

## **Association Health Plans**

Hometown Health

# Agenda

- Eligibility
- Plan Options
- Network
- Rates
- Quoting
- Application Process
- Benefits of Association Membership
- Broker Compensation
- Your Partners



# Eligibility



## Carson City Chamber of Commerce **AHP Eligiblity**

- Service and Manufacturing categories
- All Groups Underwritten No MAFs Required!
- Open to all Nevada based businesses\*
- Carson City Chamber membership required to enroll
- Savings up to 20% vs. Traditional ACA
- Dues range from \$100-\$1,050; most companies will pay approximately \$275-\$310; manufacturer dues are \$505



- HMO, EPO, and PPO products available
- No cost wellness benefits
- Provides access to Renown and Carson Tahoe providers





The Manufacturing Benefit Trust, Service Benefit Trust and Hometown Health offer the Carson City Chamber o Commerce Association Health Plan exclusively for Eligible Member Companies



## The Builders Association of Northern Nevada AHP Eligibility

- Companies in the construction industry
- All Groups Underwritten No MAFs Required!
- Open to all Nevada based businesses\*
- Builders membership required to enroll
- Savings up to 20% vs. Traditional ACA
- Dues range from \$725-\$1,075; most companies will pay approximately \$875



Builders Association Members save up to 20% on premiums with the new low-cost tier rated plans for qualifying groups.

- ACA Compliant Plans meet minimum essential coverage guidelines



## Eligibility



- 2-50 employees with at least one non-familial employee
- Carson City Chamber of Commerce
  - Service and Manufacturing Categories
  - Business eligibility determined by NAICS code (Required to Quote)
  - Construction Businesses are Ineligible
- The Builders Association of Northern Nevada
  - Builder and Association Member Categories
  - Must be able to attest to one of the following:
    - **✓** Active Contractors License
    - ✓ Developer
    - ✓ Direct Jobsite Service/Facilitation
    - ✓ Critical Component (e.g. Engineering, Architect, Planner, etc.)
    - **✓** Supplier Direct to Builder or Industry Member
    - ✓ Specialized scope of work/services offered in building/construction

whose primary revenue stream is the building industry

## Group Eligibility – Service Areas



HMO Areas 2 & 3





Groups must be domiciled within the blue counties to be eligible

# Plan Options



## 2026 AHP Plan Options

- 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
- Groups with 5 or more subscribers can offer up to 3 plans







#### 2026 Carson City Chamber of Commerce Benefits at a Glance

| \$50<br>CYD, 0%<br>CYD, 0%<br>CYD, 0%<br>CYD, 0%<br>CYD, 0% |
|---|
| CYD, 0%<br>CYD, 0%<br>CYD, 0%<br>CYD, 0%                    |
| CYD, 0%<br>CYD, 0%<br>CYD, 0%                               |
| CYD, 0%<br>CYD, 0%  |
| CYD, 0%   |
| CYD, 0%   |
|   |
| \$50  |
|   |
|   |
| CYD, 0%   |
| CYD, 0%   |
| CYD, 0%   |
|   |
| CYD, 0%   |
| CYD, 0%   |
| CYD, 0%   |
|   |
| \$0   |
| CYD, 0%   |
| CYD, 0%   |
|   |
| \$21,200  |
| \$10,600  |
| \$21,200  |
| \$10,600  |
|   |
|   |

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 & Elio 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.



#### 2026 Builder's Association Benefits at a Glance

| PRODUCT TYPES                                  | HMO ONLY  | HMO/EPO<br>Standard PPO<br>National PPO | HMO / EPO<br>Standard PPO<br>National PPO | HMO/EPO/PPO   | HMO / EPO<br>Standard PPO<br>National PPO | PPO ONLY           | HMO/EPO<br>Standard PPO<br>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                                      | 50            | \$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         |   |   |               |   |                    |   | -               |             |             |                 |
| 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 10                                  |   | 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                   |           |   |   |               |   | - Section          |   |                 |             |             |                 |
| 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                        |           |   |   |               | 3   |                    |   |                 |             |             |                 |
| 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<br>Plus                            | Gold                                      | Value<br>Gold | Silver                                    | Silver<br>HSA Plus | Silver<br>HSA                           | Value<br>Silver | Plus        | HSA         | Value<br>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.

HMO plans available in the following counties: Carson City, Douglas, Lyon, Storey and Washoe. EPO and PPO plans offered statewide except White Pine & Elio 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.

