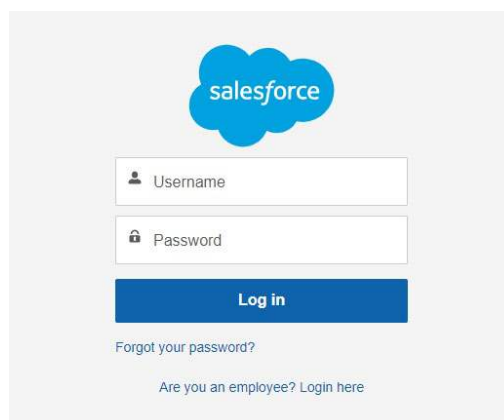


QUOTING AN INDIVIDUAL AND FAMILY MEMBER IN SALESFORCE  
SHOPPING EXPERIENCE/EMAIL A LINK TO QUOTE

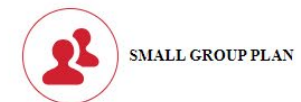
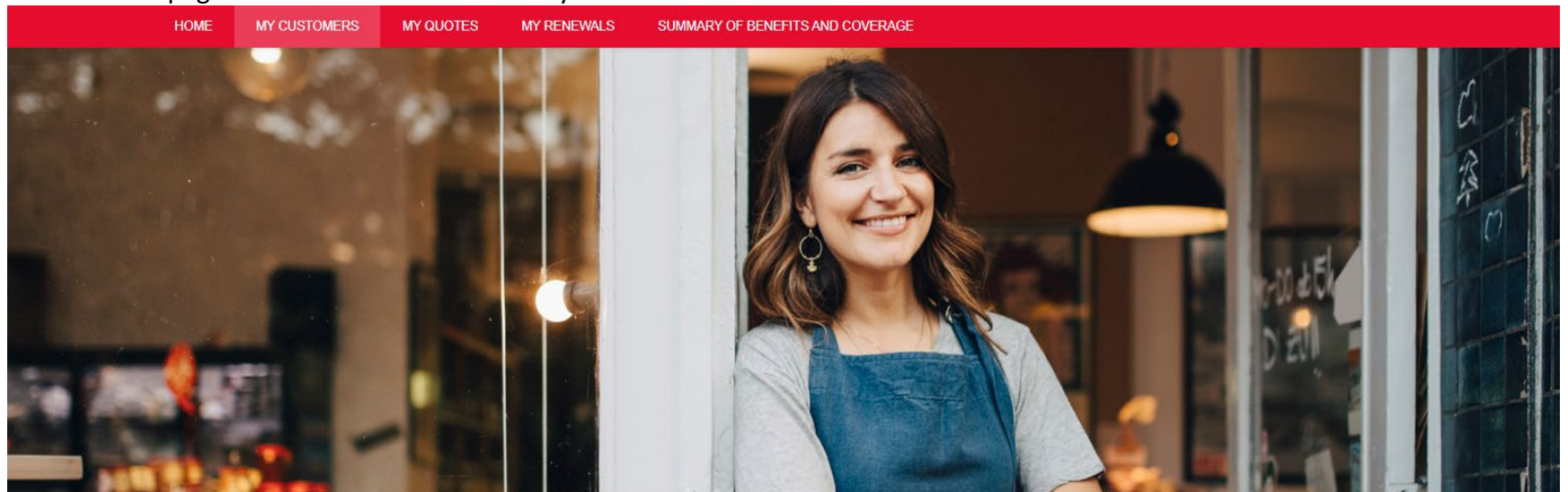
Broker Log-in page

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

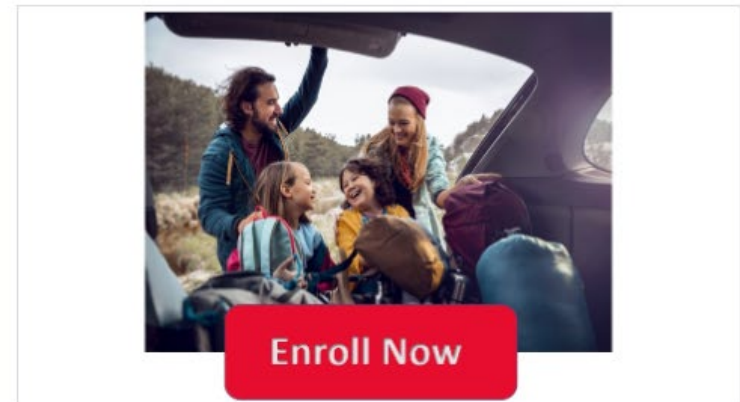
The image shows the Salesforce login interface. At the top is the Salesforce logo, which consists of a blue cloud shape with the word "salesforce" in white. Below the logo are two input fields: the first is labeled "Username" with a person icon, and the second is labeled "Password" with a lock icon.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

