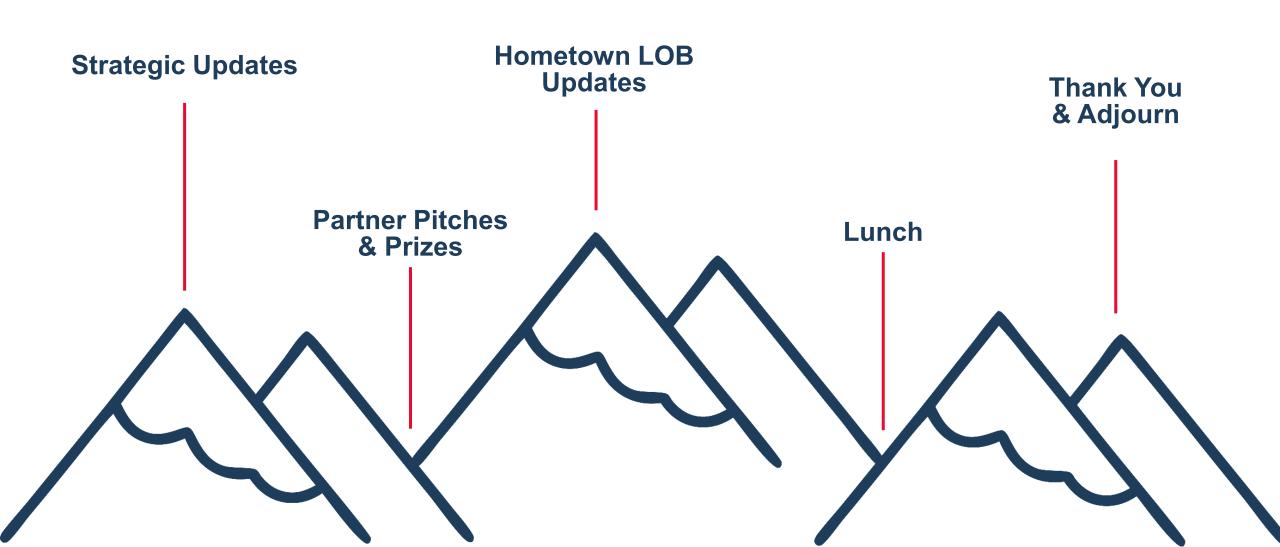


WELCOME

Connor Deck Director of Sales & Retention

Climbing Together: Today's Route



RENOWN STRATEGIC PLAN



Dr. Brian Erling

President and CEO, Renown Health



MISSION.



Established in 1864 as Nevada's first hospital, we proudly serve our community as the only not-for-profit academic health system, committed to saving lives, nurturing minds and caring for all people.

VISION.



Create a healthier future through exceptional care and discovery.

VALUES.



People First,
Compassion, Integrity,
Collaboration, Excellence

Strategic Direction Key Imperatives

Long-Term Aspiration:
Be the Destination for Care Across Our Region



Commit to a People-First Culture & Mindset



Ensure Access to High-Quality & Affordable Care



Expand Renown's Not-for-Profit Mission



Provide Essential & Advanced Care Options



Build an Integrated Academic Health System

Enablers: Physician Enterprise & Facility Plan

Foundational: Clinical & Operational Excellence

Renown Health Strategic Plan



Commit to a People First Culture & Mindset

- Strengthen Renown's People First values & culture
- Embrace the diversity of our people
- Invest in workforce sustainability
- Cultivate community partnerships



Ensure Access to High-Quality & Affordable Care



Expand Renown's Not-for-Profit Mission



Provide Essential & Advanced Care Options



Build an Integrated Academic Health System

- Develop value-based care infrastructure
- Establish a comprehensive managed care strategy that supports long term sustainability
 - Develop partnership that support value-based offerings
 - Grow Renown/Hometown Health's access to covered lives

- Ambulatory expansion & care model redesign
- Bring our model of care to new communities
- Explore new health system/hospital partnerships
- Enhance collaboration with rural health partners

- Invest in vital clinical services to keep care local
- · Strengthen network of physicians and providers
- Optimize care distribution and access
- Ensure highly reliable care and exceptional experience

- Optimize our integration with UNR Med
- Foster the learning environment
- Expand access to clinical trials, research, and innovation for key specialties
- · Broaden Renown/UNR Med branding opportunities



INVESTING IN ACADEMIC MEDICINE FOR NORTHERN NEVADA.



As an academic medical center with our 50-year affiliation with the University of Nevada, Reno School of Medicine, Renown is focused on:

- Continuing to provide and expand a wide range of basic and specialized services to meet the growing needs of our community.
- Expanding research and access to clinical trials to the patients we serve
 - Clinical trials available at Renown Health increased from 35 trials in 4 specialties (2021) to over 100 trials in 10 specialties (2024)
- Increasing training opportunities for the next generation of healthcare professionals, including:
 - Physicians (Internal Medicine, Family Medicine, Psychiatry and now Pediatrics)
 - Nurses
 - Technicians





Workforce Development

Partners in Medical Education

- Medical students
- Physician Assistant students
- Speech Pathology and Audiology students
- Residency Programs
 - Internal Medicine
 - Family Medicine
 - Psychiatry
 - Pediatrics
 - OB/GYN (Applied to begin in 2027)

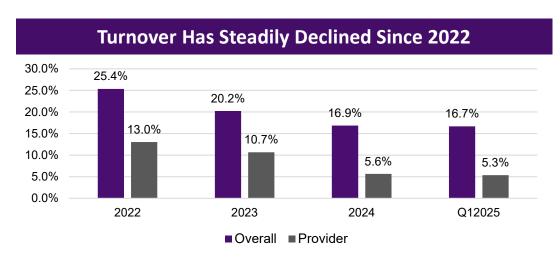
Apprenticeships	2022	2023	2024	2025	Total
Nurse	96	201	188	156	641
CNA	36	30	29	11	106
MA	37	48	42	14	141
Ultrasound	-	-	13	9	22

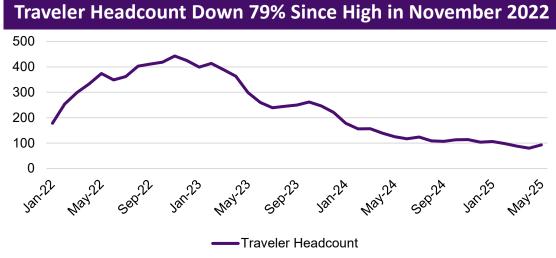
Other Apprenticeships

- Graduate Nurse Residency
- Critical Care Fellowship (Nursing)
- Surgical University (Nursing)
- EMT Apprenticeship
- Surgical Tech Apprenticeship
- Neurodiagnostic Tech Trainee
- Behavioral Health Therapist Apprentice
- Pharmacy Tech Internship
- Respiratory Therapist Internship

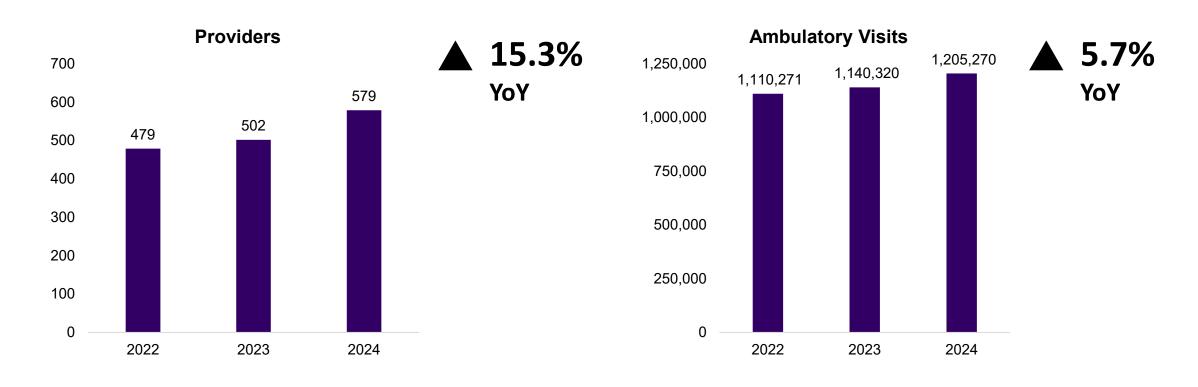
Strategies Have Resulted in a Significant Reduction in Clinician Turnover & Traveler Headcount

- Renown was recognized as one of the Top 150 Places to Work in Healthcare for 2025 by Becker's Hospital Review
 - Overall employee engagement has steadily increased from 79% in 2022 to 85% in 2024
- Despite ongoing industrywide labor challenges, Renown has been able to reduce overall turnover by 34.3% and provider turnover by 59.2% since 2022





Improving Access



New Specialties & Programs

- Renown Transplant Institute
- Bariatric Surgery
- Urology
- Gastroenterology
- Breast Surgical Oncology
- Colorectal Surgery
- Urogynecology
- Minimally Invasive GYN Surgery









Recent Technology Investments

- HistoSonic Edison® Liver Ablation System
- Comprehensive extracorporeal membrane oxygenation (ECMO)
- Da Vinci 5 & Single Port Surgical System
- Robotic Bronchoscopy
- GammaTile Therapy
- Paxman Scalp Hair Preservation System (chemotherapy)
- Deep Brain Stimulation (Starting Summer 2025)





CONTINUING TO EXPAND ACCESS TO CARE FOR OUR COMMUNITY.



Renown South Meadows Medical Center

- New 121,000-square-foot Specialty Care Center. Opened January 2025.
- Conrad Breast Health Center. Opened May 2025.
- Upgrades to our lobby and public spaces at the existing medical center.
- Improvements to 1st and 2nd Floors with private patient/family rooms.
- Expansion of surgical minor procedures rooms, operating room enhancements and technology integration.
- Bringing interventional heart services to south Reno.

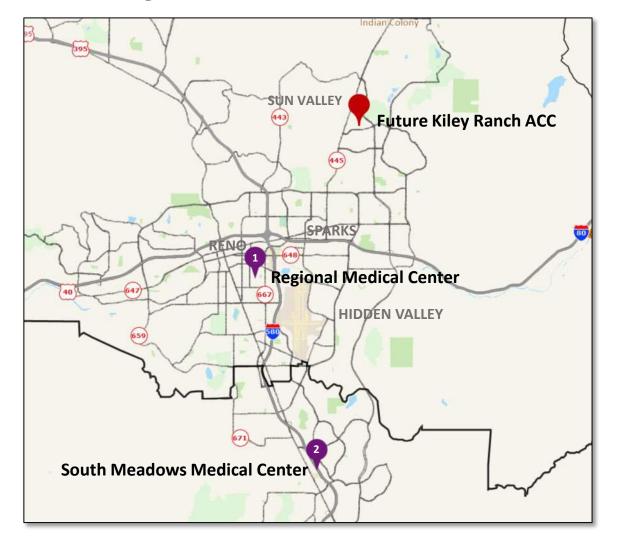


Renown Regional Medical Center

- New surgical trauma intensive care unit on Tahoe 9. Opened April 2023.
- New pediatric intensive care unit and neonatal intensive care unit on Tahoe 5. Opened June 2023.
- New central utility plant will house boilers, electrical distribution and backup power systems for the campus.



Kiley Ranch Expansion





- 120K GSF
- \$130M
- Primary/Urgent Care
- Behavioral Health
- Rotating Specialists
- Pharmacy/Imaging/Lab
- Future Procedural Area



Roseview Cancer Expansion



- 100K GSF
- \$225M
- Cell Therapy
- Bone-Marrow Transplant
- Teaching & Research



Future Children's Hospital



- 250K GSF
- \$600M
- Pediatric Emergency
- Trauma Services & ORs
- Labor & Delivery
- NICU
- PICU
- Pediatrics
- Teaching & Research



HERE FOR YOU AND YOUR TEAM.

President and Chief Executive Officer

Brian Erling MD

<u>Brian.Erling@renown.org</u>
(P) 775-982-5523



HOMETOWN HEALTH STRATEGIC PLAN



Bethany Sexton
CEO, Hometown Health

Market Context

Key Healthcare Policy Changes

- 1. State Directed Payment & Provider Tax Limits
- 2. End of FMAP Expansion Bonus
- 3. Medicaid Work Requirements
- 4. Medicaid Eligibility Redeterminations Every Six Months
- 5. Medicare Eligibility Tightening
- 6. Budget-Neutral Medicaid Waivers
- 7. Pharmaceutical Trends

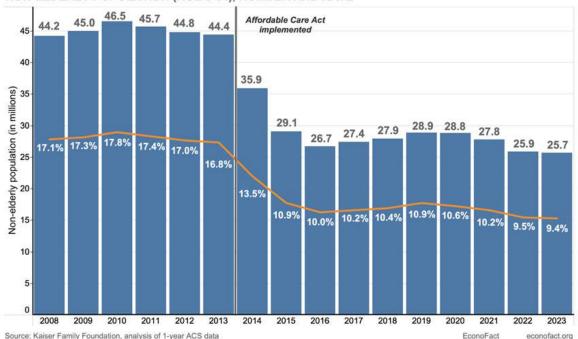


Market Context

As Health Systems and Providers have downward pressure on rates from government payers, alternative funding programs and the uninsured population goes up, commercial insurers will face unit cost increases, and could be susceptible to premium volatility.

UNINSURED IN THE UNITED STATES

NON-ELDERLY POPULATION (AGE 0-64), NUMBER AND RATE



Source: Kaiser Family Foundation, analysis of 1-year ACS data

Renown Health Strategic Plan



Commit to a
People First Culture
& Mindset

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Ensure Access to High-Quality & Affordable Care

- Develop value-based care infrastructure
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Expand Renown's Not-for-Profit Mission

- Ambulatory expansion & care model redesign
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Provide Essential & Advanced Care Options

- Invest in vital clinical services to keep care local
- Strengthen network of physicians and providers
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Build an Integrated Academic Health System

- Optimize our integration with UNR Med
- Foster the learning environment
- Expand access to clinical trials, research, and innovation for key specialties
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We Must Differentiate Ourselves on Value





Value Based Care Infrastructure

- Leadership focused on Development of Value Based Care
- Dedicated physical assets:
 - Del Monte Clinic
 - Kiley Ranch
- Care Model that supports:
 - Improved dispositioning in hospital, transitions of care, and real time insights throughout hospital care
 - Leveraging technology for member navigation
 - Connection points to primary care and clear care plan management

Director of Value Based Care



Welcome Francesca Rinaldo, MD, PhD

Leadership of Value Based Care for Hometown Health driving transformative healthcare solutions, operational efficiency, and advancing patient care.

Previously:

- Chief Innovation Officer SCAN Health
- SVP Clinical Product and Innovation Sharecare
- Stanford Clinical Excellence Research Center Fellow



Google Earth Plan View

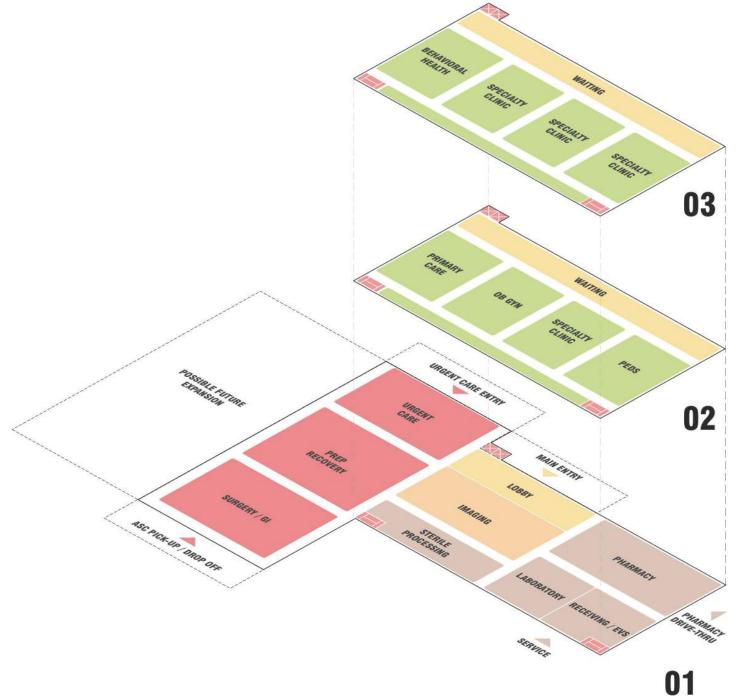




View 1 Looking South on Pyramid Way



View 2 at Pyramid and Sparks Intersection



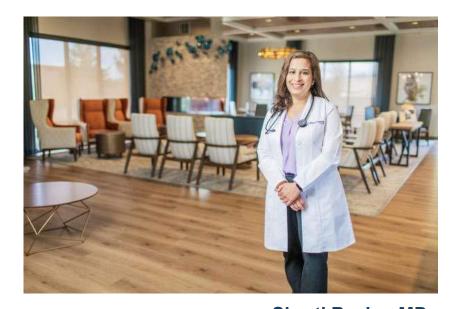
Assets at Kiley Ranch 2027

- Value Based Clinic: Up to 14 health plan dedicated Primary Care
- Co-location:
 - Pharmacy
 - Rotating Specialties
 - Imaging
 - Urgent Care
- Future Finish
 - Ambulatory Surgery Center (ASC)
 - Infusion



Del Monte Clinic

Health Plan Dedicated Value Based Care Site



Shruti Basho, MD







Chronic Care Management
Personal Assistants
Lab draw and Pharmacy

Member Event Space



Katherine Thyssen, DO



Eithne-Marie Barton, DO



Suzanne Zsikla, MD



Dominique Joseph, MD



What's Next

- Deepening focus on Value Based Care Investments
 - Leveraging technology and data analytics
 - Renown Medical Group Care Model for Members
 - Alignment with Renown Hospitals
- Continued Enhancement of Signature offerings (HMO)
- Further partnership
 - Tools
 - Capabilities
 - Clinical Alignment
 - National Connection Points







HOMETOWN HEALTH OPERATIONS



Lisa Schloemer-Gaub

Key Account Executive Self-Funded

Kara Martinezmoles

VP of Operations, Hometown Health

Operational Excellence, Local Presence & Respect for Time

Local Support with dedicated provider reps Reduced administrative burden Consistent, timely reimbursement

"The people who answer the phone are fantastic!"

"I can't think of anything, its great working with you all!
Occasionally if a claim issue comes up and we may
have multiple claims having the same issue we reach
out to our provider rep [name], and she always gets it
resolved for us quickly and efficiently!"

"I'm pleased with the service compared to other companies."

"We have been privileged to have [name] help us directly when needed. Having that personal touch is outstanding."



Our Local Approach Creates a Better Experience for Providers

8.24
net promoter score
(2024 provider survey)

>9 days
on avg. from
claim received
to claim paid

>1%
of claims are requested to be reprocessed or appealed

100% on time authorization decision rate

8/10

Provider satisfaction rating for authorization timeliness and efficacy (2024 UM program evaluation)



Why Provider Experience Matters

1

Members want quality care

which starts with empowered providers

2

Providers are the front line of care

how we treat them affects access, experience, and outcomes

3

Burnout & red tape

lead to delays, disengagement and member dissatisfaction



Fewer provider complaints

mean fewer client escalations



TPA Services

Our unique value proposition in Northern Nevada

Our Local Approach Creates a Better Experience for Self-Funded Employers

Crafting customized benefit programs that precisely meet each client's unique needs, rather than settling for a one-size-fits-all approach. In Northern Nevada, we offer a robust network that connects you to 640 primary care providers, 1,560 specialty providers, and 1,150 ancillary providers. Consistent outstanding customer service enhances efficiency and supports employees who are seeking care.
Performance guarantees are standard

We focus on helping employer groups achieve efficiencies by sharing insightful analytics and programs designed to support individuals with chronic conditions.