# of Northern Nevada Association Builders 2025

# Gla Health

Rx - Non-Preferred Brand Drugs

**Special Pharmaceuticals** 

| In-Network Benefits. Plans are guaranteed through June 30, 2026.  CALENDAR YEAR DEDUCTIBLES (CYD) AND OOPMax  Individual Medical Deductible  amily Medical Deductible | \$1,000<br>\$3,000<br>\$0 | \$2,500<br>\$7,500 | \$1,000<br>\$3,000 | 2000 A D2500X3 A1<br>\$2,500 |
|---|---------------------------|--------------------|--------------------|------------------------------|
| ndividual Medical Deductible  | \$3,000<br>\$0            | \$7,500            | Street             | \$2,500                      |
|   | \$3,000<br>\$0            | \$7,500            | Street             | \$2,500                      |
| amily Medical Deductible  | \$0                       | 500 (CANA)         | t2 000             |                              |
|   | 17557                     | 1140411            | ¥3,000             | \$7,500                      |
| ndividual Pharmacy Deductible   | 1000                      | \$0                | \$0                | \$0                          |
| amily Pharmacy Deductible   | \$0                       | \$0                | \$0                | \$0                          |
| ndividual Out of Pocket Max   | \$7,500                   | \$7,500            | \$7,500            | \$7,500                      |
| amily Out of Pocket Max   | \$15,000                  | \$15,000           | \$15,000           | \$15,000                     |
| HYSICIAN OFFICE VISITS  |                           |                    |                    |                              |
| CP Office Visits (Renown/non-Renown)  | \$30                      | \$40               | \$30               | \$40                         |
| pecialist Office Visits   | \$60                      | \$80               | \$60               | \$80                         |
| reventive (ACA Covered) Screenings  | No Cost                   | No Cost            | No Cost            | No Cost                      |
| AB, IMAGING AND DIAGNOSTICS   |                           |                    |                    |                              |
| outine Lab Services   | \$25                      | \$25               | \$25               | \$25                         |
| liagnostic and X-Ray  | \$60                      | \$80               | \$60               | \$80                         |
| maging (CT/PET/MRI)   | CYD, 30%                  | CYD, \$250         | CYD, 30%           | CYD, \$250                   |
| ACILITY / SURGICAL  |                           | 7 -                |                    |                              |
| npatient Hospital   | CYD, 30%                  | CYD, \$2,000       | CYD, 30%           | CYD, \$2,000                 |
| utpatient Surgical Services   | \$1,000                   | CYD, \$1,000       | \$1,000            | CYD, \$1,000                 |
| MERGENCY AND URGENT CARE  |                           |                    |                    |                              |
| rgent Care Center Services  | \$50                      | \$50               | \$50               | \$50                         |
| mergency Room Services  | \$500                     | \$500              | \$500              | \$500                        |
| mbulance Services (ground/air/water)  | CYD, 30%                  | CYD, \$250         | CYD, 30%           | CYD, \$250                   |
| RESCRIPTION DRUGS   |                           |                    |                    |                              |
| x - Generic Drugs   | \$15                      | \$15               | \$15               | \$15                         |
| x - Preferred Brand Drugs   | \$40                      | \$40               | \$40               | \$40                         |

\$60

30%

\$60

30%

\$60

30%

\$60

30%

## available only enrolled are plans already grandfathered groups These

## Differences from ACA Plans

- These plans do not cover infertility treatment
- These plans cover 60 days of skilled nursing instead of 100 days
- These plans do not cover pediatric vision
- These plans do not cover hearing aids



## Network



## Network

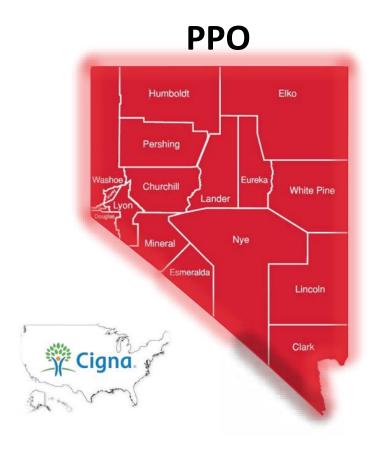
#### **HMO**



\* Urgent and Emergent care outside of NV through Cigna Network

#### **EPO** Elko Humboldt Pershing Eureka Churchill White Pine Lander Nye Esmeralda Lincoln Clark Cigna

\* Urgent and Emergent care outside of NV through Cigna Network



## Cigna General Access Guidelines

- Cigna providers may only be accessed outside of NV
- All HMO & EPO Members
  - Urgent and Emergent Care outside of NV ONLY
  - Directed Care outside of NV
- PPO Members
  - Unless specifically stated, Urgent and Emergent Care outside of NV ONLY
  - Directed Care outside of NV
  - Out of State NV members use Cigna as their primary network
- How can my NV members get full Cigna PPO access?
  - National PPO Plans ONLY



