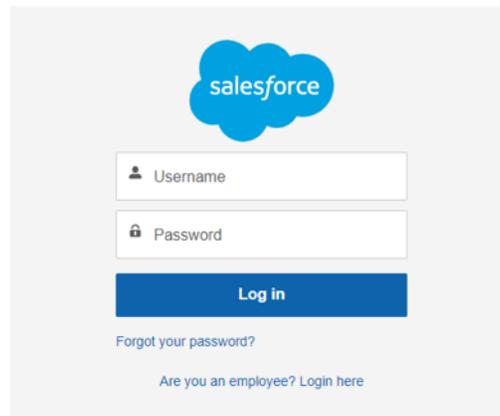


QUOTING AN INDIVIDUAL AND FAMILY MEMBER IN SALESFORCE SHOPPING EXPERIENCE

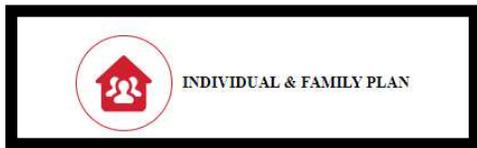
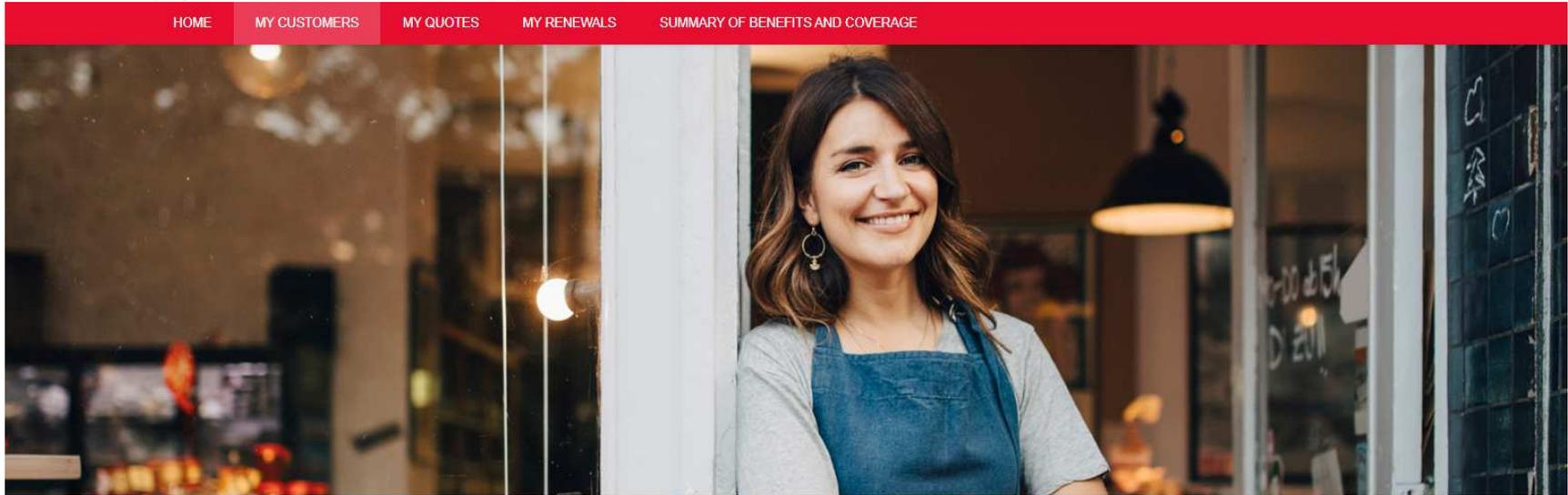
Broker Log-in page