Efficient claims payer system with 99% accuracy in adjudication; 95% processed in under 30 days.







MEMBER EXPERIENCE & DIFFERENTIATION

Danae Lear

Director of Experience and Market Differentiation



Member Experience Sales & Retention Support Team



Brenda Grace-Smith

Sales & Retention Manager

775-982-3093
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Account Specialist

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Account Specialist

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Hannah Hanrahan

Account Specialist

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Monica Vazquez

Account Manager

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Audrey Simich

Account Manager

775-982-3015

audrey.simich@hometownhealth.com











ENGAGEMENT CENTER UPDATE



Kelly McKeon

Manager of Customer Engagement

Hometown Health: Customer Service Overview

- Comprised of 40+ employees supporting our members with their needs, desires, wants, and asks.
- Our team works remote and in person to support members where they are.
- Variety of technology availability for our agents ensuring real time metrics and connection points.
- Learning and development within the department, offering in-depth and knowledgeable experience to all new hires.
- Multiple lines of business for tailored support ensuring our teams are trained specifically to your plan.

Hometown Health Customer Service

The front door to the organization (literally and figuratively)

Customer Service prides ourselves in offering a quality experience upon entrance to ensure a safe space with productive outcomes

We are all trained to be the initial guide to the Health Plan and personal educators to our members as they get comfortable with us



Hometown Health: Customer Service Employee Benchmark

Learning & development within the department

Personalized development path for each employee

Customer service offers agent workshops

Employee Retention



Hometown Health: Customer Service Experience

Local Community Investment

- Community first
- We are your neighbors
- Building a better community through give back

Complex Case Review

- Any case that can't close FCR
- How can we support from a member perspective
- What can we discuss as a leadership team for change?

Cross Collaboration

- Customer Service
- Quality Experience
- Weekly department meetings

Hometown Health: First Call Resolution Philosophy

Hometown Health strives to resolve our cases as soon as they come in without the need for additional follow up. This does the following:

- Creates a positive dynamic and experience with our members
- Reduces call volume, ensuring the availability to support our members
- This is a quality indicator that our team is welltrained and empowered

Broker On Behalf of Member

- First Call Resolution applies here too
- We count on brokers to close the loop with their clients





Hometown Health: Customer Service Data

2024 Member Engagement Metrics						
Data Set	Total					
Calls:	90,193					
Average Speed of Answer:	0.13 seconds					
Answer Rate:	Over 98%					
Abandonment Rate:	Under 2%					

QUESTIONS? Let's Navigate Together







Rest. Refresh. Recharge.



NETWORK REMINDERS



Connor Deck
Director of Sales & Retention

LOB	Plan	Emergent and Urgent Cigna Access Outside of NV	Primary Cigna Access Outside of NV	Primary Cigna Access in NV
SG and AHP	НМО	Yes	Directed by HTH	No
	EPO	Yes	Directed by HTH	No
	National PPO	Yes	Yes	No
	All Other PPO's	Yes	Directed by HTH or residing outside of NV	No
LG	НМО	Yes	Directed by HTH	No
	EPO	Yes	Directed by HTH	No
	National PPO	Yes	Yes	No
	Traditional PPO	Yes	Directed by HTH or members residing outside of NV	No

Yes

Yes

НМО

EPO

IFP

Only if directed by HTH

Only if directed by HTH

No

No



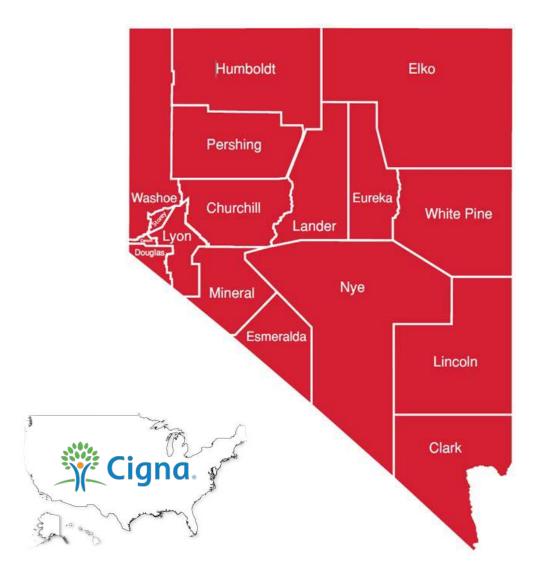
Health Maintenance Organization



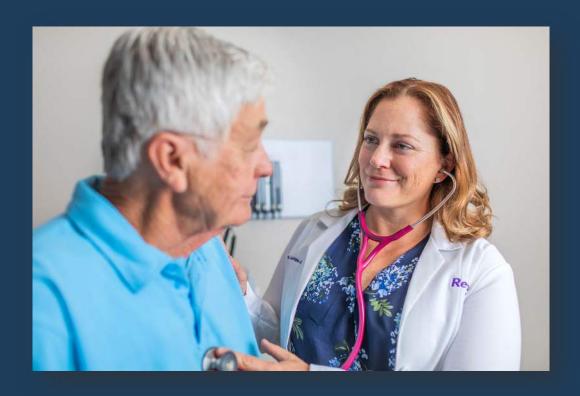
*Urgent and Emergent care outside of NV through the Cigna network.



Exclusive Provider Organization



*Urgent and Emergent care outside of NV through the Cigna network.



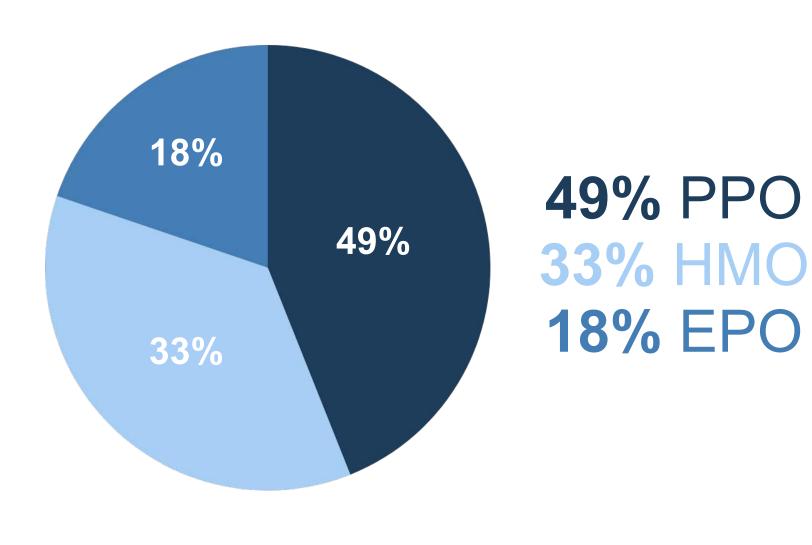
Preferred Provider Organization





2026 HOMETOWN HEALTH SERVICE AREAS BY PRODUCT

County	Rating Area	SG HMO	SG EPO	SG PPO	AHP HMO	AHP EPO	AHP PPO	IFP HMO	IFP EPO	IFP SENSIBLE	SCP
Nye	1		х	х		Х	Х				Х
Washoe	2	Х	X	X	X	Х	Х	Х	Х	Х	Х
Carson City	3	Х	Х	х	Х	Х	Х	Х	Х		Х
Douglas	3	Х	Х	х	х	х	Х	Х	Х		
Lyon	3	Х	Х	Х	Х	Х	Х	Х	Х		
Storey	3	Х	Х	х	Х	х	Х	х	Х		Х
Churchill	4	i i	Х	Х		Х	Х				
Elko	4										
Esmeralda	4		х	х		Х	Х				
Eureka	4	j i	X	х		Х	Х				
Humboldt	4		Х	х		Х	Х				
Lander	4		Х	х		Х	Х				
Lincoln	4		Х	Х		Х	Х				
Mineral	4		X	х		х	х				
Pershing	4		Х	х		х	Х				
White Pine	4										





Changes: Networks & Products

- Expanded National PPO access coming to SG, AHP, and LG at a reduced cost decrement
- Discontinuing IFP PPO
- Adding IFP SENSIBLE HMO
- Stay tuned for specifics



UPDATED BROKER BONUS



Connor Deck Director of Sales & Retention

Broker Bonus: Parameters

Applies to
Large Group,
Small Group
and AHP New
Business ONLY

Begins with 1/1/26 effective dates and in effect until further notice

Bonus NOT
Additive.
Applies to
Single Sales
ONLY

Paid Quarterly



A Broker Bonus That Works For You

- We value the work you do to bring Hometown Health new groups
- We want to ensure that you as the broker are rewarded
- Reward is sent to you as the broker and not to the brokerage



A Broker Bonus That Works For You

Tiered By Membership

15 - 30

\$500 gift card to local business

PERENN









A Broker Bonus That Works For You

Tiered By Membership

31 - 99

\$1,500 local experience packages















A Broker Bonus That Works For You

Tiered By Membership						
100 - 249	\$3,000 travel & experience package (\$1,000 airfare; \$2,000 lodging)					
250 - 499	\$5,000 travel & experience (\$2,000 airfare; \$3,000 lodging)					
500+	\$10,000 travel & experience package (\$3,000 airfare; \$7,000 lodging)					













THE RITZ-CARLTON

LARGE GROUP



Connor Deck
Director of Sales & Retention

Internal Large Group Partners



Brendan Kilcourse

Senior Account Executive, Large Group brendan.kilcourse@hometownhealth.com 775-682-0370



Ron Parson

Strategic Account Executive, Large Group ronald.parsons@hometownhealth.com 775-224-5281



2026: Standard Large Group Plan Portfolio

- Standard Plan Portfolio Launched January 2024
- No benefit changes to the 2026 Standard Large Group Plan Portfolio
- Wide Selection of Benefit and Rx Options
 - 21 plan designs in total (15 non-HSA, 6 HSA)
 - Plan designs mirror between PPO, EPO, and HMO
 - 63 Options in Total
- Rich Benefits and Cost-Effective Options
 - Variety of Copay and Coinsurance Driven Options
- Big Changes to PPO Cigna Access



LG: non HSA	24 LG 15-90 CINS P D0500X2;RX \$10\$30\$60/30%	24 LG 20-CO 1000 A D0000X2;RX \$10\$30\$60/30%	24 LG 20-80 CINS P D1000X2;RX \$10\$30\$60/30%	24 LG 20-80 CINS S D1000X2;RX \$10\$30\$60/30%	24 LG 25-CO 2000 A D2000X2;RX \$15\$45\$90/30%	24 LG 15-90 CINS P D0500X2;RX \$10\$30\$60/30%
Calendar Year Deductibles and OOPMax						
Individual Medical Deductible	\$500	\$0	\$1,000	\$1,000	\$2,000	\$500
Family Medical Deductible	\$1,000	\$0	\$2,000	\$2,000	\$4,000	\$1,000
Individual Out of Pocket Max	\$2,000	\$3,000	\$3,000	\$3,000	\$5,000	\$2,000
Family Out of Pocket Max	\$4,000	\$6,000	\$6,000	\$6,000	\$10,000	\$4,000
PHYSICIAN OFFICE VISITS						
PCP Visit	\$15	\$20	\$20	\$20	\$25	\$15
Specialist Visit	\$30	\$40	\$40	\$40	\$5 0	\$30
Preventive (ACA Covered) Screenings	No Cost					
LAB, IMAGING AND DIAGNOSTICS						
Routine Lab Services	\$0	\$0	\$0	\$20	\$0	\$0
Diagnostic and X-Ray	\$30	\$50	\$40	\$40	\$50	\$30
Imaging (CT/PET/MRI)	\$50	\$100	\$250	CYD then 20%	\$250	\$50
FACILITY/SURGICAL						
Inpatient Facility Fee (inc. MH/SUD)	CYD then 10%	\$1,000/Admit	\$1,200/Admit	CYD then 20%	CYD then \$2,000/Admit	CYD then 10%
Inpatient Physician/Surgical Services	\$250	\$500	\$500	CYD then 20%	\$300	\$250
Outpatient Facility Fee	\$250	\$500	\$500	CYD then 20%	\$300	\$250
Outpatient Facility Physician/Surgical Services	\$250	\$500	\$500	CYD then 20%	\$300	\$250
EMERGENCY AND URGENT CARE						
Urgent Care Center Services	\$15	\$50	\$50	\$50	\$50	\$15
Emergency Room Services	\$100	\$250	\$500	\$500	\$500	\$100
Ambulance Services	\$100	\$200	CYD then 20%	CYD then 20%	CYD then \$100	\$100
RX						
Rx- Generic Drugs	\$10	\$10	\$10	\$10	\$15	\$10
Rx- Preferred Brand Drugs	\$30	\$30	\$30	\$30	\$45	\$30
Rx- Non-Preferred Drugs	\$60	\$60	\$60	\$60	\$90	\$60
Special Pharmaceuticals	30%	30%	30%	30%	30%	30%

			04100000000000	24 LG PPO 30-CO 3000	
LG: non HSA	24 LG 25-80 CINS P D1500X2;RX \$15\$45\$90/30%	24 LG 20-80 CINS S D2000X2;RX \$15\$45\$90/30%	24 LG 30-80 CINS S D2500X2;RX \$15\$45\$90/30%	A D4000X2;RX\$20\$60\$120 /40%	24 LG 25-80 CINS P D2500X2;RX \$20\$60\$120/40%
Calendar Year Deductibles and OOPMax					
Individual Medical Deductible	\$1,500	\$2,000	\$2,500	\$4,000	\$2,500
Family Medical Deductible	\$3,000	\$4,000	\$5,000	\$8,000	\$5,000
Individual Out of Pocket Max	\$5,000	\$5,000	\$5,000	\$7,500	\$7,500
Family Out of Pocket Max	\$10,000	\$10,000	\$10,000	\$15,000	\$15,000
PHYSICIAN OFFICE VISITS					
PCP Visit	\$25	\$20	\$30	\$ 30	\$25
Specialist Visit	\$50	\$40	\$50	\$60	\$50
Preventive (ACA Covered) Screenings	No Cost	No Cost	No Cost	No Cost	No Cost
LAB, IMAGING AND DIAGNOSTICS					
Routine Lab Services	\$0	\$0	\$0	\$30	\$0
Diagnostic and X-Ray	\$50	\$40	\$50	\$60	\$50
Imaging (CT/PET/MRI)	\$50	\$40	CYD then 20%	\$500	\$500
FACILITY/SURGICAL					
Inpatient Facility Fee (inc. MH/SUD)	CYD then 20%	CYD then 20%	CYD then 20%	\$3,000/Admit	CYD then 20%
Inpatient Physician/Surgical Services	\$500	\$500	\$500	\$1,000	\$750
Outpatient Facility Fee	\$500	\$500	\$500	\$1,000	\$750
Outpatient Facility Physician/Surgical Services	\$500	\$500	\$500	\$1,000	\$750
EMERGENCY AND URGENT CARE					
Urgent Care Center Services	\$50	\$40	\$50	\$75	\$50
Emergency Room Services	\$250	\$300	\$300	\$500	\$500
Ambulance Services	\$250	\$300	CYD then 20%	\$500	\$500
RX					
Rx- Generic Drugs	\$15	\$15	\$15	\$20	\$20
Rx- Preferred Brand Drugs	\$45	\$45	\$45	\$60	\$60
Rx- Non-Preferred Drugs	\$90	\$90	\$90	\$120	\$120
Special Pharmaceuticals	30%	30%	30%	40%	40%

LG: non HSA	24 LG 20-80 CINS S D3000X2;RX \$20\$60\$120/40%	24 LG 30-70 CINS S D4000X2;RX \$20\$60\$120/40%	24 LG 40-CO 2000 A D2500X3;RX\$25\$75\$150 /50%	24 LG 50-70 CINS S D5000X2;RX \$25\$75\$150/50%	24 LG 60-70 CINS S D6500X2;RX \$25\$75\$150/50%
Calendar Year Deductibles and OOPMax					
Individual Medical Deductible	\$3,000	\$4,000	\$2,500	\$5,000	\$6,500
Family Medical Deductible	\$6,000	\$8,000	\$7,500	\$10,000	\$13,000
Individual Out of Pocket Max	\$7,500	\$7,500	\$9,450	\$9,450	\$9,450
Family Out of Pocket Max	\$15,000	\$15,000	\$18,900	\$18,900	\$18,900
PHYSICIAN OFFICE VISITS					
PCP Visit	\$20	\$30	\$40	\$ 50	\$60
Specialist Visit	\$40	\$60	\$80	\$80	\$120
Preventive (ACA Covered) Screenings	No Cost	No Cost	No Cost	No Cost	No Cost
LAB, IMAGING AND DIAGNOSTICS					
Routine Lab Services	\$0	\$30	\$40	\$50	\$60
Diagnostic and X-Ray	\$40	\$60	\$80	\$120	\$120
Imaging (CT/PET/MRI)	\$500	CYD then 30%	CYD then \$250	CYD then 30%	CYD then 30%
FACILITY/SURGICAL					
Inpatient Facility Fee (inc. MH/SUD)	CYD then 20%	CYD then 30%	CYD then \$2,000/Admit	CYD then 30%	CYD then 30%
Inpatient Physician/Surgical Services	\$750	\$750	CYD then \$1,000/Admit	CYD then 30%	CYD then 30%
Outpatient Facility Fee	\$ 750	\$750	CYD then \$1,000/Admit	CYD then 30%	CYD then 30%
Outpatient Facility Physician/Surgical Services	\$750	\$750	CYD then \$1,000/Admit	CYD then 30%	CYD then 30%
EMERGENCY AND URGENT CARE					
Urgent Care Center Services	\$40	\$60	\$75	\$75	\$75
Emergency Room Services	\$500	CYD then 30%	\$1,000	CYD then 30%	CYD then 30%
Ambulance Services	CYD then 20%	CYD then 30%	CYD then \$250	CYD then 30%	CYD then 30%
RX					
Rx- Generic Drugs	\$20	\$20	\$25	\$25	\$25
Rx- Preferred Brand Drugs	\$60	\$60	\$75	\$75	\$75
Rx- Non-Preferred Drugs	\$120	\$120	\$150	\$150	\$150
Special Pharmaceuticals	40%	40%	50%	50%	50%

LG: HSA		24 LG HD-NA CINS E D3200X2 HSA A1;RX CYD \$15\$40\$60/30%	24 LG HD-NA CINS E D4000X2 HSA;RX CYD 0%0%0%0%	24 LG HD-NA CINS E D5000X2 HSA;RX CYD 0%0%0%0%	24 LG HD-80 CINS E D3200X2 HSA;RX CYD 20%20%20%20%
Calendar Year Deductibles (CYD) and OOPMax					
Individual Medical Deductible	\$3,200	\$3,200	\$4,000	\$5,000	\$3,200
Family Medical Deductible	\$6,400	\$6,400	\$8,000	\$10,000	\$6,400
Individual Out of Pocket Max	\$3,200	\$5,000	\$4,000	\$5,000	\$5,000
Family Out of Pocket Max	\$6,400	\$10,000	\$8,000	\$10,000	\$10,000
PHYSICIAN OFFICE VISITS					
PCP Visit	CYD then 0%	CYD then 0%	CYD then 0%	CYD then 0%	CYD then 20%
Specialist Visit	CYD then 0%	CYD then 0%	CYD then 0%	CYD then 0%	CYD then 20%
Preventive (ACA Covered) Screenings	No Cost	No Cost	No Cost	No Cost	No Cost
LAB, IMAGING AND DIAGNOSTICS					
Routine Lab Services	CYD then 0%	CYD then 0%	CYD then 0%	CYD then 0%	CYD then 20%
Diagnostic and X-Ray	CYD then 0%	CYD then 0%	CYD then 0%	CYD then 0%	CYD then 20%
Imaging (CT/PET/MRI)	CYD then 0%	CYD then 0%	CYD then 0%	CYD then 0%	CYD then 20%
FACILITY/SURGICAL					
Inpatient Facility Fee (inc. MH/SUD)	CYD then 0%	CYD then 0%	CYD then 0%	CYD then 0%	CYD then 20%
Inpatient Physician/Surgical Services	CYD then 0%	CYD then 0%	CYD then 0%	CYD then 0%	CYD then 20%
Outpatient Facility Fee	CYD then 0%	CYD then 0%	CYD then 0%	CYD then 0%	CYD then 20%
Outpatient Facility Physician/Surgical Services	CYD then 0%	CYD then 0%	CYD then 0%	CYD then 0%	CYD then 20%
EMERGENCY AND URGENT CARE					
Urgent Care Center Services	CYD then 0%	CYD then 0%	CYD then 0%	CYD then 0%	CYD then 20%
Emergency Room Services	CYD then 0%	CYD then 0%	CYD then 0%	CYD then 0%	CYD then 20%
Ambulance Services	CYD then 0%	CYD then 0%	CYD then 0%	CYD then 0%	CYD then 20%
RX					
Rx- Generic Drugs	CYD then 0%	CYD then \$15	CYD then 0%	CYD then 0%	CYD then 20%
Rx- Preferred Brand Drugs	CYD then 0%	CYD then \$40	CYD then 0%	CYD then 0%	CYD then 20%
Rx- Non-Preferred Drugs	CYD then 0%	CYD then \$60	CYD then 0%	CYD then 0%	CYD then 20%
Special Pharmaceuticals	CYD then 0%	CYD then 30%	CYD then 0%	CYD then 0%	CYD then 20%

National PPO vs. Standard PPO

Plan	Emergent & Urgent Cigna Access Outside of NV	Primary Cigna Access Outside of NV	Primary Cigna Access in NV
Full Access PPO	Yes	Yes	No
Standard PPO	Yes	Directed by HTH or members residing outside of NV	No

Only the National PPO gives Nevada members full access to Cigna providers outside Nevada



Big Changes to Our Large Group PPO

All LG PPO plans now can be quoted as a National PPO

New Business

– National PPO
will be quoted
automatically

Renewal
Business –
National PPO
will be quoted
upon request

Why the change?