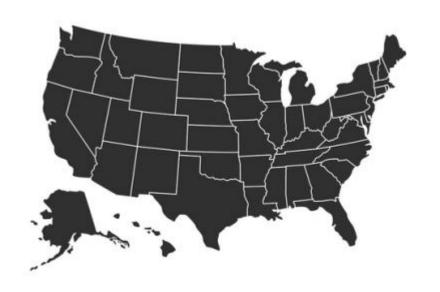
## Cigna General Access Guidelines

| Plan           | Emergent and Urgent Cigna Access Outside of NV |   |    |
|----------------|--|---|----|
| НМО            | Yes  | Directed by HTH                           | No |
| ЕРО            | Yes  | Directed by HTH                           | No |
| National PPO   | Yes  | Yes                                       | No |
| All Other PPOs | Yes  | Directed by HTH or residing outside of NV | No |



## Cigna Network Overview

- Broad Access
  - More than 1 million contracted providers
  - More than 6,300 facilities
- A True National Network Solution
- Competitive Discounts
- Wide Range of Network Access
- National Brand Recognition





# Rates



### 2026 Rates

- Up to 20% discounts compared to ACA\*
  - Discounts are best for HMO/EPO plans
  - Discounts are best for groups with average ages under 40
- One set of plans available to all AHP membership there are no separate age banded plans and composite plans
  - With the exception of four plans available to legacy composite groups
- All AHP groups will receive traditional quotes (EE, ES, EC & F) based on each group's demographics

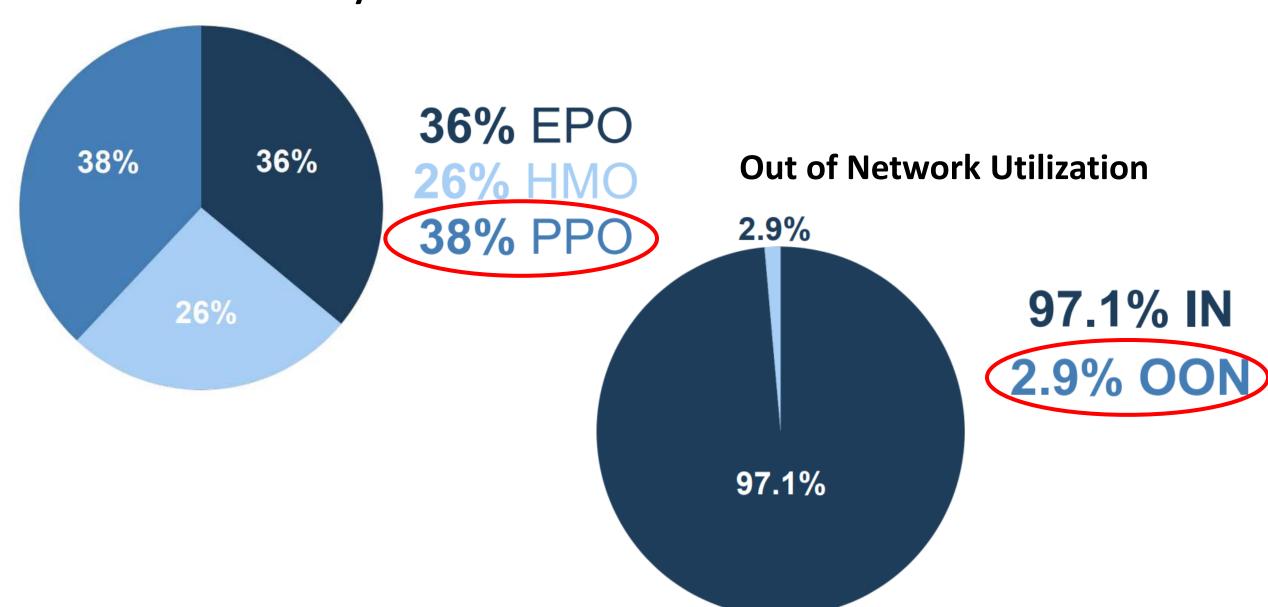


## Hometown Health: More than PPO

 HMO and EPO plans provide significant cost savings and adequate coverage for most Nevadans