**\*\*\*THIS QUOTING TOOL IS AVAILABLE FOR YOU TO OBTAIN A QUICK QUOTE FOR INDIVIDUAL AND FAMILY WITH MINIMAL INFORMATION REQUIRED. YOU CAN ALSO EMAIL QUOTES TO THE PROSPECT AND THEY CAN ENROLL DIRECTLY FROM THE LINK. THE ENROLLMENT WILL BE ATTACHED TO YOUR AGENCY AS LONG AS THE QUOTE WAS EMAILED FROM SALESFORCE WHILE BEING LOGGED IN \*\*\***

- On the home page click on Individual and Family icon



- Select Find Your Plan



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

Residential Zip Code, County and State \*

89521|

89521 - STOREY - NEVADA

89521 - WASHOE - NEVADA

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

Residential Zip Code, County and State\*

89521 - WASHOE - NEVADA

Zip Code

89521

County

WASHOE

State

NEVADA

Request for Effective Date

01/01/2024

Q

Family Members Details

Relationship\*

Subscriber

Birth Date\*

08-11-1970

Calendar

Tobacco Use?\*

No

Dropdown

Family Members Details 2

Relationship\*

Spouse

Birth Date\*

12-22-1971

Calendar

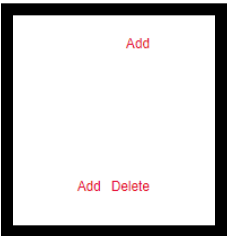
Tobacco Use?\*

No

Dropdown

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

Next



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

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

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

Sub Type  
All

Apply

Tier

Results

Sort By: Price Low to High

26 Available Plans

### 24 IFP Renown Catastrophic HMO

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

By selecting this plan, you attest that you meet the following requirements:

Myself and my dependents are under age 30 prior to coverage effective date or we have received a Certificate of Exemption related to the ability to purchase affordable coverage or a hardship.

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

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

✓ **Standout Features**

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

☐ Compare

\$1,015.18/mo

Rate BreakDown

### 24 IFP Renown Bronze HMO

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

✓ **Standout Features**

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

☐ Compare

\$1,131.50/mo

- You will have the option to download the Summary of Benefits, Evidence of Coverage, and link to the online Provider Directory

Sub Type  
All

Apply

Tier

Results
Sort By: Price Low to High

26 Available Plans

### 24 IFP Renown Catastrophic HMO

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

By selecting this plan, you attest that you meet the following requirements:

Myself and my dependents are under age 30 prior to coverage effective date or we have received a Certificate of Exemption related to the ability to purchase affordable coverage or a hardship.

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

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

✓ **Standout Features**

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

☐ Compare

\$1,015.18/mo

Rate BreakDown

### 24 IFP Renown Bronze HMO

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

✓ **Standout Features**

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

☐ Compare

\$1,131.50/mo

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

## 24 IFP Renown Bronze HMO HSA

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

✓ **Standout Features**

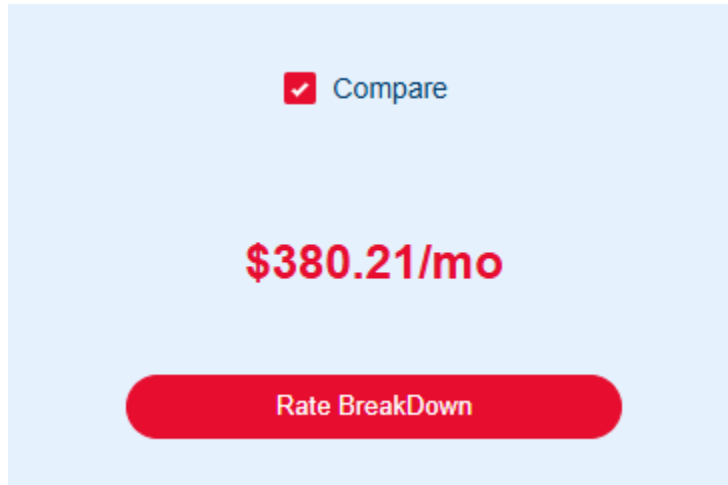
PCP CO-PAY \$55.00 Copay after deductible	SPECIALIST CO-PAY \$100.00 Copay after deductible	DEDUCTIBLE \$4,025
INPATIENT HOSPITAL BENEFIT Not Applicable	OUT OF POCKET MAXIMUM \$8,050	