- Align with market
- Ensure competitiveness
- Meet member needs



Hometown Health is More than PPO

- Large groups can offer up to 3 plans
- HMO and EPO provide cost savings and adequate coverage for most Northern Nevadans

Plan	EE Premium	% Savings vs. PPO	Total Annual Premium	\$ Savings vs. PPO
24 LG PPO 20-80 CINS S D2000X2;RX \$15/\$45/\$90/30%	\$583	0%	\$699,600	\$0
24 LG EPO 20-80 CINS S D2000X2;RX \$15/\$45/\$90/30%	\$513	-12%	\$615,600	\$84,000
24 LG HMO 20-80 CINS S D2000X2;RX \$15/\$45/\$90/30%	\$465	-20%	\$558,000	\$141,600

Large Group Slice HMO Opportunities

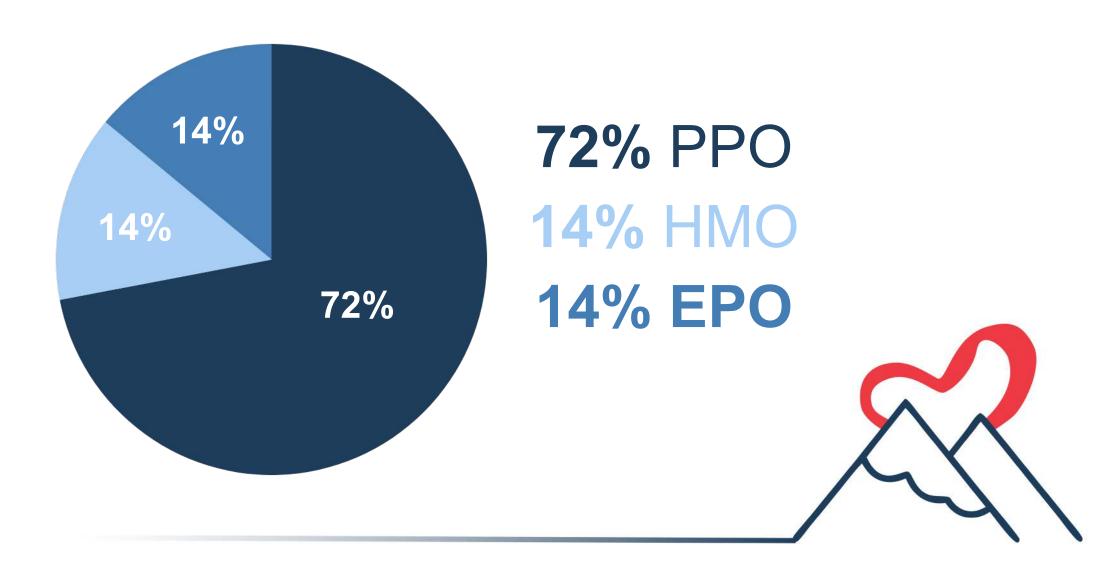
- Slice Definition Hometown Health's HMO sits alongside other carrier's offerings
- Employees choose between two carrier options
- Open to national carrier partnerships

Underwriting Guidelines

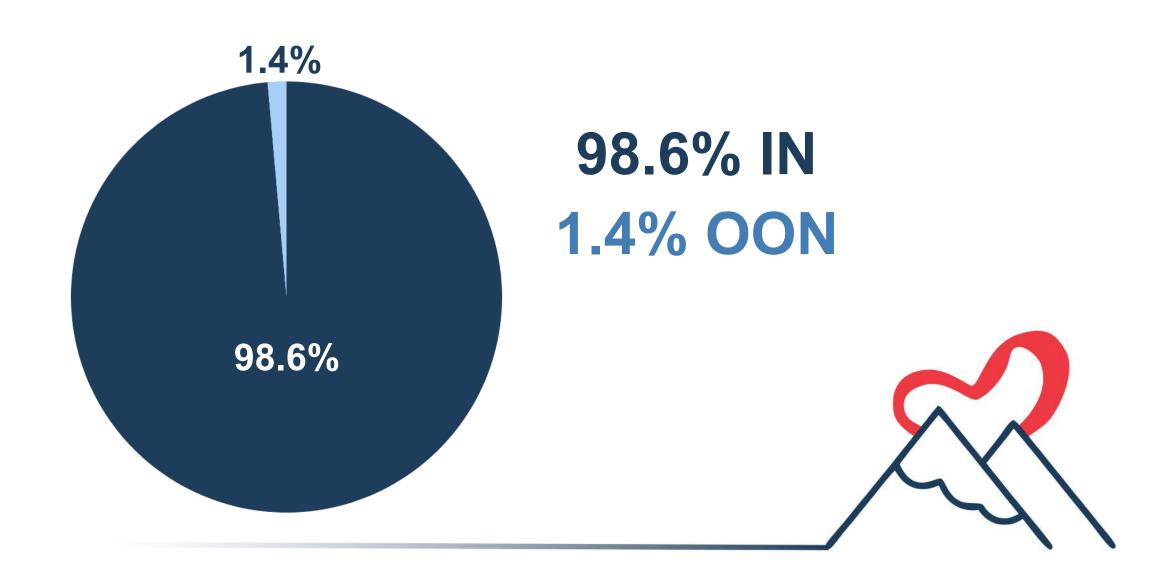
- No minimum membership threshold
- Not disadvantaged from contribution perspective
- Benefits must align with other offerings
- Large Group Only



Enrollment by Product Type



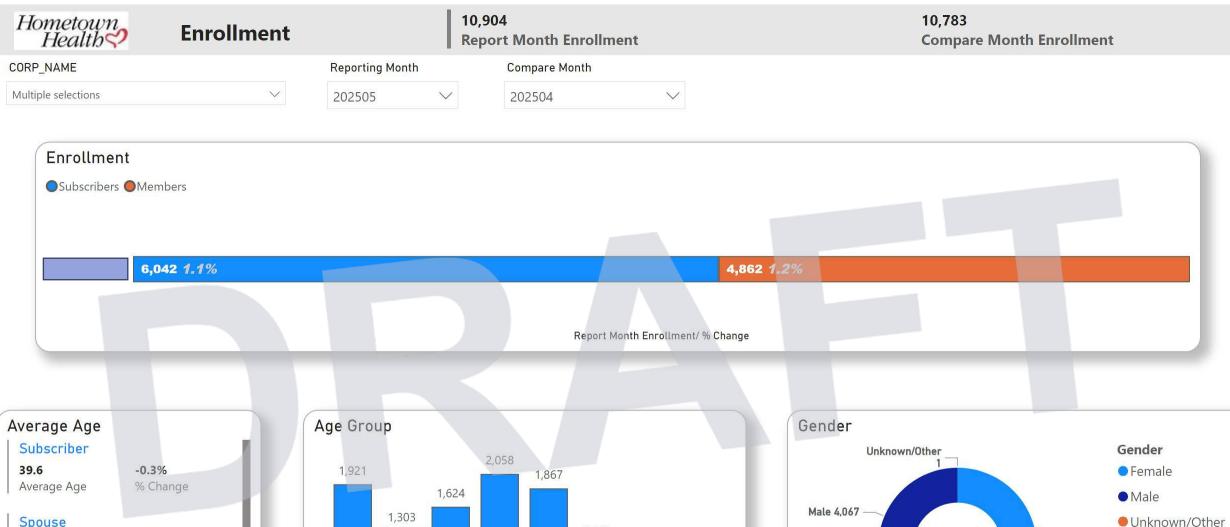
PPO: Out of Network Utilization

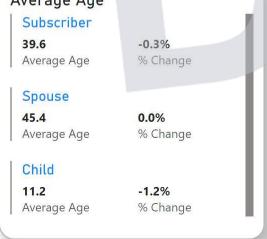


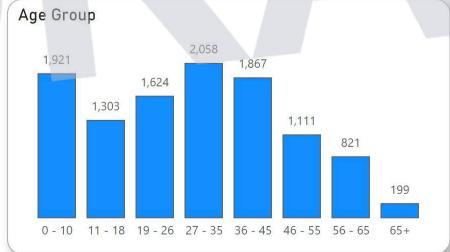
New Large Group Reporting

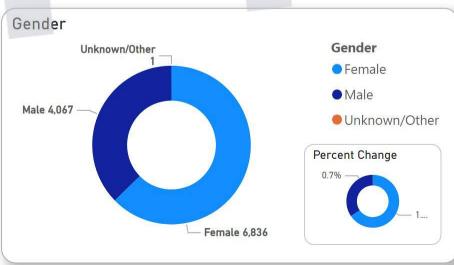
- Standard for 100+ subscriber groups
- Provided upon request
- Enhanced and detailed data insights
- Give you insights that drive strategic client decision making
- Available beginning 1/1/26







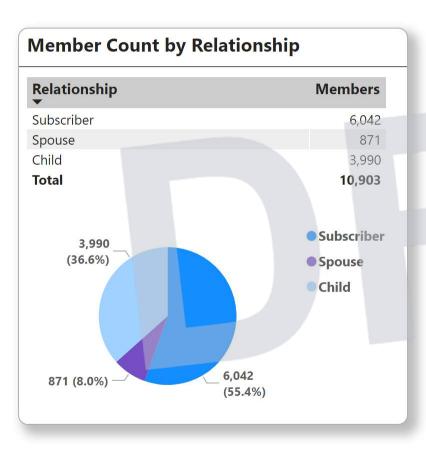


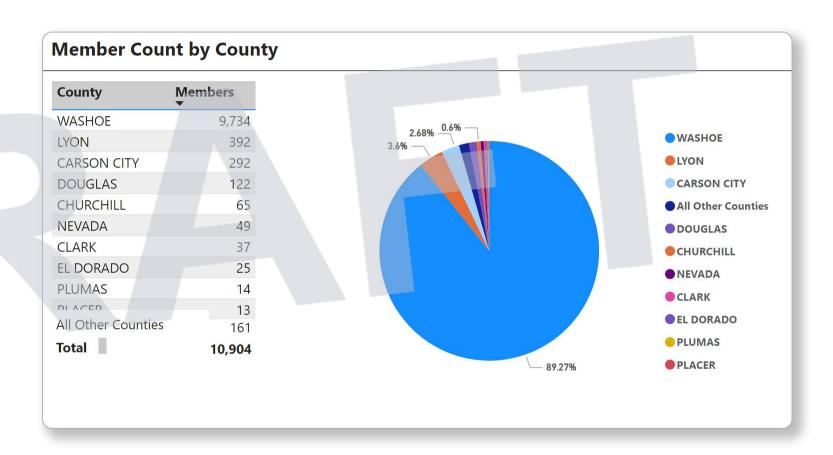


Enrollment cont

10,904 Report Month Enrollment 10,783 Compare Month Enrollment

CORP_NAME	Reporting Mor	nth	Compare Month		
Multiple selections	~	202505	~	202504	\





Financial

\$5,889,168
Report Month Medical Paid Amt

\$1,658,570 Report Month Rx Paid Amt

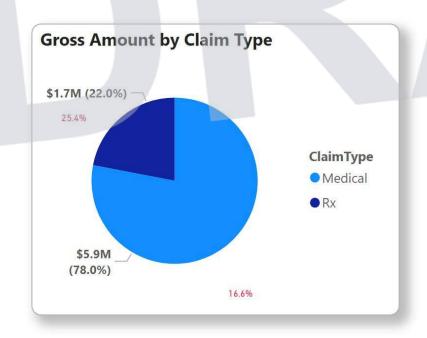
Parent Group Reporting Month Compare Month

Multiple selections

Reporting Month 202505

202504







PMPM

\$692.09 PMPM Report Month



Multiple selections

~

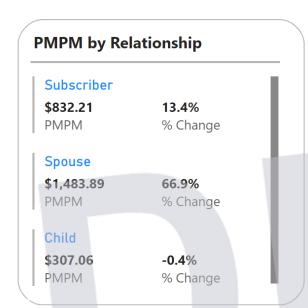
Reporting Month

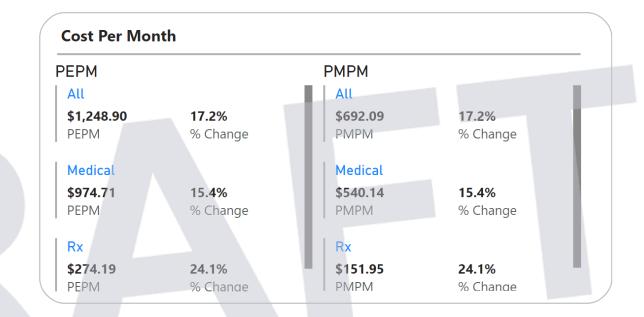
202505

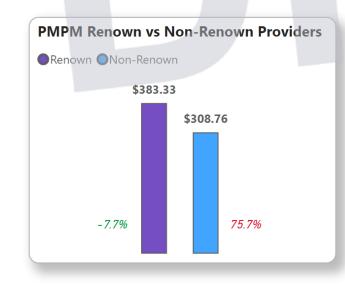
Compare Month

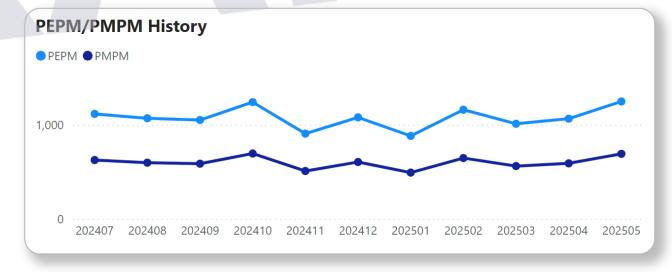
 \vee

202504







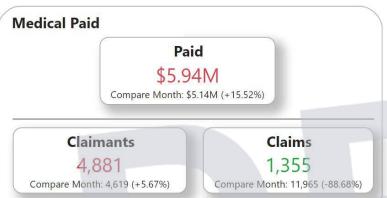




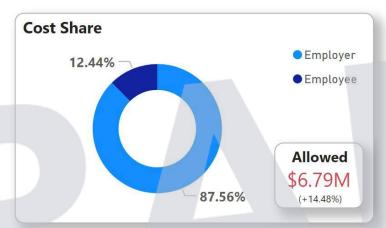
Medical Claims

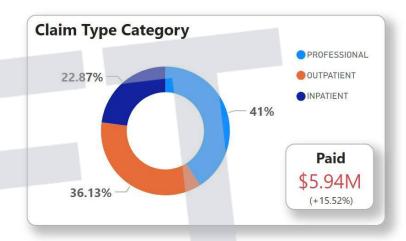
\$5,938,023.21 Paid Amount Report Month 4,881 Claimants Report Month 1,355 # of Claims Report Month



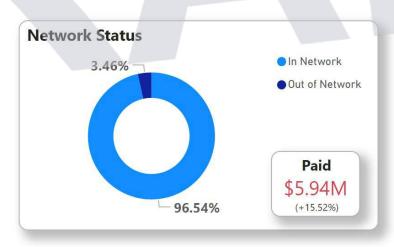














Medical Claims cont

Parent Group Multiple selections

YEAR_MONTH

202505

YEAR_MONTH

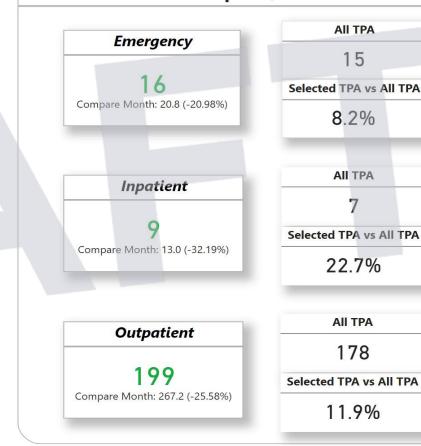
202504 ~

Top Places of Service by Paid Amount (YTD) Place of Service Claimants Total Paid Paid % Change On Campus - Outpatient Hospital 4543 \$5,804,691 -10.8% Inpatient Hospital 427 \$5,562,931 12.4% Office 7114 \$5,461,574 30.3% **Ambulatory Surgical Center** 528 \$3,959,335 46.8% Emergency Room - Hospital 1054 \$2,547,239 5.0% 631 \$630,108 67.0% Home Urgent Care Facility 2286 \$612,006 32.1% End-Stage Renal Disease Treatment Facility 6 \$384,260 6.4% \$164,491 Ambulance - Land -12.5% Telehealth - Provided in Patient's Home \$157,557 519 55.4% Telehealth - Provided Other than in Patient's Home \$141,348 32.1% Independent Laboratory 819 \$107,942 45.5%

PCP

-8.4%

173.2%



Visits per 1,000

PCP Visits

Off Campus - Outpatient Hospital

Psychiatric Residential Treatment Center

1,355

Compare Month: 1166 (+16.21%)

PCP Paid Amount

\$104,457

\$72,772

825

\$307.47K

Compare Month: \$276.27K (+11.29%)