|                        | Sample EE Premium | % Savings vs. PPO | Total Annual<br>Premium | \$ Savings vs. PPO |
|------------------------|-------------------|-------------------|-------------------------|--------------------|
| Group of 10 EEs on PPO | \$475             | 0%                | \$57,000                | \$0                |
| Group of 10 EEs on EPO | \$359             | -24%              | \$43,080                | \$13,920           |
| Group of 10 EEs on HMO | \$359             | -28%              | \$40,800                | \$16,200           |
|                        |                   |                   |                         |                    |
| Group of 50 EEs on PPO | \$475             | 0%                | \$285,000               | \$0                |
| Group of 50 EEs on EPO | \$359             | -24%              | \$215,400               | \$69,600           |
| Group of 50 EEs on HMO | \$359             | -28%              | \$204,000               | \$81,000           |

#### **Enrollment by Product**



# Quoting



## Quoting – Renewals

- Will receive AHP quotes 90 days out
- Existing Hometown Health ACA Groups Eligible at Renewal
  - Broker must ask Hometown to provide an AHP quote
  - Cannot move Off-Anniversary
- Renewal quotes provided with mapped plans only
  - If alternates are needed, please request from your account specialist
- All groups will be underwritten at renewal based on demographics and experience
  - Groups with poor on-going experience are rated accordingly
- Census must be verified for accuracy
- Renews throughout year
  - No focal renewal
  - Groups keep their current effective date



## Quoting – New Groups

- New business underwritten with predictive modeling to assess risk
  - Identify both good and poor risk
  - 25+ member new business opportunities: potential for rate reduction

Hometown Health

- Groups identified as poor risk are rated accordingly
- Quotes are based on risk and demographics
- Final rates are subject to underwriting approval and may be adjusted in the event there is a +/- 25% change in quoted vs. actual enrollment.

## Quoting – New Groups

- Submit a Quote to: Quote@HometownHealth.com
  - CC your assigned Account Specialist & Account Executive
- Comprehensive quote will be provided including all plan options
- Census with First Name, Last Name, DOB, Gender, and Home Zips Required
  - Excel in Hometown Templated Format Required
  - Required for all Employees (Both Enrolling and Waiving)
  - Dependent Census Info Preferred
  - Quoted rates only valid for EE's listed on census
  - Best Practice: Identify enrolled members and waivers clearly
  - Census accuracy is essential
- Non-busy season: Quote TAT 24 hours