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

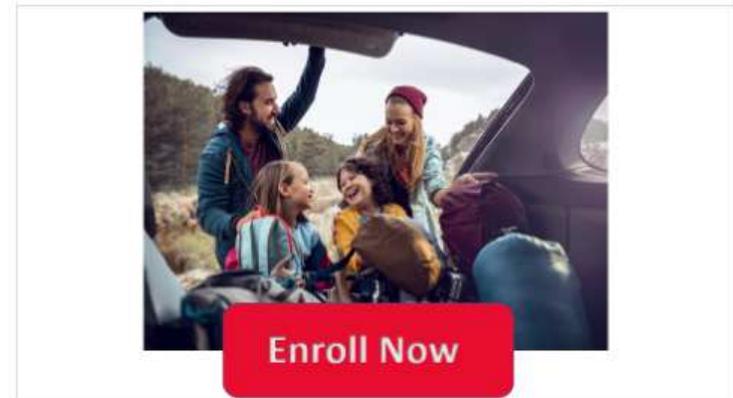
A screenshot of the Salesforce login page. At the top center is the Salesforce logo, a blue cloud with the word "salesforce" in white. Below the logo are two input fields: the first is labeled "Username" with a person icon, and the second is labeled "Password" with a lock icon. Below these fields is a blue button with the text "Log in". Underneath the button are two links: "Forgot your password?" and "Are you an employee? Login here".

*****THIS QUOTING TOOL IS AVAILABLE FOR YOU TO OBTAIN A QUICK QUOTE FOR INDIVIDUAL AND FAMILY WITH MINIMAL INFORMATION REQUIRED. THE QUOTING TOOL DOES NOT ENROLL MEMBER(S) IN COVERAGE AND QUOTES WILL NOT BE SAVED*****

- On the home page click on Individual and Family icon



- Select Find Your Plan



- You will be required to input minimal information (information with a *)
- When inputting the residential zip code wait for the county dropdown to appear and then select

Residential Zip Code, County and State*
89521|

- 89521 - STOREY - NEVADA
- 89521 - WASHOE - NEVADA

- The **Add** button on the right- hand side of the screen is where you can add dependent (s).

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

Zip Code
89521

County
WASHOE

State
NEVADA

Request for Effective Date
01/01/2024



Family Members Details

Relationship*
Subscriber

Birth Date*
08-11-1970



Tobacco Use?*

No

Family Members Details 2

Relationship*
Spouse

Birth Date*
12-22-1971

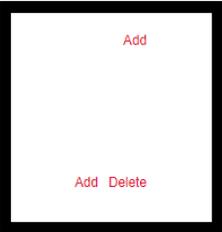


Tobacco Use?*

No

Rates are based on the age of the member upon effective date of coverage

Next



*Complete the required information, click on the box below and then click Next

Rates are based on the age of the member upon effective date of coverage

- You will be able to filter by product (HMO/EPO/PPO) and low to high or high to low premium

Sub Type: All Apply Tier

Results Sort By: Price Low to High

26 Available Plans

24 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.

YOU WILL BE CONTACTED BY HOMETOWN HEALTH TO PROVIDE THE REQUIRED DOCUMENTATION.

If you are unable to provide the required documentation, your benefits may be disrupted.

Standout Features

PCP CO-PAY \$0.00 Copay after deductible	SPECIALIST CO-PAY \$0.00 Copay after deductible	DEDUCTIBLE \$9,450
INPATIENT HOSPITAL BENEFIT \$0.00 Copay per Stay after deduc...	OUT OF POCKET MAXIMUM \$9,450	

Compare

\$1,015.18/mo

[Rate BreakDown](#)

24 IFP Renown Bronze HMO

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

Standout Features

PCP CO-PAY Not Applicable	SPECIALIST CO-PAY Not Applicable	DEDUCTIBLE \$9,450
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Compare

\$1,131.50/mo



- You will have a option to click on “Rate Breakdown” and download a PDF of the rate sheet

24 IFP Renown Bronze HMO HSA

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

✓ **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	

Compare

\$1,223.84/mo

Rate BreakDown



IFP Quote Date: 10/31/2023

Effective Date: 01/01/2024
County: WASHOE
Zipcode: 89521

*****Note: The rates below are based on member ages and subscriber county of residence as of the effective date in this quote. Final rates are based on the member ages, subscriber county of residence, and effective date at time of enrollment*****

RELATIONSHIP	DATE OF BIRTH	PLAN	TOBACCO USE	PREMIUM
Subscriber	08/11/1970	24 IFP Renown Bronze HMO HSA	No	\$625.41
Spouse	12/22/1971	24 IFP Renown Bronze HMO HSA	No	\$598.43
			Total Premium	\$1223.84/mo



 Ready To Enroll

Please note You will be required to re-enter demographic information to enroll the member(s) as well as input first month premium payment information***