QUESTIONS? Let's Navigate Together

SMALL GROUP & ASSOCIATION HEALTH PLANS



Internal Small Group Partners



Account Executive
Small Group & AHP
mayela.ochoa@hometownhealth.com
775-342-8061



Rod Cortez

Account Specialist
Small Group & AHP
rod.cortez@hometownhealth.com
775-982-3194



Account Specialist
Small Group & AHP
hannah.hanrahan@hometownhealth.com
775-982-3642

2026: Small Group Plans

Minimal Plan Changes

- Slight changes to MOOPs and Deductibles
- Kept benefits consistent where possible

Additional National PPO Plans

- Gold Plus, Gold, Silver Plus, and Silver HSA
- Full Cigna Access for both NV and non-NV Residents
 - Can access Cigna providers outside of NV on a non-referral basis





2026 Small Group Benefits at a Glance

Effective January 1, 2026 • In-Network Benefits	Gold Plus	Gold	Value Gold	Silver Plus	Silver HSA	Value Silver	Bronze Plus	Bronze HSA	Value Bronz
CALENDAR YEAR DEDUCTIBLES (CYD) AND OOPMax									
Individual Medical Deductible	\$0	\$0	\$2,875	\$0	\$3,800	\$8,500	\$5,075	\$6,000	\$10,600
Family Medical Deductible	\$0	\$0	\$5,750	\$0	\$7,600	\$17,000	\$10,600	\$12,000	\$21,200
Individual Out of Pocket Max	\$7,100	\$10,600	\$8,625	\$10,600	\$7,600	\$10,600	\$10,600	\$8,500	\$10,600
Family Out of Pocket Max	\$14,200	\$21,200	\$17,250	\$21,200	\$15,200	\$21,200	\$21,200	\$17,000	\$21,200
PHYSICIAN OFFICE VISITS							Ť		
PCP Visit (HMO must use RMG PCP)	\$45	\$50	\$0	\$50	CYD, \$50	\$0	\$65	CYD,\$65	CYD, 0%
Specialist Visit	\$50	\$55	CYD, 20%	\$80	CYD, \$80	CYD, 30%	\$100	CYD,\$100	CYD, 0%
Preventive (ACA Covered) Screenings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
LAB, IMAGING AND DIAGNOSTICS									
Routine Lab Services	\$50	\$55	\$0	\$80	CYD,\$80	\$0	\$100	CYD,\$100	CYD, 0%
Diagnostic and X-Ray	\$50	\$55	CYD, 20%	\$80	CYD, \$80	CYD, 30%	\$100	CYD,\$100	CYD, 0%
Imaging (CT / PET / MRI)	\$250	\$300	CYD, 20%	\$500	CYD, \$500	CYD, 30%	\$500	CYD,\$500	CYD, 0%
FACILITY / SURGICAL			1				and the same		
Inpatient Facility Fee (Inc. MH/SUD)	\$1,150	20%	CYD, 20%	30%	CYD, 30%	CYD, 30%	CYD, 40%	CYD, 40%	CYD, 0%
Outpatient Surgery Facility Fee	\$400	\$400	CYD, 20%	\$500	CYD,\$500	CYD, 30%	\$600	CYD, \$600	CYD, 0%
Outpatient Surgery Physician/Surgical Services	\$0	\$0	CYD, 20%	\$0	CYD,\$0	CYD, 30%	\$0	\$0	CYD, 0%
EMERGENCY AND URGENT CARE		- Land							
Urgent Care Center Services	\$50	\$50	\$50	\$50	CYD, \$50	CYD, 30%	\$50	CYD, \$50	CYD, \$0
Emergency Room Services	\$550	\$750	CYD, 20%	\$2,000	CYD, \$2,000	CYD, 30%	CYD, 40%	CYD, 40%	CYD, 0%
Ambulance Services (ground / air / water)	20%	20%	CYD, 20%	30%	CYD, 30%	CYD, 30%	CYD, 40%	CYD, 40%	CYD, 0%
Rx									
Rx - Generic Drugs	\$10	\$15	\$0	\$20	CYD, \$20	\$0	\$30	CYD, \$30	CYD, 0%
Rx - Preferred Brand Drugs	\$50	\$50	CYD, 20%	\$65	CYD, \$65	CYD, 30%	\$250	CYD, \$250	CYD, 0%
Rx - Mon-Preferred Drugs	\$150	\$250	CYD, 20%	\$250	CYD,\$250	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 0%
Special Pharmacouticals	50%	50%	CYD, 20%	50%	CYD, 50%	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 0%
PRODUCT TYPES	HMO/EPO Standard PPO National PPO	HMO / EPO Standard PPO National PPO	HMO/EPO/PPO	HMO / EPO Standard PPO National PPO	HMO / EPO Standard PPO National PPO	HMO/EPO/PPO	HMO/EPO/PPO	HMO/EPO/PPO	HMO/EPO/PP

View the notice of privacy practices at HometownHealth.com. You can also visit the website to view the plan's Evidence of Coverage to see a complete list of benefits, exclusions, and operating procedures or call 775-982-3232 to request a copy.

HMO plans available in the following counties: Carson City, Douglas, Lyon, Storey and Washoe. EPO and PPO plans offered statewide except White Pine & Elko countries. Out-of-Network Benefits are available on PPO plans. CYD indicates that you must meet the Calendar Year Deductible before benefits will be paid by Hometown Health. This document is only a summary and is not a Schedule of Benefits. National PPOs are the only plans that include primary Cigna access for both Nevada and non-Nevada residents outside of Nevada.



2026 Small Group Benefits at a Glance

Effective January 1, 2026 • In-Network Benefits	Gold Plus	Gold	Value Gold	Silver Plus	Silver HSA	Value Silver	Bronze Plus	Bronze HSA	Value Bronze
CALENDAR YEAR DEDUCTIBLES (CYD) AND OOPMax									
Individual Medical Deductible	\$0	\$0	\$2,875	\$0	\$3,800	\$8,500	\$5,075	\$6,000	\$10,600
Family Medical Deductible	\$0	\$0	\$5,750	\$0	\$7,600	\$17,000	\$10,600	\$12,000	\$21,200
Individual Out of Pocket Max	\$7,100	\$10,600	\$8,625	\$10,600	\$7,600	\$10,600	\$10,600	\$8,500	\$10,600
Family Out of Pocket Max	\$14,200	\$21,200	\$17,250	\$21,200	\$15,200	\$21,200	\$21,200	\$17,000	\$21,200
PHYSICIAN OFFICE VISITS							-		
PCP Visit (HMO must use RMG PCP)	\$45	\$50	\$0	\$50	CYD,\$50	\$0	\$65	CYD,\$65	CYD, 0%
Specialist Visit	\$50	\$55	CYD, 20%	\$80	CYD, \$80	CYD, 30%	\$100	CYD, \$100	CYD, 0%
Preventive (ACA Covered) Screenings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
LAB, IMAGING AND DIAGNOSTICS									
Routine Lab Services	\$50	\$55	\$0	\$80	CYD,\$80	\$0	\$100	CYD,\$100	CYD, 0%
Diagnostic and X-Ray	\$50	\$55	CYD, 20%	\$80	CYD, \$80	CYD, 30%	\$100	CYD,\$100	CYD, 0%
Imaging (CT / PET / MRI)	\$250	\$300	CYD, 20%	\$500	CYD,\$500	CYD, 30%	\$500	CYD,\$500	CYD, 0%
FACILITY / SURGICAL			1 1				land.		
Inpatient Facility Fee (inc. MH/SUD)	\$1,150	20%	CYD, 20%	30%	CYD, 30%	CYD, 30%	CYD, 40%	CYD, 40%	CYD, 0%
Outpatient Surgery Facility Fee	\$400	\$400	CYD, 20%	\$500	CYD,\$500	CYD, 30%	\$600	CYD, \$600	CYD, 0%
Outpatient Surgery Physician/Surgical Services	\$0	\$0	CYD, 20%	\$0	CYD,\$0	CYD, 30%	\$0	\$0	CYD, 0%
EMERGENCY AND URGENT CARE									
Urgent Care Center Services	\$50	\$50	\$50	\$50	CYD, \$50	CYD, 30%	\$50	CYD,\$50	CYD, \$0
Emergency Room Services	\$550	\$750	CYD, 20%	\$2,000	CYD, \$2,000	CYD, 30%	CYD, 40%	CYD, 40%	CYD, 0%
Ambulance Services (ground / air / water)	20%	20%	CYD, 20%	30%	CYD, 30%	CYD, 30%	CYD, 40%	CYD, 40%	CYD, 0%
RK									
Rx - Generic Drugs	\$10	\$15	\$0	\$20	CYD,\$20	\$0	\$30	CYD,\$30	CYD, 0%
Rx - Preferred Brand Drugs	\$50	\$50	CYD, 20%	\$65	CYD,\$65	CYD, 30%	\$250	CYD, \$250	CYD, 0%
Rx - Non-Preferred Drugs	\$150	\$250	CYD, 20%	\$250	CYD,\$250	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 0%
Special Pharmaceuticals	50%	50%	CYD, 20%	50%	CYD, 50%	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 0%
PRODUCT TYPES	HMO / EPO	HMO/EPO Standard PDO National PPO	HMO/EPO/PPO	HMO/EPO Standard PPO National PPO	HMO / EPO Standard PPO National PPO	HMO/EPO/PPO	HMO/EPO/PPO	HMO/EPO/PPO	HMO/EPO/PPO

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HMD plans available in the following counties: Carson City, Douglas, Lyon, Storey and Washoe. EPO and PPO plans offered statewide except White Pine & Elko counties. Out-of-Network Benefits are available on PPO plans. CYD indicates that you must meet the Calendar Year Deductible before benefits will be paid by Hometown Health. This document is only a summary and is not a Schedule of Benefits. National PPOs are the only plans that include primary Cigna access for both Nevada and non-Nevada residents outside of Nevada.

Small Group Rates

HMO – Rating Areas 2 & 3

EPO – Rating Areas 1, 2, 3, & 4 (except White Pine & Elko)

PPO – Rating Areas 1, 2, 3, & 4 (except White Pine & Elko)

Product	Average Rate Change
НМО	6.5%
EPO	12.2%
PPO	10.2%



Competitive Landscape – Increase by Carrier

Carrier	Product	Average Increase
Anthem	НМО	21.74%
Anthem	PPO	21.48%
Prominence	НМО	12.94%
Prominence	PPO	17.66%
United	PPO	10.3%

Average Increase by Rate Area

Product	Rate Area 1	Rate Area 2	Rate Area 3	Rate Area 4
НМО	N/A	7.0%	-0.5%	N/A
PPO/EPO	11.0%	11.6%	4.5%	13.0%



HMO, EPO, AND PPO: 2026 Rate Relativity Comparison

Plan	PPO to EPO	EPO to HMO	PPO to HMO
SG Gold Plus	2%	14%	16%
SG Gold (copay)	2%	14%	16%
SG Value Gold	3%	15%	18%
SG Silver Plus	2%	15%	17%
SG Silver HSA	3%	17%	21%
SG Value Silver	3%	17%	20%
SG Bronze Plus	3%	16%	20%
SG Bronze HSA	3%	17%	21%
SG Value Bronze	4%	17%	21%

HMO, EPO, AND PPO: 2026 Rate Relativity Comparison

Plan	PPO to EPO	EPO to HMO	PPO to HMO
SG Gold Plus	2%	14%	16%
SG Gold (copay)	2%	14%	16%
SG Value Gold	3%	15%	18%
SG Silver Plus	2%	15%	17%
SG Silver HSA	3%	17%	21%
SG Value Silver	3%	17%	20%
SG Bronze Plus	3%	16%	20%
SG Bronze HSA	3%	17%	21%
SG Value Bronze	4%	17%	21%

HMO, EPO, AND PPO: 2026 Rate Relativity Comparison

Plan		PPO to EPO		EPO to HMO	PPO to HMO			
SG Gold Pl				14%	16%			
SG Gold (cor	PF	O to HMO		14%	16%			
SG Value G	5	G Gold Plus		15%	18%			
SG Silver P		16%		15%		15%	17%	
SG Silver H	SC	Gold (copay) 16%		17%	21%			
SG Value Sil	s	G Silver Plus		17%	20%			
SG Bronze F		17%		16%	20%			
SG Bronze H	ISA	ა %		17%	21%			
SG Value Bro	nze	4%		17%	21%			

HMO: Average Rate Change by Plan & Rate Area

Current Plan	Proposed Plan	Product	Metal	1	2	3	4	Total
SG Gold Plus HMO	26 SG Renown Gold HMO Plus	НМО	Gold	N/A	6.9%	0.0%	N/A	6.5%
SG Gold (copay) HMO	26 SG Renown Gold HMO	НМО	Gold	N/A	6.0%	-0.9%	N/A	5.8%
SG Value Gold HMO	26 SG Renown Value Gold HMO	НМО	Gold	N/A	10.0%	N/A	N/A	10.0%
SG Silver Plus HMO	26 SG Renown Silver HMO Plus	НМО	Silver	N/A	5.8%	-1.1%	N/A	4.8%
SG Silver HSA HMO	26 SG Renown Silver HMO HSA	НМО	Silver	N/A	9.6%	2.5%	N/A	9.2%
SG Value Silver HMO	26 SG Renown Value Silver HMO	НМО	Silver	N/A	N/A	N/A	N/A	N/A
SG Value Bronze HMO	26 SG Renown Value Bronze HMO	НМО	Bronze	N/A	0.6%	-5.9%	N/A	0.1%
SG Bronze Plus HMO	26 SG Renown Bronze HMO Plus	НМО	Bronze	N/A	11.0%	3.8%	N/A	10.9%
SG Bronze HSA HMO	26 SG Renown Bronze HMO HSA	НМО	Bronze	N/A	12.4%	5.1%	N/A	12.0%
Total				N/A	7.0%	-0.5%	N/A	6.5%

HMO: Average Rate Change by Plan & Rate Area

Current Plan	Proposed Plan	Product	Metal	2	3	Total
SG Gold Plus HMO	26 SG Renown Gold HMO Plus	НМО	Gold	6.9%	0.0%	6.5%
SG Gold (copay) HMO	26 SG Renown Gold HMO	НМО	Gold	6.0%	-0.9%	5.8%
SG Value Gold HMO	26 SG Renown Value Gold HMO	НМО	Gold	10.0%	N/A	10.0%
SG Silver Plus HMO	26 SG Renown Silver HMO Plus	НМО	Silver	5.8%	-1.1%	4.8%
SG Silver HSA HMO	26 SG Renown Silver HMO HSA	НМО	Silver	9.6%	2.5%	9.2%
SG Value Silver HMO	26 SG Renown Value Silver HMO	НМО	Silver	N/A	N/A	N/A
SG Value Bronze HMO	26 SG Renown Value Bronze HMO	НМО	Bronze	0.6%	-5.9%	0.1%
SG Bronze Plus HMO	26 SG Renown Bronze HMO Plus	НМО	Bronze	11.0%	3.8%	10.9%
SG Bronze HSA HMO	26 SG Renown Bronze HMO HSA	НМО	Bronze	12.4%	5.1%	12.0%
Total				7.0%	-0.5%	6.5%

HMO: Average Rate Change by Plan & Rate Area

Current Plan	Proposed Plan	Product	Metal	2	3	Total
SG Gold Plus HMO	26 SG Renown Gold HMO Plus	НМО	Gold (6.9%	0.0%	6.5%
SG Gold (copay) HMO	26 SG Renown Gold HMO	НМО	Gold	6.0%	-0.9%	5.8%
SG Value Gold HMO	26 SG Renown Value Gold HMO	НМО	Gold	10.0%	N/A	10.0%
SG Silver Plus HMO	26 SG Renown Silver HMO Plus	НМО	Silver	5.8%	-1.1%	4.8%
SG Silver HSA HMO	26 SG Renown Silver HMO HSA	НМО	Silver	9.6%	2.5%	9.2%
SG Value Silver HMO	26 SG Renown Value Silver HMO	НМО	Silver	N/A	N/A	N/A
SG Value Bronze HMO	26 SG Renown Value Bronze HMO	НМО	Bronze	0.6%	-5.9%	0.1%
SG Bronze Plus HMO	26 SG Renown Bronze HMO Plus	НМО	Bronze	11.0%	3.8%	10.9%
SG Bronze HSA HMO	26 SG Renown Bronze HMO HSA	НМО	Bronze	12.4%	5.1%	12.0%
Total				7.0%	-0.5%	6.5%

HMO: Average Rate Change by Plan & Rate Area

Current Plan	Proposed Plan	Product	Metal	2	3	Total
SG Gold Plus HMO	26 SG Renown Gold HMO Plus	НМО	Gold	6.9%	0.0%	6.5%
SG Gold (copay) HMO	26 SG Renown Gold HMO	НМО	Gold	6.0%	- 0.9%	5.8%
SG Value Gold HMO	26 SG Renown Value Gold HMO	НМО	Gold	10.0%	N/A	10.0%
SG Silver Plus HMO	26 SG Renown Silver HMO Plus	НМО	Silver	5.8%	- 1.1%	4.8%
SG Silver HSA HMO	26 SG Renown Silver HMO HSA	НМО	Silver	9.6%	2.5%	9.2%
SG Value Silver HMO	26 SG Renown Value Silver HMO	НМО	Silver	N/A	N/A	N/A
SG Value Bronze HMO	26 SG Renown Value Bronze HMO	НМО	Bronze	0.6%	- 5.9%	0.1%
SG Bronze Plus HMO	26 SG Renown Bronze HMO Plus	НМО	Bronze	11.0%	3.8%	10.9%
SG Bronze HSA HMO	26 SG Renown Bronze HMO HSA	НМО	Bronze	12.4%	5.1%	12.0%

Total $7.0\% \quad \frac{-}{0.5\%} \quad 6.5\%$

HMO: Average Rate Change by Plan & Rate Area

Current Plan	Proposed Plan	Product	Metal	2	3	Total
SG Gold Plus HMO	26 SG Renown Gold HMO Plus	НМО	Gold	6.9%	0.0%	6.5%
SG Gold (copay) HMO	26 SG Renown Gold HMO	НМО	Gold	6.0%	-0.9%	5.8%
SG Value Gold HMO	26 SG Renown Value Gold HMO	НМО	Gold	10.0%	N/A	10.0%
SG Silver Plus HMO	26 SG Renown Silver HMO Plus	НМО	Silver	5.8%	-1.1%	4.8%
SG Silver HSA HMO	26 SG Renown Silver HMO HSA	НМО	Silver	9.6%	2.5%	9.2%
SG Value Silver HMO	26 SG Renown Value Silver HMO	НМО	Silver	N/A	N/A	N/A
SG Value Bronze HMO	26 SG Renown Value Bronze HMO	НМО	Bronze	0.6%	-5.9%	0.1%
SG Bronze Plus HMO	26 SG Renown Bronze HMO Plus	НМО	Bronze	11.0%	3.8%	10.9%
SG Bronze HSA HMO	26 SG Renown Bronze HMO HSA	НМО	Bronze	12.4%	5.1%	12.0%
Total				7.0%	-0.5%	6.5%