# Quoting – New Groups – Preferred Census Format

| 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          |

## Quoting – New Groups – Quote Format

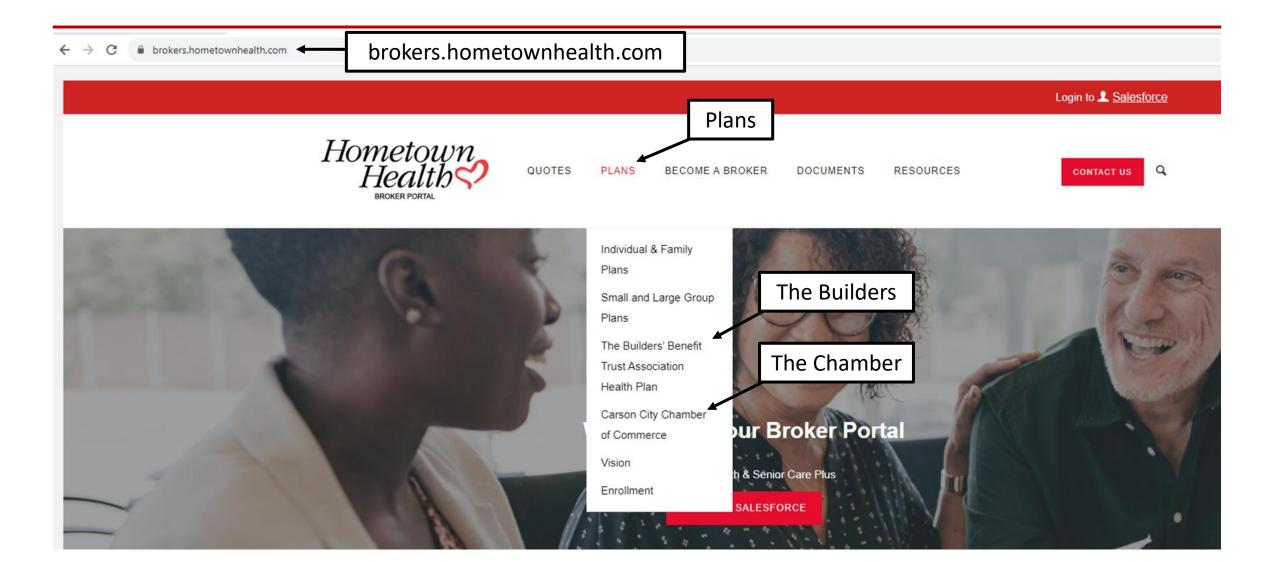
#### **HMO Plan Rates**

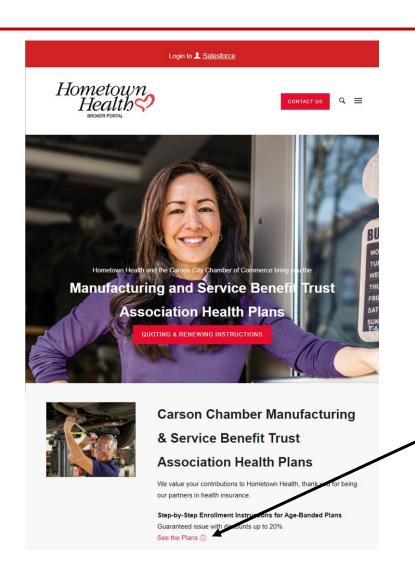
| Enrollment | Tier Rates                   | 25 AHP HMO CCC Platinum | 25 AHP HMO CCC Gold Plus | 25 AHP HMO CCC Gold | 25 AHP HMO CCC Value Gold |
|------------|------------------------------|-------------------------|--------------------------|---------------------|---------------------------|
| 24         | 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         | <b>Total Monthly Premium</b> | \$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<br>Silver | 25 AHP HMO CCC Bronze<br>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         | <b>Total Monthly Premium</b> | \$9,452.00                 | \$7,506.00                | \$7,728.00                     | \$8,229.00                    |

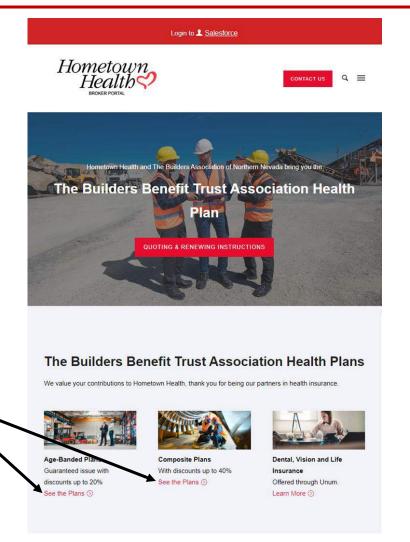
| Enrollment | Tier Rates                   | 25 AHP HMO CCC Bronze<br>HSA | 25 AHP HMO CCC Value<br>Bronze |
|------------|------------------------------|------------------------------|--------------------------------|
| 24         | Employee                     | \$245.00                     | \$234.00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







"See the Plans"
These links take you to
the step-by-step
instructions shown on
the following page



#### **Step 1. Pick Your Plans**

- 2025 Carson Chamber Benefits at a Glance
- 2024 Carson Chamber Benefits at a Glance

#### Step 2. Determine Your Eligibility

Every employer must meet the standards in the **Association Health Plan Participation Requirements**. manufacturing NAICS code.

Verify that Your Business Qualifies.

#### Step 3. Apply for Health Coverage

To help you with the health coverage application process, please use the Group Application Checklist.

