted by December 15th.

Sample email to member and broker

Hello,

Congratulations! Your broker, Solaris Dawnbringer, has renewed you with your Hometown Health Benefits for 2024. This plan will take effect January 1,2024. Your renewal is being processed and you will receive your new ID card in the coming weeks.

Please visit your MyChart account for specific details regarding covered individuals, plans details and rates.

If you haven't created a MyChart account, you can do so by visiting <https://mychart.renown.org/mychart/Authentication/Login>

If it was not your intention to make a plan change please notify your broker or Hometown Health no later than December 15,2024 to correct the plan.

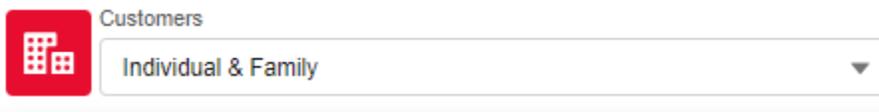
SBC Document: [Download](#)

REVIEWING CURRENT YEAR BENEFIT AND PLAN INFORMATION

- On your Salesforce homepage go to “My Customers”



- Filter by Individual and Family.



- In the search box type the name of the subscriber.



- When the subscriber is found click on the name.



- Click on the related tab.

DETAILS **RELATED**

- Click on the contract number of the current year.

Contract Number

[00042188](#)

- Click on SBC to review current benefit information.
- Click on Download rates to view current rates.
- The plans tab will show the current plan.

QUESTIONS ABOUT SALESFORCE NAVIGATION CAN BE
DIRECTED TO:

775-982-3100 or accountspecialists@hometownhealth.com