PPO: Average Rate Change by Plan & Rate Area

Current Plan	Proposed Plan	Product	Metal	1	2	3	Total
SG Gold Plus PPO	26 SG Hometown Gold PPO Plus	PPO	Gold	N/A	11.6%	4.3%	10.7%
SG Gold Plus Access PPO	26 SG Hometown Gold Plus National PPO	PPO	Gold	7.5%	7.5%	0.6%	5.1%
SG Gold (copay) PPO	26 SG Hometown Gold PPO	PPO	Gold	N/A	10.5%	3.4%	9.3%
SG Silver Plus PPO	26 SG Hometown Silver PPO Plus	PPO	Silver	N/A	9.9%	2.8%	8.3%
SG Silver HSA PPO	26 SG Hometown Silver PPO HSA	PPO	Silver	N/A	13.7%	6.3%	12.4%
SG Value Silver PPO	26 SG Hometown Value Silver PPO	PPO	Silver	N/A	13.6%	6.2%	11.7%
SG Value Bronze PPO	26 SG Hometown Value Bronze PPO	PPO	Bronze	4.1%	N/A	N/A	4.1%
SG Bronze Plus PPO	26 SG Hometown Bronze PPO Plus	PPO	Bronze	N/A	14.7	7.3	13.3%
SG Bronze HAS PPO	26 SG Hometown Bronze PPO HSA	PPO	Bronze	N/A	16.4%	8.9%	14.5%

EPO: Average Rate Change by Plan & Rate Area

Current Plan	Proposed Plan	Product	Metal	1	2	3	4	Total
SG Gold Plus EPO	26 SG Hometown Gold EPO Plus	EPO	Gold	N/A	13.3%	6.0%	13.3%	12.0%
SG Gold (copay) EPO	26 SG Hometown Gold EPO	EPO	Gold	12.5%	12.5%	5.2%	12.5%	10.2%
SG Value Gold EPO	26 SG Hometown Value Gold EPO	EPO	Gold	N/A	17.7%	N/A	N/A	17.7%
SG Silver Plus EPO	26 SG Hometown Silver EPO Plus	EPO	Silver	12.8%	12.8%	5.5%	12.8%	12.0%
SG Silver HSA EPO	26 SG Hometown Silver EPO HSA	EPO	Silver	N/A	18.6%	10.9%	N/A	16.0%
SG Value Silver EPO	26 SG Hometown Value Silver EPO	EPO	Silver	N/A	17.7%	N/A	N/A	17.7%
SG Value Bronze EPO	26 SG Hometown Value Bronze EPO	EPO	Bronze	N/A	8.8%	N/A	N/A	8.8%
SG Bronze Plus EPO	26 SG Hometown Bronze EPO Plus	EPO	Bronze	N/A	19.4%	11.6%	N/A	17.3%
SG Bronze HSA EPO	26 SG Hometown Bronze EPO HSA	EPO	Bronze	N/A	21.9%	14.0%	21.9%	19.2%
SG Gold Plus EPO	26 SG Hometown Gold EPO Plus	EPO	Gold	N/A	13.3%	6.0%	13.3%	12.0%

EPO: Average Rate Change by Plan & Rate Area

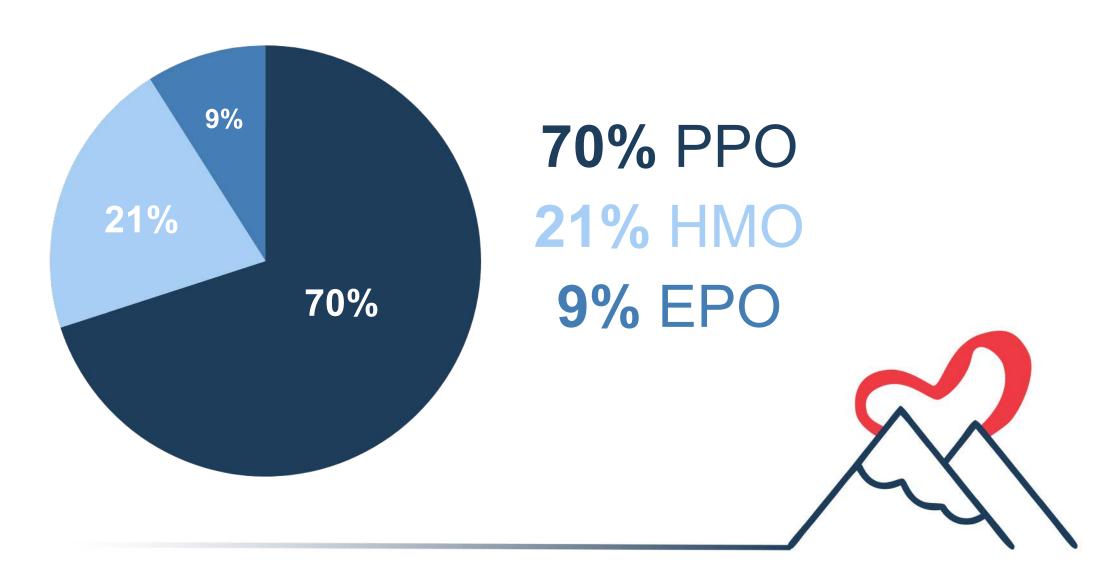
Current Plan	Proposed Plan	Product	Metal	1	2	3	4	Total
SG Gold Plus EPO	26 SG Hometown Gold EPO Plus	EPO	Gold	N/A	13.3%	6.0%	13.3%	12.0%
SG Gold (copay) EPO	26 SG Hometown Gold EPO	EPO	Gold	12.5%	12.5%	5.2%	12.5%	10.2%
SG Value Gold EPO	26 SG Hometown Value Gold EPO	EPO	Gold	N/A	17.7%	N/A	N/A	17.7%
SG Silver Plus EPO	26 SG Hometown Silver EPO Plus	EPO	Silver	12.8%	12.8%	5.5%	12.8%	12.0%
SG Silver HSA EPO	26 SG Hometown Silver EPO HSA	EPO	Silver	N/A	18.6%	10.9%	N/A	16.0%
SG Value Silver EPO	26 SG Hometown Value Silver EPO	EPO	Silver	N/A	17.7%	N/A	N/A	17.7%
SG Value Bronze EPO	26 SG Hometown Value Bronze EPO	EPO	Bronze	N/A	8.8%	N/A	N/A	8.8%
SG Bronze Plus EPO	26 SG Hometown Bronze EPO Plus	EPO	Bronze	N/A	19.4%	11.6%	N/A	17.3%
SG Bronze HSA EPO	26 SG Hometown Bronze EPO HSA	EPO	Bronze	N/A	21.9%	14.0%	21.9%	19.2%
SG Gold Plus EPO	26 SG Hometown Gold EPO Plus	EPO	Gold	N/A	13.3%	6.0%	13.3%	12.0%

Moving Between AHP & Small Group

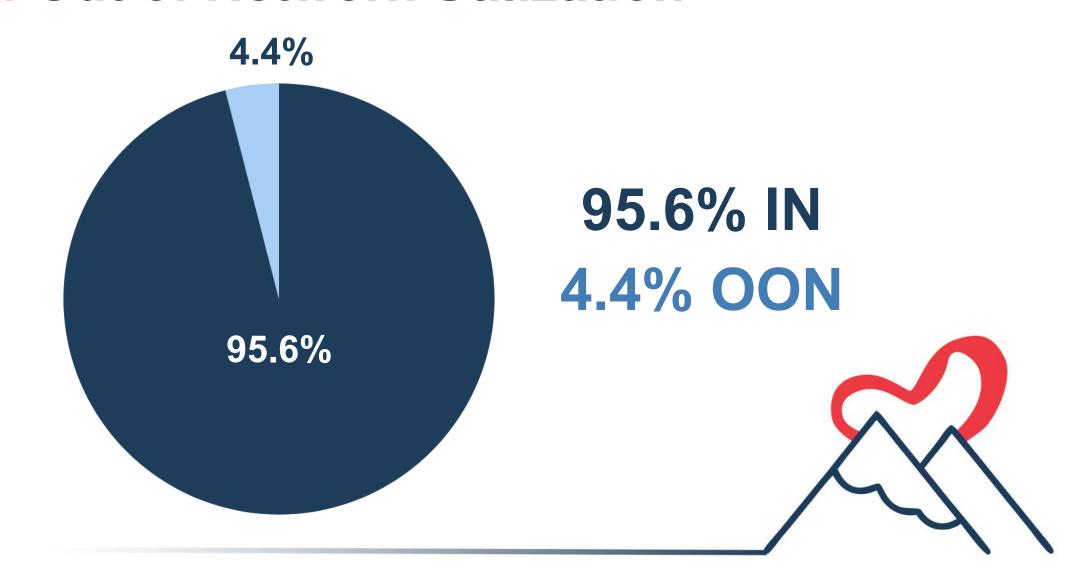
- Small Groups can move between SG ACA and AHP at renewal ONLY
- Certain businesses will qualify for CCC only, BANN only, or both
- Want an AHP renewal quote?
 - Request from your Account Specialist
 - We will verify which AHP is most appropriate for your group



Enrollment by Product Type



PPO: Out of Network Utilization



QUESTIONS? Let's Navigate Together

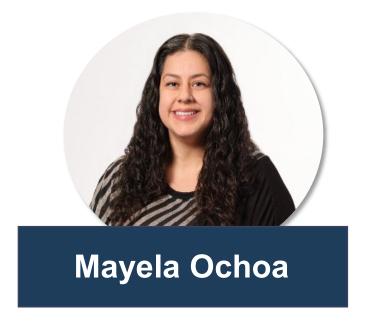
Association Health Plans







Internal AHP Partners



Account Executive
Small Group & AHP
mayela.ochoa@hometownhealth.com
775-342-8061



Rod Cortez

Account Specialist
Small Group & AHP
rod.cortez@hometownhealth.com
775-982-3194



Account Specialist
Small Group & AHP
hannah.hanrahan@hometownhealth.com
775-982-3642

2026: AHP Plans

- All SG plans offered in both AHPs
- 2 Additional Plans Offered ONLY in AHPs
 - Platinum HMO & Silver Plus HSA
- 4 Plans Offered to Renewing BANN Composite Legacy Groups ONLY
 - PPO/EPO 1000 & PPO/EPO 2000
- Minimal Plan Changes from 2025-2026
 - Slight changes to MOOPs and Deductibles
 - Kept benefits consistent where possible
- Additional National PPO Plans
 - Gold Plus, Gold, Silver Plus, and Silver HSA
 - Full Cigna Access for both NV and non-NV Residents
 - Can access Cigna providers outside of NV on a non-referral basis



Carson City Chamber of Commerce: Association Dues

- Businesses with between 2 50 FTEs in the Service and Manufacturing Industries
- Eligibility based on NAICS code
- Membership Dues
 - Manufacturing Businesses \$505 annually
 - Service Businesses \$275 annually & \$2 for each employee over 15

Carson City Chamber of Commerce: Member Benefits

Active Networking

Socials, luncheons, and Coffee & Conversations events

Health Plan Access

Up to 20% savings on Hometown Health plans

Online Presence

Free website and email links for members

Advocacy

Strong collaboration with city and state officials

Community Impact

Committees addressing social and civic issues

Civic Engagement

Participation on local safety and planning boards

Educational Seminars

Business-focused training and development

U.S Chamber Perks

Free U.S. Chamber membership and Business Report

Business Support

Partnerships with SBDC and NNDA

Ongoing Support

Continuous improvements based on member needs

The Builders Association: Member Dues

- Builders Association of Northern Nevada
 - Businesses with 2+ FTEs in the Construction Industry
 - Eligibility based on employer attestation and/or contractor's license

Membership Levels & Annual Fees

Builder/Developer

\$1,075 per year

Requires active Contractor License

Subject to verification for health plan access

Subcontractor

\$875 per year

Requires active Contractor License

Associate

\$725 per year

No license required

The Builders Association: Member Benefits

Leading Advocate

for residential building, development, and small business in Northern Nevada

Proactive Influence

in government affairs, community relations, and local Association of Home Builders housing issues

Largest Regional Association

affiliated with the National (NAHB)

Access to National Resources

While supporting local business interests

Open to All

Builders, subcontractors, and associates welcome

Member-Driven

Engagement & participation are encouraged

Stronger Together

Members often collaborate and refer one another for projects

New: SG & AHP Quoting Process

Send all quote requests to <a>Quote@HometownHealth.com

CC your assigned Account Specialist & Account Executive

Non-busy season: Quote TAT of 24 hours

We provide a comprehensive quote including all plan options

Quoting Best Practice: Identify enrolled members and waivers clearly

Requested Census Format

• We would like to receive a census in excel with the following information:

Subscriber ID	Date of Birth	First Name	Last Name	Gender	Zip Code	Relationship	Coverage Tier
1	4/25/1979	Jane	Doe	F	17601	subscriber	family
1	8/12/1977	Gale	Doe	F		spouse	family
1	7/31/2008	Little	Doe	M		dependent	family
1	5/1/1987	Tiny	Doe	F		dependent	family
2	11/12/1988	Lady	Smith	F	17601	subscriber	employee_spouse
2	4/12/1982	Dude	Smith	M		spouse	employee_spouse
3	1/7/1990	Man	Martin	М	17601	subscriber	employee
4	3/22/1995	Guy	Jones	M	17601	subscriber	employee
5	6/21/1995	Girl	Pitt	F	17601	subscriber	waiver

Hometown Health Premium Rate Quote

Group Name:

AHP Type: CCC

Employer Zip Code: 89511 Effective Date: 7/1/2025



HMO Plan Rates

Enrollment	Tier Rates	25 AHP HMO CCC Platinum	25 AHP HMO CCC Gold Plus	25 AHP HMO CCC Gold	25 AHP HMO CCC Value Gold
24	Employee	\$412.00	\$393.00	\$371.00	\$332.00
1	EE & Spouse	\$824.00	\$786.00	\$742.00	\$664.00
1	EE & Child(ren)	\$742.00	\$707.00	\$668.00	\$598.00
0	Family	\$1,277.00	\$1,218.00	\$1,150.00	\$1,029.00
26	Total Monthly Premium	\$11,454.00	\$10,925.00	\$10,314.00	\$9,230.00

Enrollment	Tier Rates	25 AHP HMO CCC Silver Plus	25 AHP HMO CCC Silver HSA	25 AHP HMO CCC Value Silver	25 AHP HMO CCC Bronze Plus
24	Employee	\$340.00	\$270.00	\$278.00	\$296.00
1	EE & Spouse	\$680.00	\$540.00	\$556.00	\$592.00
1	EE & Child(ren)	\$612.00	\$486.00	\$500.00	\$533.00
0	Family	\$1,054.00	\$837.00	\$862.00	\$918.00
26	Total Monthly Premium	\$9,452.00	\$7,506.00	\$7,728.00	\$8,229.00

Enrollment	Tier Rates	25 AHP HMO CCC Bronze HSA	25 AHP HMO CCC Value Bronze
24	Employee	\$245.00	\$234.00
1	EE & Spouse	\$490.00	\$468.00
1	EE & Child(ren)	\$441.00	\$421.00
0	Family	\$760.00	\$725.00
26	Total Monthly Premium	\$6,811.00	\$6,505.00

Renewal Updates

- Now released 90 days prior to the effective date
- Renewal Quotes provided with mapped plan ONLY
- Alternates NEEDED Please request from your Account Specialist
- Census must be verified for accuracy
 - Can be verified by you or your Account Specialist



Important: Underwriting Guidelines

- New business underwritten with predictive modeling to assess risk
 - Identify both good and poor risk
 - 25+ member new business opportunities: potential for rate reduction
 - Groups identified as poor risk are rated accordingly
- Renewals underwritten with group demographics and experience
 - Groups with poor experience are rated accordingly
- More than 5 subscribers: can offer up to 3 plans
- Quotes are based on risk and demographics
 - Census accuracy is essential
 - Final rates are subject to underwriting approval and may be adjusted in the event there is a +/- 25% change in quoted vs. actual enrollment.

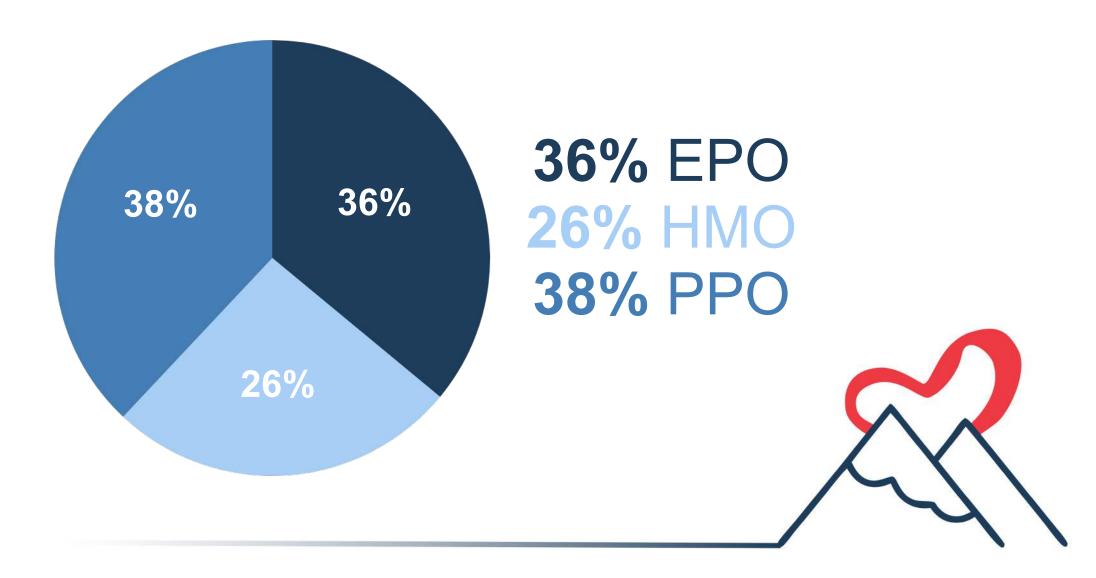


Hometown Health: More than PPO

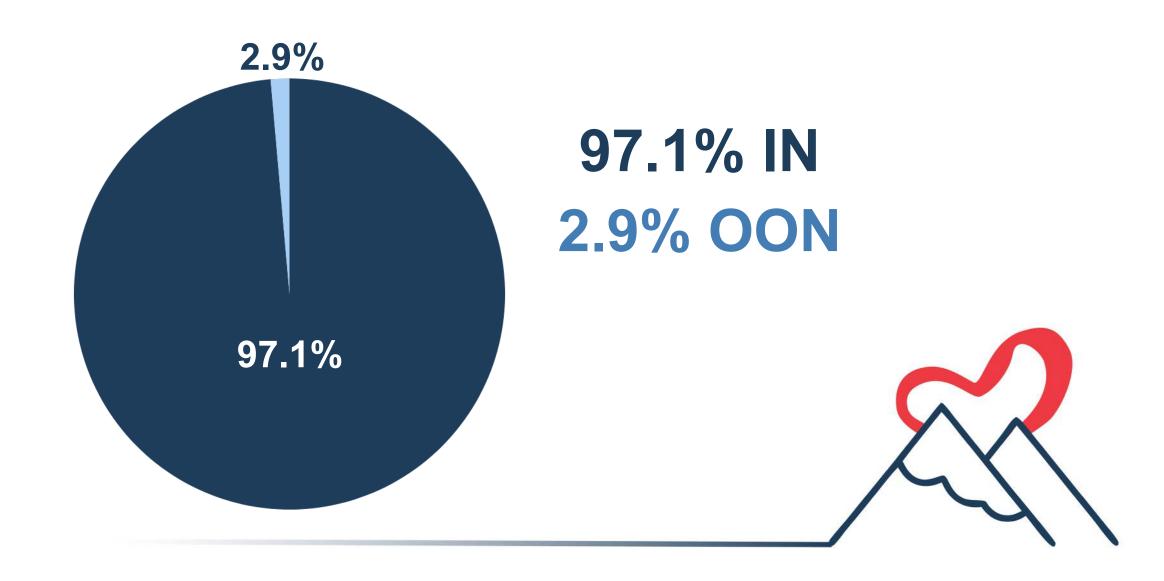
- AHP groups with 5 or more subscribers can offer up to 3 plans
- HMO and EPO provide cost savings and adequate coverage for most Northern Nevadans