•

Step 7. Distribute Documents to Your Employees

These online step-by-step instructions (abbreviated here) provide you with everything you need to complete the application and enrollment process

## **Combined Adoption Agreement**

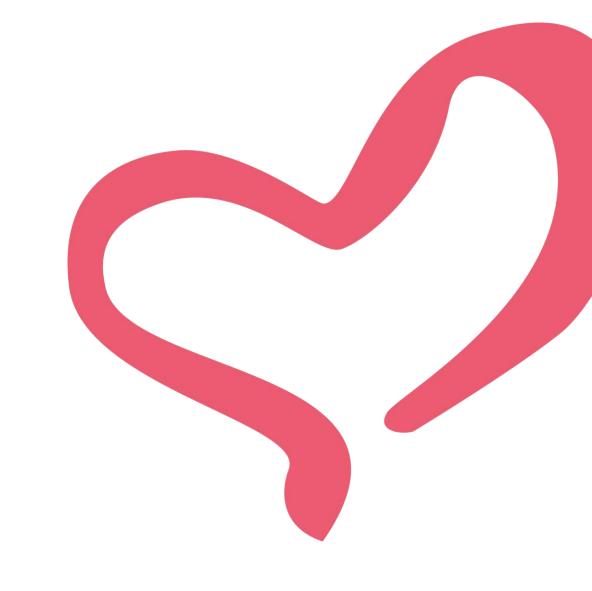


The Eligibility Attestation has been combined with the Adoption Agreement.
The first page must be signed and provided at application and each renewal

## SPD Distribution and COBRA

- Employers must distribute the Summary Plan Description Wrap document and all other plan documents to employees
- All member employers, regardless of number of employees, must offer COBRA
- iSolved will provide training to each employer
- Employers will need to notify iSolved of terminations through their portal

# Benefits of Association Membership



## Other Non-AHP Benefits of The Builders

#### **Leading Advocate**

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

#### Access to National Resources

While supporting local business interests

#### **Proactive Influence**

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

#### **Open to All**

Builders, subcontractors, and associates welcome

#### Stronger Together

Members often collaborate and refer one another for projects

#### Largest Regional Association

affiliated with the National (NAHB)

#### Member-Driven

Engagement & participation are encouraged



## Other Non-AHP Benefits of The Chamber

**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



# Broker Compensation



## **Broker Compensation**

- Same as SG ACA plans
- \$28 / \$31 / \$34, depending on broker's overall production
- Broker Bonus goes directly to selling broker
  - Beginning with 1/1/26 effective dates
  - Tiered by membership
    - 15 30 new members \$500 gift card
    - 31 50 new members \$1,500 gift card
  - Does not apply to groups moved from one HTH product to another
  - Bonus not additive. Applies to single sales only
  - Paid quarterly























## **Your Partners**



## **AHP Experts**

- Founded in 1997
- Built on Trust
  - AHP Experts focuses only on associations
  - AHP Experts does not compete with the brokers for direct groups sales
- Four areas of focus:
  - MEWA Compliance and trust set up
  - Insurer efficiency
  - Broker outreach
  - Long-term, sustainable growth





## **AHP Experts**

- Your success is our success
  - No barriers to sell
  - No difference in broker compensation between direct market plans and association health plans
  - We refer employers back to their current broker and follow up with that broker to resolve any issues
  - We provide referrals to brokers that are members of the association
  - We provide training and answer questions; call us any time





### Your Hometown Partners



Mayela Ochoa

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



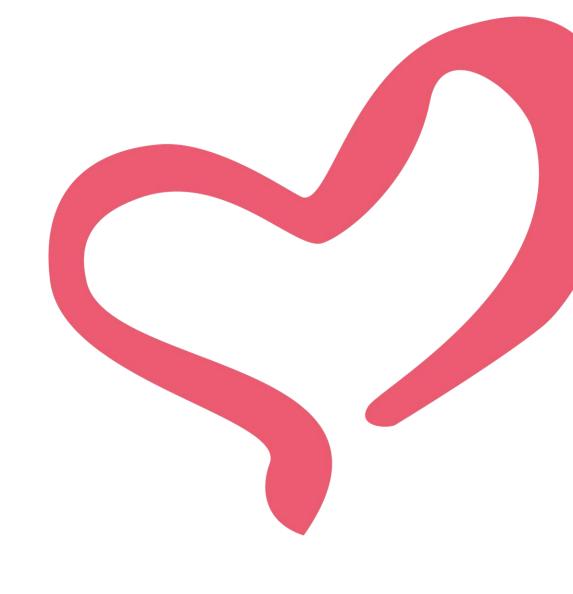
**Rod Cortez** 

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



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

# Questions



# Thank You!