☐ Compare

**\$1,223.84/mo**

**Rate BreakDown**

- Select the plans that you want to compare and send to the member by clicking the Compare Button on each desired plan



- Click Compare on the top right hand side of the page



- You will be able to email the quote directly to the client

#### Compare Plans

[Email Quote](#)

	Deductible	Inpatient Hospital Benefit	Out of Pocket Maximum	Primary Care	Specialist
<b>Alternate Plan</b> 25 IFP Renown Bronze HMO \$333.43/Mo	\$9,200	Not Applicable	\$9,200	Not Applicable	Not Applicable
<b>Alternate Plan</b> 25 IFP Renown Catastrophic HMO \$289.09/Mo	\$9,200	\$0.00 Copay per Stay after deductible	\$9,200	\$0.00 Copay after deductible	\$0.00 Copay after deductible
<b>Alternate Plan</b> 25 IFP Renown Bronze HMO Plus \$374.68/Mo	\$4,200	Not Applicable	\$8,400	\$55.00	\$100.00
<b>Alternate Plan</b> 25 IFP Renown Silver 68 HMO \$380.21/Mo	\$6,295	Not Applicable	\$6,295	Not Applicable	Not Applicable
<b>Alternate Plan</b> 25 IFP Hometown Silver 68 EPO \$413.57/Mo	\$6,295	Not Applicable	\$6,295	Not Applicable	Not Applicable
<b>Alternate Plan</b> 25 IFP Renown Silver HMO Plus \$421.75/Mo	\$0	Not Applicable	\$9,200	\$45.00	\$80.00
<b>Alternate Plan</b> 25 IFP Hometown Silver 68 EPO \$409.96/Mo	\$3,650	Not Applicable	\$7,300	\$5.00 Copay after deductible	\$80.00 Copay after deductible

## Email Quote

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Please input the email address(es) you'd like to send this quote to.  
Please separate email addresses with a semicolon ( ; ).


To: \*

CC:

dayna.clark@hometownhealth.com

Cancel

Next

- You will automatically be cc'd on the email and can input multiple email addresses for the client
- Click the  button when all email addresses are input
- You will receive this message
- Click OK

Email was sent successfully!

Cancel

OK

- Your client will receive an email that looks like this and will include a PDF of the compared plans:



Hello,

Thank you for your interest in a Hometown Health Individual and Family Plan! Your broker, Dayna Clark has sent the following quote(s) for you to review:

**Effective Date:** 09/01/2025

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

**Product:**

- 25 IFP Renown Bronze HMO - \$333.43
- 25 IFP Renown Catastrophic HMO - \$289.09
- 25 IFP Renown Bronze HMO Plus - \$374.68
- 25 IFP Renown Silver 68 HMO - \$380.21
- 25 IFP Hometown Silver 68 EPO - \$413.57
- 25 IFP Renown Silver HMO Plus - \$421.75
- 25 IFP Hometown Silver 68 EPO HSA - \$409.96

If you are interested in reviewing the quotes provided by your broker or reviewing other plans, please click the button below. You will be able to finalize your enrollment through this link as well.

[Click here to review quotes and enroll!](#)



**Effective Date:** 09/01/2025

PLAN	PREMIUM	DEDUCTIBLE	OUT OF POCKET MAXIMUM	PRIMARY CARE	SPECIALIST	EMERGENCY ROOM	URGENT CARE
25 IFP Renown Bronze HMO	333.43/Mo	\$9,200	\$9,200	Not Applicable	Not Applicable	0.00% Coinsurance after deductible	\$50.00
25 IFP Renown Catastrophic HMO	289.09/Mo	\$9,200	\$9,200	\$0.00 Copay after deductible	\$0.00 Copay after deductible	\$0.00 Copay after deductible	\$0.00 Copay after deductible
25 IFP Renown Bronze HMO Plus	374.68/Mo	\$4,200	\$8,400	\$55.00	\$100.00	50.00% Coinsurance after deductible	\$50.00

- Client will click on this link in the email

**Click here to review quotes and enroll!**

- They will be taken to the enrollment application
- Once submitted you and the client will receive a email confirmation of submission

**CONTACT YOUR HOMETOWN HEALTH INDIVIDUAL AND FAMILY SENIOR  
ACCOUNT SPECIALIST FOR ANY QUESTIONS**

DAYNA CLARK

775-982-3101

[dayna.clark@hometownhealth.com](mailto:dayna.clark@hometownhealth.com)

OR

[accountspecialists@hometownhealth.com](mailto:accountspecialists@hometownhealth.com)