Plans	EE Premium	% Savings vs. PPO	Total Annual Premium	\$ Savings vs. PPO
25 AHP PPO CCC Silver Plus	\$475	0%	\$285,000	\$0
25 AHP EPO CCC Silver Plus	\$359	-24%	\$215,400	\$69,600
25 AHP HMO CCC Silver Plus	\$340	-28%	\$204,000	\$81,000

Enrollment by Product Type



PPO: Out of Network Utilization





2026 Builder's Association Benefits at a Glance

PRODUCT TYPES	HMO ONLY	HMO/EPO Standard PPO National PPO	HMO/EPO Standard PPO National PPO	HMO/EPO/PPO	HMO / EPO Standard PPO National PPO	PPO ONLY	HMO/EPO Standard PPO National PPO	HMO/EPO/PPO	HMO/EPO/PPO	HMO/EPO/PPO	HMO/EPO/PP
Special Pharmaceuticals	20%	50%	50%	CYD, 20%	50%	CYD, \$0	CYD, 50%	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 0%
Rx - Non-Preferred Drugs	\$50	\$150	\$250	CYD, 20%	\$250	CYD,\$0	CYD, \$250	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 0%
Rx - Preferred Brand Drugs	\$30	\$50	\$50	CYD, 20%	\$65	CYD,\$0	CYD, \$65	CYD, 30%	\$250	CYD,\$250	CYD, 0%
Rx - Generic Drugs	\$10	\$10	\$15	\$0	\$20	CYD,\$0	CYD, \$20	\$0	\$30	CYD, \$30	CYD, 0%
Rx											
Ambulance Services (ground / air / water)	\$200	20%	20%	CYD, 20%	30%	CYD,\$0	CYD, 30%	CYD, 30%	CYD, 40%	CYD, 40%	CYD, 0%
Emergency Room Services	CYD,\$200	\$550	\$750	CYD, 20%	\$2,000	CYD,\$0	CYD,\$2,000	CYD, 30%	CYD, 40%	CYD, 40%	CYD, 0%
Urgent Care Center Services	\$20	\$50	\$50	\$50	\$50	CYD, \$0	CYD,\$50	CYD, 30%	\$50	CYD, \$50	\$50
EMERGENCY AND URGENT CARE	1							3			
Outpatient Surgery Physician/Surgical Services	\$0	\$0	\$0	CYD, 20%	\$0	CYD,\$0	CYD, \$0	CYD, 30%	\$0	\$0	CYD, 0%
Outpatient Surgery Facility Fee	\$400	\$400	\$400	CYD, 20%	\$500	CYD,\$0	CYD, \$500	CYD, 30%	\$600	CYD,\$600	CYD, 0%
Inpatient Facility Fee (Inc. MH/SUD)	\$2,000	\$1,150	20%	CYD, 20%	30%	CYD, \$0	CYD, 30%	CYD, 30%	CYD, 40%	CYD, 40%	CYD, 0%
FACILITY / SURGICAL		11 3		1 5							
Imaging (CT / PET / MRI)	\$250	\$250	\$300	CYD, 20%	\$500	CYD,\$0	CYD, \$500	CYD, 30%	\$500	CYD,\$500	CYD, 0%
Diagnostic and X-Ray	\$20	\$50	\$55	CYD, 20%	\$80	CYD,\$0	CYD, \$80	CYD, 30%	\$100	CYD,\$100	CYD, 0%
Routine Lab Services	\$0	\$50	\$55	\$0	\$80	CYD,\$0	CYD, \$80	\$0	\$100	CYD, \$100	CYD, 0%
LAB, IMAGING AND DIAGNOSTICS											
Preventive (ACA Covered) Screenings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Visit	\$20	\$50	\$55	CYD, 20%	\$80	CYD, \$0	CYD,\$80	CYD, 30%	\$100	CYD,\$100	CYD, 0%
PCP Visit (HMO must use RMG PCP)	\$10	\$45	\$50	\$0	\$50	CYD,\$0	CYD,\$50	\$0	\$65	CYD, \$65	CYD, 0%
PHYSICIAN OFFICE VISITS											
Family Out of Pocket Max	\$9,000	\$14,200	\$21,200	\$17,250	\$21,200	\$6,800	\$15,200	\$21,200	\$21,200	\$17,000	\$21,200
Individual Out of Pocket Max	\$4,500	\$7,100	\$10,600	\$8,625	\$10,600	\$3,400	\$7,600	\$10,600	\$10,600	\$8,500	\$10,600
Family Medical Deductible	\$1,000	\$0	\$0	\$5,750	\$0	\$6,800	\$7,600	\$17,000	\$10,600	\$12,000	\$21,200
Individual Medical Deductible	\$500	\$0	\$0	\$2,875	\$0	\$3,400	\$3,800	\$8,500	\$5,075	\$6,000	\$10,600
CALENDAR YEAR DEDUCTIBLES (CYD) AND OOPMax											
ffective January 1, 2026 • In-Network Benefits	Platinum	Gold	Gold	Value Gold	Silver Plus	Silver HSA Plus	Silver HSA	Value Silver	Plus	Bronze HSA	Value Bronze
									-	_	

View the notice of privacy practices at HometownHealth.com. You can also visit the website to view the plan's Evidence of Coverage to see a complete list of benefits, exclusions, and operating procedures or call 775-982-3232 to request a copy.



2026 Builder's Association Benefits at a Glance

PRODUCT TYPES	HIMO ONLY	HMO / EPO Standard PPO National PPO	HMO/EPO Standard PPO National PPO	HMO/EPO/PPO	HMO/EPO Standard PPO National PPO	PPO ONLY	HMO/EPO Standard PPO National PPO	HMO/EPO/PPO	HMO/EPO/PPO	HMO/EPO/PPO	HMO/EPO/PP
Special Pharmaceuticals	20%	50%	50%	CYD, 20%	50%	CYD,\$0	CYD, 50%	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 0%
Rx - Non-Preferred Drugs	\$50	\$150	\$250	CYD, 20%	\$250	CYD,\$0	CYD, \$250	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 0%
Rx - Preferred Brand Drugs	\$30	\$50	\$50	CYD, 20%	\$65	CYD,\$0	CYD, \$65	CYD, 30%	\$250	CYD,\$250	CYD, 0%
Rx - Generic Drugs	\$10	\$10	\$15	\$0	\$20	CYD,\$0	CYD, \$20	\$0	\$30	CYD, \$30	CYD, 0%
Rx											
Ambulance Services (ground / air / water)	\$200	20%	20%	CYD, 20%	30%	CYD,\$0	CYD, 30%	CYD, 30%	CYD, 40%	CYD, 40%	CYD, 0%
Emergency Room Services	CYD,\$200	\$550	\$750	CYD, 20%	\$2,000	CYD,\$0	CYD, \$2,000	CYD, 30%	CYD, 40%	CYD, 40%	CYD, 0%
Urgent Care Center Services	\$20	\$50	\$50	\$50	\$50	CYD, \$0	CYD,\$50	CYD, 30%	\$50	CYD, \$50	\$50
EMERGENCY AND URGENT CARE											
Outpatient Surgery Physician/Surgical Services	\$0	\$0	\$0	CYD, 20%	\$0	CYD,\$0	CYD,\$0	CYD, 30%	\$0	\$0	CYD, 0%
Outpatient Surgery Facility Fee	\$400	\$400	\$400	CYD, 20%	\$500	CYD,\$0	CYD, \$500	CYD, 30%	\$600	CYD, \$600	CYD, 0%
Inpatient Facility Fee (Inc. MH/SUD)	\$2,000	\$1,150	20%	CYD, 20%	30%	CYD, \$0	CYD, 30%	CYD, 30%	CYD, 40%	CYD, 40%	CYD, 0%
FACILITY / SURGICAL		1 1 3		1 50							
Imaging (CT / PET / MRI)	\$250	\$250	\$300	CYD, 20%	\$500	CYD,\$0	CYD, \$500	CYD, 30%	\$500	CYD, \$500	CYD, 0%
Diagnostic and X-Ray	\$20	\$50	\$55	CYD, 20%	\$80	CYD,\$0	CYD, \$80	CYD, 30%	\$100	CYD,\$100	CYD, 0%
Routine Lab Services	\$0	\$50	\$55	\$0	\$80	CYD,\$0	CYD, \$80	\$0	\$100	CYD, \$100	CYD, 0%
LAB, IMAGING AND DIAGNOSTICS											
Preventive (ACA Covered) Screenings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Visit	\$20	\$50	\$55	CYD, 20%	\$80	CYD, \$0	CYD,\$80	CYD, 30%	\$100	CYD, \$100	CYD, 0%
PCP Visit (HMO must use RMG PCP)	\$10	\$45	\$50	\$0	\$50	CYD,\$0	CYD, \$50	\$0	\$65	CYD, \$65	CYD, 0%
PHYSICIAN OFFICE VISITS											
Family Out of Pocket Max	\$9,000	\$14,200	\$21,200	\$17,250	\$21,200	\$6,800	\$15,200	\$21,200	\$21,200	\$17,000	\$21,200
Individual Out of Pocket Max	\$4,500	\$7,100	\$10,600	\$8,625	\$10,600	\$3,400	\$7,600	\$10,600	\$10,600	\$8,500	\$10,600
Family Medical Deductible	\$1,000	\$0	\$0	\$5,750	\$0	\$6,800	\$7,600	\$17,000	\$10,600	\$12,000	\$21,200
Individual Medical Deductible	\$500	\$0	\$0	\$2,875	\$0	\$3,400	\$3,800	\$8,500	\$5,075	\$6,000	\$10,600
CALENDAR YEAR DEDUCTIBLES (CYD) AND OOPMax											
ffective January 1, 2026 • In-Network Benefits	Platinum	Gold	Gold	Value Gold	Silver Plus	Silver HSA Plus	Silver HSA	Value Silver	Bronze Plus	Bronze HSA	Value Bronze

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2026 Carson City Chamber of Commerce Benefits at a Glance

PRODUCT TYPES	HMO ONLY	HMO/EPO Standard PPO National PPO	HMO / EPO Standard PPO National PPO	HMO/EPO/PPO	HMO / EPO Standard PPO National PPO	PPO ONLY	HMO/EPO Standard PPO National PPO	HMO/EPO/PPO	HMO/EPO/PPO	HMO/EPO/PPO	HMO/EPO/PPO
Special Pharmaceuticals	20%	50%	50%	CYD, 20%	50%	CYD, \$0	CYD, 50%	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 0%
Rx - Non-Preferred Drugs	\$50	\$150	\$250	CYD, 20%	\$250	CYD, \$0	CYD, \$250	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 0%
Rx - Preferred Brand Drugs	\$30	\$50	\$50	CYD, 20%	\$65	CYD,\$0	CYD, \$65	CYD, 30%	\$250	CYD, \$250	CYD, 0%
Rx - Generic Drugs	\$10	\$10	\$15	\$0	\$20	CYD,\$0	CYD, \$20	\$0	\$30	CYD, \$30	CYD, 0%
Rx											
Ambulance Services (ground / air / water)	\$200	20%	20%	CYD, 20%	30%	CYD,\$0	CYD, 30%	CYD, 30%	CYD, 40%	CYD, 40%	CYD, 0%
Emergency Room Services	CYD, \$200	\$550	\$750	CYD, 20%	\$2,000	CYD,\$0	CYD, \$2,000	CYD, 30%	CYD, 40%	CYD, 40%	CYD, 0%
Urgent Care Center Services	\$20	\$50	\$50	\$50	\$50	CYD, \$0	CYD, \$50	CYD, 30%	\$50	CYD, \$50	\$50
EMERGENCY AND URGENT CARE					55						
Outpatient Surgery Physician/Surgical Services	\$0	\$0	\$0	CYD, 20%	\$0	CYD, \$0	CYD, \$0	CYD, 30%	\$0	\$0	CYD, 0%
Outpatient Surgery Facility Fee	\$400	\$400	\$400	CYD, 20%	\$500	CYD,\$0	CYD, \$500	CYD, 30%	\$600	CYD, \$600	CYD, 0%
Inpatient Facility Fee (Inc. MH/SUD)	\$2,000	\$1,150	20%	CYD, 20%	30%	CYD, \$0	CYD, 30%	CYD, 30%	CYD, 40%	CYD, 40%	CYD, 0%
FACILITY / SURGICAL		11 -									
Imaging (CT / PET / MRI)	\$250	\$250	\$300	CYD, 20%	\$500	CYD,\$0	CYD, \$500	CYD, 30%	\$500	CYD, \$500	CYD, 0%
Diagnostic and X-Ray	\$20	\$50	\$55	CYD, 20%	\$80	CYD, \$0	CYD, \$80	CYD, 30%	\$100	CYD, \$100	CYD, 0%
Routine Lab Services	\$0	\$50	\$55	\$0	\$80	CYD, \$0	CYD, \$80	\$0	\$100	CYD,\$100	CYD, 0%
LAB, IMAGING AND DIAGNOSTICS					di di						
Preventive (ACA Covered) Screenings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Visit	\$20	\$50	\$55	CYD, 20%	\$80	CYD, \$0	CYD,\$80	CYD, 30%	\$100	CYD,\$100	CYD, 0%
PCP Visit (HMO must use RMG PCP)	\$10	\$45	\$50	\$0	\$50	CYD,\$0	CYD, \$50	\$0	\$65	CYD, \$65	CYD, 0%
PHYSICIAN OFFICE VISITS											
Family Out of Pocket Max	\$9,000	\$14,200	\$21,200	\$17,250	\$21,200	\$6,800	\$15,200	\$21,200	\$21,200	\$17,000	\$21,200
Individual Out of Pocket Max	\$4,500	\$7,100	\$10,600	\$8,625	\$10,600	\$3,400	\$7,600	\$10,600	\$10,600	\$8,500	\$10,600
Family Medical Deductible	\$1,000	\$0	\$0	\$5,750	\$0	\$6,800	\$7,600	\$17,000	\$10,600	\$12,000	\$21,200
Individual Medical Deductible	\$500	\$0	\$0	\$2,875	\$0	\$3,400	\$3,800	\$8,500	\$5,075	\$6,000	\$10,600
CALENDAR YEAR DEDUCTIBLES (CYD) AND OOPMax											
ffective January 1, 2026 • In-Network Benefits	Platinum	Gold	Gold	Value Gold	Silver Plus	Silver HSA Plus	Silver HSA	Value Silver	Bronze Plus	Bronze HSA	Value Bronze

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2026 Carson City Chamber of Commerce Benefits at a Glance

PRODUCT TYPES	HMO ONLY	HMO/EPO Standard PPO National PPO	HMO/EPO Standard PPO National PPO	HMO/EPO/PPO	HMO/EPO Standard PPO National PPO	PPO ONLY	HMO/EPO Standard PPO National PPO	HMO/EPO/PPO	HMO/EPO/PPO	HMO/EPO/PPO	HMO/EPO/PPO
Special Pharmaceuticals	20%	50%	50%	CYD, 20%	50%	CYD, \$0	CYD, 50%	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 0%
Rx - Non-Preferred Drugs	\$50	\$150	\$250	CYD, 20%	\$250	CYD, \$0	CYD, \$250	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 0%
Rx - Preferred Brand Drugs	\$30	\$50	\$50	CYD, 20%	\$65	CYD,\$0	CYD,\$65	CYD, 30%	\$250	CYD, \$250	CYD, 0%
Rx - Generic Drugs	\$10	\$10	\$15	\$0	\$20	CYD,\$0	CYD, \$20	\$0	\$30	CYD,\$30	CYD, 0%
Rx											
Ambulance Services (ground / air / water)	\$200	20%	20%	CYD, 20%	30%	CYD,\$0	CYD, 30%	CYD, 30%	CYD, 40%	CYD, 40%	CYD, 0%
Emergency Room Services	CYD, \$200	\$550	\$750	CYD, 20%	\$2,000	CYD,\$0	CYD, \$2,000	CYD, 30%	CYD, 40%	CYD, 40%	CYD, 0%
Urgent Care Center Services	\$20	\$50	\$50	\$50	\$50	CYD, \$0	CYD, \$50	CYD, 30%	\$50	CYD, \$50	\$50
EMERGENCY AND URGENT CARE					57						
Outpatient Surgery Physician/Surgical Services	\$0	\$0	\$0	CYD, 20%	\$0	CYD,\$0	CYD, \$0	CYD, 30%	\$0	\$0	CYD, 0%
Outpatient Surgery Facility Fee	\$400	\$400	\$400	CYD, 20%	\$500	CYD,\$0	CYD, \$500	CYD, 30%	\$600	CYD, \$600	CYD, 0%
Inpatient Facility Fee (Inc. MH/SUD)	\$2,000	\$1,150	20%	CYD, 20%	30%	CYD, \$0	CYD, 30%	CYD, 30%	CYD, 40%	CYD, 40%	CYD, 0%
FACILITY / SURGICAL		11 1					1				
Imaging (CT / PET / MRI)	\$250	\$250	\$300	CYD, 20%	\$500	CYD,\$0	CYD,\$500	CYD, 30%	\$500	CYD,\$500	CYD, 0%
Diagnostic and X-Ray	\$20	\$50	\$55	CYD, 20%	\$80	CYD,\$0	CYD, \$80	CYD, 30%	\$100	CYD, \$100	CYD, 0%
Routine Lab Services	\$0	\$50	\$55	\$0	\$80	CYD,\$0	CYD, \$80	\$0	\$100	CYD, \$100	CYD, 0%
LAB, IMAGING AND DIAGNOSTICS					4						
Preventive (ACA Covered) Screenings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Visit	\$20	\$50	\$55	CYD, 20%	\$80	CYD, \$0	CYD,\$80	CYD, 30%	\$100	CYD,\$100	CYD, 0%
PCP Visit (HMO must use RMG PCP)	\$10	\$45	\$50	\$0	\$50	CYD,\$0	CYD, \$50	\$0	\$65	CYD, \$65	CYD, 0%
PHYSICIAN OFFICE VISITS											
Family Out of Pocket Max	\$9,000	\$14,200	\$21,200	\$17,250	\$21,200	\$6,800	\$15,200	\$21,200	\$21,200	\$17,000	\$21,200
Individual Out of Pocket Max	\$4,500	\$7,100	\$10,600	\$8,625	\$10,600	\$3,400	\$7,600	\$10,600	\$10,600	\$8,500	\$10,600
Family Medical Deductible	\$1,000	\$0	\$0	\$5,750	\$0	\$6,800	\$7,600	\$17,000	\$10,600	\$12,000	\$21,200
Individual Medical Deductible	\$500	\$0	\$0	\$2,875	\$0	\$3,400	\$3,800	\$8,500	\$5,075	\$6,000	\$10,600
CALENDAR YEAR DEDUCTIBLES (CYD) AND OOPMax											
ffective January 1, 2026 • In-Network Benefits	Platinum	Gold	Gold	Value Gold	Silver Plus	Silver HSA Plus	Silver HSA	Value Silver	Bronze Plus	Bronze HSA	Value Bronze

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September Association Health Plan Event

Hosted by Asset Solutions Group

Tuesday, September 16 from 11:30am to 1:30pm

10315 Professional Circle Reno, NV 89521

Agenda:

- AHP Renewal Information
- In-depth Plan Information
- Opportunity to ask questions
- Lunch will be served



QUESTIONS? Let's Navigate Together

IFPON & OFF EXCHANGE



Connor Deck Director of Sales & Retention

IFP Partners



Account Specialist, Individual & Family dayna.clark@hometownhealth.com 775-982-3101



2026: Individual & Family Plan Changes

Discontinuation of IFP PPO

 IFP PPO members will need to renew on EPO or HMO alternatives

Intro of On-Exchange IFP SENSIBLE HMO Plan

- Offered On-Exchange ONLY
- Network focused on Renown and select community providers
 - Cost savings vs.
 traditional Renown IFP
 HMO

Minimal changes to remainder of portfolio

- Slight changes to MOOPs and Deductibles
- Kept benefits consistent where possible



Big Changes Coming to IFP



Discontinuation of IFP PPO

Why did we make this change?

- Hometown Health is the only Health Plan that offers an IFP PPO in the state of Nevada
- Misalignment with the market leads to adverse selection
- Adverse selection leads to poor risk and high plan costs
- High plan costs lead to unsustainable premium increases and member dissatisfaction
- Overall, our IFP PPO was an unsustainable product

IFP PPO Renewal Process

- DOI prohibits us from actively moving IFP PPO members to a similar EPO
- Members must actively choose to renew on an EPO or HMO
- PPO members will need to take action to renew on an EPO or HMO this OE
- We will work with you to manage this process



IFP PPO Member Communication Plan

Member Communication

- ✓ Letter mailed to members by 9/1/2025
- ✓ Email sent to members 9/15/2025 and 10/1/2025
- ✓ Salesforce renewal email sent to subscriber on 11/1 with PPO discontinuation language and CMS letter. Additional Salesforce renewal email sent week of December 1st

Broker Communication

- ✓ Notified now at Broker Summit
- ✓ Notified via monthly broker newsletters (9/1, 10/1, 11/1, & 12/1)
- ✓ Notified via PPO Salesforce renewal email on 10/18/2025 with updated language for clients with PPO

Open Enrollment Action for IFP PPO Members

- If your IFP PPO members do not take action during OE and actively select an EPO or HMO they will be terminated
- 2026 OE Dates: November 1, 2025 January 15, 2026



QUESTIONS? Let's Navigate Together

Introducing the SENSIBLE IFP HMO

Available to Washoe County residents through Nevada Health Link

Lower premium costs compared to standard HMO plans

Renown-exclusive network: Members must use Renown Medical Group PCPs

Coordinated, local care backed by Renown Health

Individual & Family plan tiers: Gold, Silver, and Bronze

Select **in-network community providers** included for specialty services

Eligible for subsidies through Nevada Health Link

Access to:

- Renown Primary & Specialty Care Providers
- Renown Imaging & Lab Services
- Renown hospitals, programs, and urgent/emergency care



SENSIBLE HMO vs. Renown HMO Network



PROVIDER TYPE	Renown SENSIBLE HMO Network Washoe County Only	Renown HMO Network Carson City, Douglas, Lyon, Storey and Washoe Counties
Renown Primary Care Providers	~	V
Renown Specialists		V
Renown Imaging & Labs	V	V
Community Providers & Specialists	Limited List*	Expanded List**
Community Primary Care Providers	NO - Must Use Renown PCP	YES - Expanded List***









EFFECTIVE JANUARY 1, 2026 • IN-NETWORK BENEFITS	SENSIBLE Gold HMO IFP	SENSIBLE Silver HSA HMO IFP	SENSIBLE Silver HMO IFP	SENSIBLE Bronze HMO IFP
CALENDER YEAR DEDUCTIBLE AND OUT-OF-POCKET MAX				
Individual Medical Deductible	\$2,300	\$3,450	\$5,975	\$10,150
Family Medical Deductible	\$4,600	\$6,900	\$11,950	\$20,300
Individual Out-of-Pocket Max	\$4,600	\$6,900	\$5,975	\$10,150
Family Out-of-Pocket Max	\$9,200	\$13,800	\$11,950	\$20,300
PHYSICIAN OFFICE VISITS				
PCP Visit (HM0 must use Renown PCP)	\$5	CYD,\$5	CYD, 0%	CYD,0%
Specialist Visit	\$50	CYD, \$80	CYD, 0%	CYD, 0%
Preventive (ACA Covered) Screenings	\$0	\$0	\$0	\$0
LAB, IMAGING AND DIAGNOSTICS				
Routine Lab Services	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
Diagnostic and X-Ray	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
Imaging (CT/PET/MRI)	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
FACILITY / SURGICAL				
Inpatient Facility Fee (inc. MH/SUD)	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
Outpatient Surgery Facility Fee	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
Outpatient Surgery Physician/Surgical Services	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
EMERGENCY AND URGENT CARE				
Urgent Care Center Services	\$50	CYD, \$50	\$50	\$50
Emergency Room Services	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
Ambulance Services (ground / air / water)	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
Rx				
Rx - Generic Drugs	\$5	CYD, \$13	CYD,\$0	CYD, \$0
Rx - Preferred Brand Drugs	\$40	CYD, \$55	CYD, \$0	CYD, \$0
Rx - Non-Preferred Drugs	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0
Special Pharmaceuticals	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0

PCP Visit SENSIBLE Gold HMO IFP

\$5

Preventive (ACA Covered) Screenings

\$0 for all

EFFECTIVE JANUARY 1, 2026 • IN-NETWORK BENEFITS	SENSIBLE Gold HMO IFP	SENSIBLE Silver HSA HMO IFP	SENSIBLE Silver HMO IFP	SENSIBLE Bronze HMO IFP
CALENDER YEAR DEDUCTIBLE AND OUT-OF-POCKET MAX				
Individual Medical Deductible	\$2,300	\$3,450	\$5,975	\$10,150
Family Medical Deductible	\$4,600	\$6,900	\$11,950	\$20,300
Individual Out-of-Pocket Max	\$4,600	\$6,900	\$5,975	\$10,150
Family Out-of-Pocket Max	\$9,200	\$13,800	\$11,950	\$20,300
PHYSICIAN OFFICE VISITS				
PCP Visit (HMO must use Renown PCP)	\$5	CYD,\$5	CYD, 0%	CYD, 0%
Specialist Visit	\$50	CYD, \$80	CYD, 0%	CYD, 0%
Preventive (ACA Covered) Screenings	\$0	\$0	\$0	\$0
LAB, IMAGING AND DIAGNOSTICS	_ [
Routine Lab Services	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
Diagnostic and X-Ray	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
Imaging (CT/ PET / MRI)	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
FACILITY / SURGICAL				
Inpatient Facility Fee (inc. MH/SUD)	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
Outpatient Surgery Facility Fee	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
Outpatient Surgery Physician/Surgical Services	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
EMERGENCY AND URGENT CARE				
Urgent Care Center Services	\$50	CYD, \$50	\$50	\$50
Emergency Room Services	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
Ambulance Services (ground / air / water)	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
Rx				
Rx - Generic Drugs	\$5	CYD, \$13	CYD, \$0	CYD, \$0
Rx - Preferred Brand Drugs	\$40	CYD, \$55	CYD, \$0	CYD, \$0
Rx - Non-Preferred Drugs	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0
Special Pharmaceuticals	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0





2026 Individual & Family (IFP) On Exchange

Effective January 1, 2026 • In-Network Benefits	Gold	Silver - 20	Silver-10	Silver - 5	Silver HSA	Silver D7650	Bronze Plus	Bronze HSA	Bronze	Catastrophic
CYD AND OOPMax	9.								0	
Individual Medical Deductible	\$2,300	\$6,500	\$7,000	\$4,525	\$5,500	\$7,650	\$5,225	\$5,000	\$10,600	\$10,600
Family Medical Deductible	\$4,600	\$13,000	\$14,000	\$9,050	\$10,000	\$15,300	\$10,450	\$10,000	\$21,200	\$21,200
Individual Out-of-Pocket Max	\$4,600	\$8,500	\$10,000	\$9,050	\$8,500	\$7,650	\$10,450	\$8,500	\$10,600	\$10,600
Family Out-of-Pocket Max	\$9,200	\$17,000	\$20,000	\$18,100	\$17,000	\$15,300	\$20,900	\$17,000	\$21,200	\$21,200
PHYSICIAN OFFICE VISITS	97.				97		41			
PCP Visit (HMO must use RMG PCP)	\$5	\$20	\$10	\$5	CYD, \$5	CYD, 0%	\$45	CYD, \$45	CYD, 0%	3 Visits at \$55, CYD then \$0
Specialist Visit	\$50	\$80	\$80	\$80	CYD, \$80	CYD, 0%	\$90	CYD, \$90	CYD, 0%	CYD,\$0
Preventive (ACA Covered) Screenings	\$6	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
LAB, IMAGING AND DIAGNOSTICS					1					
Routine Lab Services		DCD V	/! _ !4	1	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
Diagnostic and X-Ray		PCP V	ISIT	. /	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
Imaging (CT / PET / MRI)	(HM	O must use	RMG PCP)	1.	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
FACILITY / SURGICAL	(,		-				_	
Inpatient Facility Fee (inc. MH/SUD)			.		CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
Outpatient Surgery Facility Fee		Gold	\$5		CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	C/rD, \$0
Outpatient Surgery Physician/Surgical Service	S	ilver-2		8	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
EMERGENCY AND URGENT CARE			υ ΨΖυ		40					
Urgent Care Center Services					CYD, \$50	\$50	\$50	CYD, \$50	\$50	CYD, \$0
Emergency Room Services	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD,\$0
Ambulance Services (ground / air / water)	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
Rx										
Rx - Generic Drugs	\$5	\$13	\$13	\$13	CYD, \$13	CYD, \$0	\$20	CYD,\$20	CYD,\$0	CYD,\$0
Rx - Preferred Brand Drugs	\$40	\$55	\$55	\$55	CYD, \$55	CYD, \$0	50%	CYD, 50%	CYD,\$0	CYD, \$0
Rx - Non-Preferred Drugs	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, \$0	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0
Special Pharmaceuticals	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD,\$0	CYD, 50%	CYD, 50%	CYD,\$0	CYD,\$0
PRODUCT TYPE(S)	НМО	НМО	нмо	нмо	НМО	нмо	НМО	нмо	HMO	HMO

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Individual and Family Plans available in the following counties: Carson City, Douglas, Lyon, Storey and Washoe.

^{*}Renown Catastrophic plan is only available to qualified individuals. CYD indicates that you must meet the Calendar Year Deductible before benefits will be paid by Hometown Health. HMO plans are available on Nevada Health Link and may qualify for a subsidy. This document is only a summary and is not a Schedule of Benefits. PURPLE HIGHLIGHTED PLANS are also available on the Renown SENSIBLE HMO Network. The SENSIBLE Plan Individual and Family HMO Plans are only available in Washoe County.





2026 Individual & Family (IFP) On Exchange

Effective January 1, 2026 • In-Network Benefits	Gold	Silver - 20	Silver-10	Silver - 5	Silver HSA	Silver D7650	Bronze Plus	Bronze HSA	Bronze	Catastrophic
CYD AND OOPMax					90			1.0		
Individual Medical Deductible	\$2,300	\$6,500	\$7,000	\$4,525	\$5,500	\$7,650	Ui	gent C	are Se	ervices
Family Medical Deductible	\$4,600	\$13,000	\$14,000	\$9,050	\$10,000	\$15,300		G	old \$50	
Individual Out-of-Pocket Max	\$4,600	\$8,500	\$10,000	\$9,050	\$8,500	\$7,650				
Family Out-of-Pocket Max	\$9,200	\$17,000	\$20,000	\$18,100	\$17,000	\$15,300		Silv	er-20 \$50	
PHYSICIAN OFFICE VISITS		0	Į.		97			Silv	er-10 \$50	
PCP Visit (HMO must use RMG PCP)	\$5	\$20	\$10	\$5	CYD,\$5	CYD, 0%		Silv	er-5 \$50	
Specialist Visit	\$50	\$80	\$80	\$80	CYD,\$80	CYD, 0%				°50
Preventive (ACA Covered) Screenings	\$0	\$0	\$0	\$0	\$0	\$0		Silver F	ISA CYD \$	550
LAB, IMAGING AND DIAGNOSTICS				1/1	1			Silver	D7680 \$5	0
Routine Lab Services	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	C	Bron	ze Plus \$50	า
Diagnostic and X-Ray	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	C			
Imaging (CT / PET / MRI)	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	C	Bronze	HSA CYD	\$50
FACILITY / SURGICAL		1 1 1						Bro	onze \$50	
Inpatient Facility Fee (Inc. MH/SUD)	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, OX	C	Cataotr	onbio CVD	ΦO
Outpatient Surgery Facility Fee	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	C	Catastr	ophic CYD	ФU
Outpatient Surgery Physician/Surgical Services	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	C10, 50%	CIU, SUN	CTU, UN	C10, ¥0
EMERGENCY AND URGENT CARE			S A		G-2		ic .			
Urgent Care Center Services	\$50	\$50	\$50	\$50	CYD, \$50	\$50	\$50	CYD, \$50	\$50	CYD, \$0
Emergency Room Services	C10,30%	C10,50%	C/D, 50%	C/D, 50%	C/D, 50%	C10,0%	C10, 30%	CYD, 50%	CYD, 0%	CYD, \$0
Ambulance Services (ground / air / water)	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
Rx							C C			
Rx - Generic Drugs	\$5	\$13	\$13	\$13	CYD, \$13	CYD,\$0	\$20	CYD,\$20	CYD,\$0	CYD, \$0
Rx - Preferred Brand Drugs	\$40	\$55	\$55	\$55	CYD, \$55	CYD,\$0	50%	CYD, 50%	CYD,\$0	CYD,\$0
Rx - Non-Preferred Drugs	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, \$0	CYD, 50%	CYD, 50%	CYD,\$0	CYD, \$0
Special Pharmaceuticals	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD,\$0	CYD, 50%	CYD, 50%	CYD,\$0	CYD,\$0
PRODUCT TYPE(S)	нмо	нмо	нмо	НМО	нмо	HMO	HMO	HMO	НМО	HMO

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2026 Individual & Family (IFP) On Exchange

Effective January 1, 2026 - In-Network Benefits	Gold	Silver - 20	Silver-10	Silver - 5	Silver HSA	Silver D7650	Bronze Plus	Bronze HSA	Bronze	Catastrophic
CYD AND OOPMax					V		4			
Individual Medical Deductible	\$2,300	\$6,500	\$7,000	\$4,525	\$5,500	\$7,650	\$5,225	\$5,000	\$10,600	\$10,600
Family Medical Deductible	\$4,600	\$13,000	\$14,000	\$9,050	\$10,000	\$15,300	\$10,450	\$10,000	\$21,200	\$21,200
Individual Out-of-Pocket Max	\$4,600	\$8,500	\$10,000	\$9,050	\$8,500	\$7,650	\$10,450	\$8,500	\$10,600	\$10,600
Family Out-of-Pocket Max	\$9,200	\$17,000	\$20,000	\$18,100	\$17,000	\$15,300	\$20,900	\$17,000	\$21,200	\$21,200
PHYSICIAN OFFICE VISITS		4	Į.		97.		lu e			
PCP Visit (HMO must use RMG PCP)	\$5	\$20	\$10	\$5	CYD, \$5	CYD, 0%	\$45	CYD, \$45	CYD, 09	3 Visits at \$55, CYD then \$0
Specialist Visit	\$50	\$80	\$80	\$80	CYD, \$80	CYD, 0%	\$90	CYD, \$90	CYD,0%	CYD,\$0
Preventive (ACA Covered) Screenings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
LAB, IMAGING AND DIAGNOSTICS				1						
Routine Lab Services	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0 %	CYD, \$0
Diagnostic and X-Ray	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0 %	CYD,\$0
Imaging (CT / PET / MRI)	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
FACILITY / SURGICAL		A WAR		/						
Inpatient Facility Fee (inc. MH/SUD)	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0 %	CYD,\$0
Outpatient Surgery Facility Fee	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0 6	C/r0,\$0
Outpatient Surgery Physician/Surgical Services	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
EMERGENCY AND URGENT CARE										
Urgent Care Center Services	\$50	\$50	\$50	\$50	CYD, \$50	\$50	\$50	CYD, \$50	\$50	CYD, \$0
Emergency Room Services	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
Ambulance Services (ground / air / water)	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
Rx							-			
Rx - Generic Drugs	\$5	\$13	\$13	\$13	CYD, \$13	CYD,\$0	\$20	CYD,\$20	CYD,\$0	CYD,\$0
Rx - Preferred Brand Drugs	\$40	\$55	\$55	\$55	CYD, \$55	CYD,\$0	50%	CYD, 50%	CYD,\$0	CYD, \$0
Rx - Non-Preferred Drugs	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, \$0	CYD, 50%	CYD, 50%	CYD,\$0	CYD, \$0
Special Pharmaceuticals	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD,\$0	CYD, 50%	CYD, 50%	CYD,\$0	CYD, \$0
PRODUCT TYPE(S)	нмо	нмо	нмо	НМО	нмо	HMO	HMO	нмо	нмо	HMO

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2026 Individual & Family (IFP) Off Exchange

Effective January 1, 2026 - In-Network Benefits	Gold Plus	Gold	Silver Plus	Silver-20	Silver-10	Silver - 5	Silver H\$A	Silver 66 HSA	Silver D7650	Silver 66	Bronze Plus	Bronze HSA	Bronze
CYD AND OOPMax													85
Individual Medical Deductible	\$0	\$2,300	\$0	\$6,500	\$7,000	\$4,525	\$5,000	\$5,000	\$7,650	\$7,650	\$5,225	\$5,000	\$10,600
Family Medical Deductible	\$0	\$4,600	\$0	\$13,000	\$14,000	\$9,050	\$10,000	\$10,000	\$15,300	\$15,300	\$10,450	\$10,000	\$21,200
Individual Out-of-Pocket Max	\$7,800	\$4,600	\$10,600	\$8,500	\$10,000	\$9,050	\$8,500	\$8,500	\$7,650	\$7,650	\$10,450	\$8,500	\$10,600
Family Out-of-Pocket Max	\$15,600	\$9,200	\$21,200	\$17,000	\$20,000	\$18,100	\$17,000	\$17,000	\$15,300	\$15,300	\$20,900	\$17,000	\$21,200
PHYSICIAN OFFICE VISITS													5
PCP Visit (HMO must use RMG PCP)	\$5	\$5	\$40	\$20	\$10	\$5	CYD, \$5	CYD, \$5	CYD, 0%	CYD,0%	\$45	CYD, \$45	CYD, 0%
Specialist Visit	\$50	\$50	\$80	\$80	\$80	\$80	CYD, \$80	CYD, \$80	CYD, 0%	CYD, 0%	\$90	CYD, \$90	CYD, 0%
Preventive (ACA Covered) Screenings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
LAB, IMAGING AND DIAGNOSTICS					- 1								1
Routine Lab Services	\$50	CYD, 30%	\$80	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Diagnostic and X-Ray	\$50	CYD, 30%	\$80	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Imaging (CT / PET / MRI)	\$200	CYD, 30%	\$500	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD,0%	CYD, 50%	CYD, 50%	CYD, 0%
FACILITY / SURGICAL		1			1 3								1
Inpatient Facility Fee (inc. MH/SUD)	30%	CYD, 30%	50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD,0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Outpatient Surgery Facility Fee	\$250	CYD, 30%	\$500	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Outpatient Surgery Physician/Surgical Services	\$0	CYD, 30%	\$0	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
EMERGENCY AND URGENT CARE			1-2										ĵ
Urgent Care Center Services	\$50	\$50	\$50	\$50	\$50	\$50	CYD, \$50	CYD, \$50	\$50	\$50	\$50	CYD, \$50	\$50
Emergency Room Services	\$850	CYD, 30%	\$2,500	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Ambulance Services (ground / air / water)	30%	CYD, 30%	50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Rx													9
Rx - Generic Drugs	\$5	\$5	\$15	\$13	\$13	\$13	CYD, \$13	CYD, \$13	CYD, \$0	CYD,\$0	\$20	CYD, \$20	CYD, \$0
Rx - Preferred Brand Drugs	\$40	\$40	\$55	\$55	\$55	\$55	CYD, \$55	CYD, \$55	CYD,\$0	CYD,\$0	50%	CYD, 50%	CYD, \$0
Rx - Non-Preferred Drugs	\$200	CYD, 50%	50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0	CYD, 50%	CYD, 50%	CYD, \$0
Special Pharmaceuticals	50%	CYD, 50%	50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0	CYD, 50%	CYD, 50%	CYD, \$0
PRODUCT TYPE(S)	HMO/EPO	HMO/EPO	HMO/EPO	HMO ONLY	HMO ONLY	HMO ONLY	HMO ONLY	HMO/EPO	HMO ONLY	HMO/EPO	HMO/EPO	HMO/EPO	HMO/EPO

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Effective January 1, 2026 - In-Network Benefits	Gold Plus	Gold	Silver Plus	Silver - 20	Silver-10	Silver - 5	Silver HSA	Silver 66 HSA	Silver D7650	Silver 66	Bronze Plus	Bronze HSA	Bronze
CYD AND OOPMax													50
Individual Medical Deductible	\$0	\$2,300	\$0	\$6,500	\$7,000	\$4,525	\$5,000	\$5,000	\$7,650	\$7,650	\$5,225	\$5,000	\$10,600
Family Medical Deductible	10	\$4,600	\$0	\$13,000	\$14,000	\$9,050	\$10,000	\$10,000	\$15,300	\$15,300	\$10,450	\$10,000	\$21,200
Individual Out-of-Pocket Max	\$7,800	\$4,600	\$10,600	\$8,500	\$10,000	\$9,050	\$8,500	\$8,500	\$7,650	\$7,650	\$10,450	\$8,500	\$10,600
Family Out-of-Pocket Max	\$15 600	\$9,200	\$21,200	\$17,000	\$20,000	\$18,100	\$17,000	\$17,000	\$15,300	\$15,300	\$20,900	\$17,000	\$21,200
		\$5	\$40	\$20	\$10	\$5	CYD,\$5	CYD, \$5	CYD, 0%	CYD, 0%	\$45	CYD, \$45	CYD, 0%
Individual Medic	cal	\$50	\$80	\$80	\$80	\$80	CYD, \$80	CYD, \$80	CYD, 0%	CYD, 0%	\$90	CYD, \$90	CYD, 0%
Deductible		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		CYD, 30%	\$80	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD.0%	CYD.0%	CYD, 50%	CYD, 50%	CYD. 0%
¢0.50%		CYD, 30%	\$80	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
\$0 for		CYD, 30%	\$500	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Gold Plus &		C1D, 30%	4000	C10,50%	CTU, 30%	C10, 30%	C10, 30%	C1U, 3U%	CIU, UN	C10,0%	C10, 30%	CTU, 30%	C10,0%
Silver Plus		CYD, 30%	50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
3 33		CYD, 30%	\$500	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
		CYD, 30%	\$0	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Urgent Care Center Services	\$50	\$50	\$50	\$50	\$50	\$50	CYD, \$50	CYD,\$50	\$50	\$50	\$50	CYD, \$50	\$50
Emergency Room Services	\$850	CYD, 30%	\$2,500	CYD, 50%	CYD, 50%	CYD.50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD.0%
Ambulance Services (ground / air / water)	30%	CYD, 30%	50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD,0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD.0%
Rx	-		1,550,0			2,5151,552,5			. 77.77	3.242.0	0.0,01.0	-1-11-1-11	2
Rx - Generic Drugs	\$5	\$5	\$15	\$13	\$13	\$13	CYD, \$13	CYD, \$13	CYD, \$0	CYD,\$0	\$20	CYD, \$20	CYD, \$0
Rx - Preferred Brand Drugs	\$40	\$40	\$55	\$55	\$55	\$55	CYD, \$55	CYD, \$55	CYD,\$0	CYD,\$0	50%	CYD, 50%	CYD, \$0
Rx - Non-Preferred Drugs	\$200	CYD, 50%	50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0	CYD, 50%	CYD, 50%	CYD, \$0
Special Pharmaceuticals	50%	CYD, 50%	50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0	CYD, 50%	CYD, 50%	CYD, \$0
PRODUCT TYPE(S)	HMO/EPO	HMO/EPO	HMO/EPO	HMO ONLY	HMO ONLY	HMO ONLY	HMO ONLY	HMO/EPO	HMO ONLY	HMO/EPO	HMO/EPO	HMO/EPO	HMO/EP

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Effective January 1, 2026 - In-Network Benefits	Gold Plus	Gold	Silver Plus	Silver - 20	Silver-10	Silver - 5	Silver HSA	Silver 66 HSA	Silver D7650	Silver 66	Bronze Plus	Bronze HSA	Bronze
CYD AND OOPMax													50
Individual Medical Deductible	(\$0)	\$2,300	(\$0)	\$6,500	\$7,000	\$4,525	\$5,000	\$5,000	\$7,650	\$7,650	\$5,225	\$5,000	\$10,600
Family Medical Deductible	\$0	\$4,600	\$0	\$13,000	\$14,000	\$9,050	\$10,000	\$10,000	\$15,300	\$15,300	\$10,450	\$10,000	\$21,200
Individual Out-of-Pocket Max	\$7,800	\$4,600	\$10,600	\$8,500	\$10,000	\$9,050	\$8,500	\$8,500	\$7,650	\$7,650	\$10,450	\$8,500	\$10,600
Family Out-of-Pocket Max	\$15,600	\$9,200	\$21,200	\$17,000	\$20,000	\$18,100	\$17,000	\$17,000	\$15,300	\$15,300	\$20,900	\$17,000	\$21,200
PHYSICIAN OFFICE VISITS													-
PCP Visit (HMO must use RMG PCP)	\$5	\$5	\$40	\$20	\$10	\$5	CYD,\$5	CYD,\$5	CYD, 0%	CYD,0%	\$45	CYD, \$45	CYD, 0%
Specialist Visit	\$50	\$50	\$80	\$80	\$80	\$80	CYD, \$80	CYD, \$80	CYD, 0%	CYD, 0%	\$90	CYD, \$90	CYD, 0%
Preventive (ACA Covered) Screenings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
LAB, IMAGING AND DIAGNOSTICS					100	7	1		1				Ĭ.
Routine Lab Services	\$50	CYD, 30%	\$80	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Diagnostic and X-Ray	\$50	CYD, 30%	\$80	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Imaging (CT / PET / MRI)	\$200	CYD, 30%	\$500	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD,0%	CYD, 50%	CYD, 50%	CYD, 0%
FACILITY / SURGICAL		1			1 1								1
Inpatient Facility Fee (inc. MH/SUD)	30%	CYD, 30%	50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Outpatient Surgery Facility Fee	\$250	CYD, 30%	\$500	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Outpatient Surgery Physician/Surgical Services	\$0	CYD, 30%	\$0	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
EMERGENCY AND URGENT CARE													Î
Urgent Care Center Services	\$50	\$50	\$50	\$50	\$50	\$50	CYD, \$50	CYD, \$50	\$50	\$50	\$50	CYD, \$50	\$50
Emergency Room Services	\$850	CYD, 30%	\$2,500	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Ambulance Services (ground / air / water)	30%	CYD, 30%	50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Rx											20		*
Rx - Generic Drugs	\$5	\$5	\$15	\$13	\$13	\$13	CYD, \$13	CYD, \$13	CYD, \$0	CYD,\$0	\$20	CYD,\$20	CYD, \$0
Rx - Preferred Brand Drugs	\$40	\$40	\$55	\$55	\$55	\$55	CYD, \$55	CYD, \$55	CYD,\$0	CYD,\$0	50%	CYD, 50%	CYD,\$0
Rx - Non-Preferred Drugs	\$200	CYD, 50%	50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0	CYD, 50%	CYD, 50%	CYD,\$0
Special Pharmacouticals	50%	CID, 50%	30%	C10, 30%	Cr0, 30%	C1D, 30%	C10, 50%	C/D, 50%	C/D, \$0	CVD, \$0	CYD, 50%	CYD, 50%	CYD,\$0
PRODUCT TYPE(S)	HMO/EPO	HMO/EPO	HMO/EPO	HMO ONLY	HMO ONLY	HMO ONLY	HMO ONLY	HMO/EPO	HMO ONLY	HMO/EPO	HMO/EPO	HMO/EPO	HMO/EPO

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2026 IFP Rates & Service Areas

HMO – Rating Areas 2 & 3

EPO – Rating Areas 2 & 3

Product	Average Rate Change
НМО	10.4%
EPO	17.7%
PPO>EPO	-3.8%



Competitive Landscape – Increase by Carrier

Carrier	Product	Average Increase
Ambetter	НМО	19.5%
Anthem	НМО	20.63%
Molina	НМО	19.1%
Aetna	Exiting Market	Exiting Market
		Y \

QUESTIONS? Let's Navigate Together

CONTINUITY OF CARE



Hometown Health: Termination of Provider Contract

Continuity of Care Provisions:

If a Member is receiving treatment for a medical condition and the treatment is provided by a Provider whose contract with HTH is terminated... such coverage will continue until the 120th day after the date the contract between the Provider and HTH is terminated or, the 90th day after the end of the pregnancy.

Provided:

- The treatment is a Medically Necessary Covered Service;
- The Provider and Member agree that the continuity of care is desirable;
- The Provider agrees to all prior terms of the contract between Hometown Health and the Provider; and
- The Provider agrees not to seek additional payment from the Member for any medical service provide by the Provider that the Provider could not have received from the Member were the Provider still under contract with HTH.





Rest. Refresh. Recharge.



EYEMED VISION RENEWAL

Connor Deck Director of Sales & Retention

EyeMed Vision: SG, AHP, and LG



What: Rates and Benefits will remain the same for 2026

Who: SG (Age-rated), AHP (Composite rated), & LG (Composite rated)

How: Quoted by Hometown Health, Administered by EyeMed

Why: EyeMed vision plans offer affordable, comprehensive benefits with seamless integration into health plan processes and billing.

When: Available to Quote NOW

EyeMed Vision: Plans

Access Exam Plus \$0	In-Network Member Cost Share	Frequency
Eye Examination	\$0 Copay	One per 12 months
Eyeglass Frames	35% discount off retail price	Unlimited
Eyeglass Lenses	SV \$50, BF \$70, TR \$105, STD PAL \$135	Unlimited
Contact Lenses*	15% discount off conventional CLS	Unlimited
	ly be done for an additional charge to the me	ember.

\$1.37 per member per month

Access Plus \$10/150	In-Network Member Cost	Frequency
Eye Examination	\$10 Copay	One per 12 months
Eyeglass Frames	\$150 allowance, 20% off balance over \$150	One per 12 months
Eyeglass Lenses	SV \$0, BF \$0, TR \$0, STD PAL \$65	One per 12 months
Contact Lenses*	\$150 allowance for conventional or disposable CLS, 15% discount off balance	One per 12 months

^{*}Contact Lens Fitting may be done for an additional charge to the member. \$4.49 per member per month

Access A \$0/100	In-Network Member Cost	Frequency
Eye Examination	\$0 Copay	One per 12 months
Eyeglass Frames	\$100 allowance, 20% off balance over \$100	One per 24 months
Eyeglass Lenses	SV \$10, BF \$10, TR \$10, STD PAL \$75	One per 12 months
Contact Lenses*	\$100 allowance for conventional or disposable CLS, 15% discount off balance	One per 12 months

^{*}Contact Lens Fitting may be done for an additional charge to the member. \$4.52 per member per month

Access Plus \$10/175	In-Network Member Cost	Frequency
Eye Examination	\$10 Copay	One per 12 months
Eyeglass Frames	\$175 allowance, 20% off balance over \$175	One per 24 months
Eyeglass Lenses	SV \$20, BF \$20, TR \$20, STD PAL \$85	One per 12 months
Contact Lenses*	\$175 allowance for conventional or disposable CLS, 15% discount off balance	One per 12 months

^{*}Contact Lens Fitting may be done for an additional charge to the member. \$5.78 per member per month

ANNOUNCING SMALL GROUP DENTAL



United Concordia Dental: SG & AHP Dental



What: Book rates and benefits for groups with 2-50 FTEs;

Comprehensive statewide network

Who: SG (Composite rated), AHP (Composite rated)

How: Quoted by Hometown Health, Implemented & Administered by

United Concordia

Why: Provides simple out of the box dental plans for new & prospective Hometown Health small groups

When: Available to quote starting 10/1/25



United Concordia Dental: Plans

FFS PRODUCTS	Flex	Flex	Preferred		Preferred		Preferred		
UNITED CONCORDIA DENTAL PLAN OPTION	2-50	10-50	2-50		2-50		2-50		
Standard Plan Option	F-3W	F-3WO*	P-2	2WD	P-4	\$WD	P-1	OWD	
CLASS I SERVICES			Network	Non-Network	Network	Non-Network	Network	Non-Network	
Exams, Cleanings & Fluoride Treatments									
All X-Rays									
Sealants	100%	100%	100%	100%	100%	100%	100%	80%	
Palliative Treatment (Emergency)									
Space Maintainers									
CLASS II SERVICES			Network	Non-Network	Network	Non-Network	Network	Non-Network	
Basic Restorative (Fillings, etc.)									
Repairs (Crowns, Inlays, Onlays, Bridges, Dentures)									
Oral Surgery (including Extractions)									
General Anesthesia	80%	80%	80%	50%	90%	80%	80%	80%	
Endodontics									
Periodontics (Surgical and Nonsurgical)									
Posterior Resins (White Fillings)									
CLASS III SERVICES			Network	Non-Network	Network	Non-Network	Network	Non-Network	
Inlays, Onlays, Crowns	500/	500/	500/	25%	000/	F00/	F00/	F00/	
Prosthetics (Bridges, Dentures)	50%	50%	50%	25%	60%	50%	50%	50%	
ORTHODONTICS (dependent children to age 19)			Network	Non-Network	Network	Non-Network	Network	Non-Network	
Diagnostic, Active, Retention Treatment	Not Covered	50%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	
Waiting Periods									
Class I services	None	None		one one	None		None None		
Class II services Class III services	None	None None		one	None None		None None		
Orthodontic services	None Not Covered	None		overed	None Not Covered		Not Covered		
DEDUCTIBLES & MAXIMUMS	Not covered	None	1101 0	Overed	1400	Overed	1101 0	overed .	
Calendar Year Deductible (Flex: waived for Orthodontics & Class I services) (Preferred: waived for Class I services)	\$50/\$150	\$50/\$150	\$50	\$50/\$150		\$50/\$150		\$50/\$150	
Calendar Year Maximum	\$1,500	\$1,500	\$1,500		\$1,500		\$1,500		
Orthodontics (Lifetime Maximum) "case size qualifications apply"	Not Covered	\$1,000	Not Covered		Not Covered		Not Covered		
Network									
Network Reimbursement	Elite Plus	Elite Plus	Elite Plus		Elite Plus		Elite Plus		
Out-of-Network Reimbursement	Based on Selection	Based on Selection		Based on Selection		Based on Selection		Based on Selection	

United Concordia Dental: Rates

Minimum Enrollmen	t & Participation	Groups 2-9				Groups 10-50					
Minimum Enrolled		2	2	2	2		10	10*	10	10	10
Minimum Participation	n	70%	70%	70%	70%		70%	70%	70%	70%	70%
STANDARD PLAN O	PTION	F-3W	P-2WD	P-4WD	P-10WD		F-3W	F-3WO*	P-2WD	P-4WD	P-10WD
Advantage Out-of-N	etwork										
Two-Tier	Employee	\$38.50	\$32.00	\$38.80	\$37.70		\$35.30	\$35.30	\$29.40	\$35.60	\$34.60
	Family	\$97.40	\$81.10	\$98.40	\$95.50		\$89.40	\$101.40	\$74.40	\$90.30	\$87.60
Four-Tier	Employee	\$38.50	\$32.00	\$38.80	\$37.70		\$35.30	\$35.30	\$29.40	\$35.60	\$34.60
	Employee & 1 Adult	\$76.10	\$63.30	\$76.80	\$74.60		\$69.80	\$69.80	\$58.10	\$70.50	\$68.40
	Employee & Child(ren)	\$68.80	\$57.30	\$69.40	\$67.40		\$63.10	\$74.90	\$52.60	\$63.70	\$61.90
	Family	\$115.30	\$95.90	\$116.40	\$113.00		\$105.80	\$117.60	\$88.00	\$106.80	\$103.70
90th Out-of-Network	t l										
Two-Tier	Employee	\$41.40	\$34.50	\$41.80	\$40.60		\$38.00	\$38.00	\$31.60	\$38.40	\$37.20
	Family	\$104.80	\$87.30	\$105.90	\$102.80		\$96.20	\$108.20	\$80.10	\$97.20	\$94.30
Four-Tier	Employee	\$41.40	\$34.50	\$41.80	\$40.60		\$38.00	\$38.00	\$31.60	\$38.40	\$37.20
	Employee & 1 Adult	\$81.90	\$68.10	\$82.70	\$80.30		\$75.20	\$75.20	\$62.50	\$75.90	\$73.70
	Employee & Child(ren)	\$74.00	\$61.60	\$74.80	\$72.60		\$67.90	\$79.80	\$56.60	\$68.60	\$66.60
	Family	\$124.10	\$103.20	\$125.40	\$121.70		\$113.90	\$125.70	\$94.70	\$115.00	\$111.60



GNCU HSA



GNCU: HSA Specifics



What: Local HSA Administration

Who: IFP Members & All Employer Groups

How: Quoted, Implemented & Administered by GNCU

Why: Provides a convenient, local, & comprehensive HSA solution

When: Available NOW



PARETOHEALTH CAPTIVE



ParetoHealth: Self-funded Captive



What: Self-funded Captive Solution by ParetoHealth; TPA &

Network by Hometown Health

Who: Mid-size employers with between 50-500+ employees

How: Quoted, Implemented & Administered by both Hometown

& Pareto

Why: Provides a robust self-funded alternative to the traditional

fully insured large group market

When: Available to Quote NOW

QUESTIONS? Let's Navigate Together





Rest. Refresh. Recharge.





Key Takeaways: Top 10 Reminders



Updated broker bonus rewards you directly for your partnership





National PPO coming to all Large Group PPO plans





New Large Group reporting

for 100+ groups





Increased National PPO plans for SG/AHP



Discontinuing IFP PPO



Launching IFP SENSIBLE HMO





Eyemed SG/AHP/LG Vision Rates and Plans held for 2026





New Dental Plans and Rates

for SG and AHP (2-50)





GNCU offers a great local HSA for IFP members and employer groups





ParetoHealth Captive great self-funded alternative for mid-sized Large Groups



