Hometown Health Providers Insurance Company, Inc. Premium Rate Quote

Hometown Health

Total Estimated Monthly Premium:

Total Premium at Current Rate Levels:

336,270.73

268,998.31

25.0%

Group Name: Truckee Meadows Fire Protection

Group Number:

Rate Effective Date: 1/1/2026

Broker: LP Insurance

Plan		Current Benefit Plan Description	Non-Medicare Information	Employee	EE & Spouse	EE & Child	EE & Children				Overall Total
	Medical Plan:	24 LG PPO 15-90 CINS P D0500X2 National;RX \$10/\$30/\$60/30%	Enrollment	20	13	-	2	18			54
1	Pharmacy Plan:	Included in Medical	Proposed Rate \$	1,080.85	\$ 1,936.59	\$ 1,936.59	\$ 2,826.45	\$ 2,826.45			\$ 104,967.73
	Vision Plan:	None	Current Rate \$	875.65	\$ 1,568.92	\$ 1,568.92	\$ 2,289.84	\$ 2,289.84			\$ 85,040.18
			Medicare Information	EE (1 with)	EE & Spouse (1)	EE & Spouse (2)	EE & Child (1)	EE & Children (1)	Family (1)	Family (2)	
			Enrollment	-	1	-	=	=	-	=	
			Proposed Rate \$	756.60	\$ 1,646.10	\$ 1,355.61	\$ 1,355.61	\$ 1,978.51	\$ 2,402.48	\$ 1,978.51	
			Current Rate \$	612.95	\$ 1,334.42	\$ 1,098.94	\$ 1,334.42	\$ 1,098.94	\$ 1,946.35	\$ 1,602.87	
								Plan Rate Change:			23.4%
Plan		Current Benefit Plan Description	Non-Medicare Information	Employee	EE & Spouse	EE & Child	EE & Children	Family			Overall Total
Plan	Medical Plan:	Current Benefit Plan Description 24 LG PPO HD-NA CINS E D3400X2 HSA National;RX CYD \$15/\$40/\$60/30%	Non-Medicare Information Enrollment	Employee 63	EE & Spouse 18	EE & Child 21	EE & Children	Family 54			Overall Total 163
Plan 2	Medical Plan: Pharmacy Plan:					21	7	54			
Plan 2		24 LG PPO HD-NA CINS E D3400X2 HSA National;RX CYD \$15/\$40/\$60/30%	Enrollment	63	18	21	7	54 \$ 2,068.66			163
Plan 2	Pharmacy Plan:	24 LG PPO HD-NA CINS E D3400X2 HSA National;RX CYD \$15/\$40/\$60/30% Included in Medical	Enrollment Proposed Rate \$	63 791.07	18 \$ 1,417.37	21 \$ 1,417.37	7 \$ 2,068.66	54 \$ 2,068.66	Family (1)	Family (2)	163 \$ 231,303.00
	Pharmacy Plan:	24 LG PPO HD-NA CINS E D3400X2 HSA National;RX CYD \$15/\$40/\$60/30% Included in Medical	Enrollment Proposed Rate \$ Current Rate \$	63 791.07 629.05	18 \$ 1,417.37 \$ 1,127.80	21 \$ 1,417.37 \$ 1,127.80	7 \$ 2,068.66 \$ 1,644.98	\$ 2,068.66 \$ 1,644.98	Family (1)	Family (2)	163 \$ 231,303.00
	Pharmacy Plan:	24 LG PPO HD-NA CINS E D3400X2 HSA National;RX CYD \$15/\$40/\$60/30% Included in Medical	Enrollment Proposed Rate \$ Current Rate \$ Medicare Information	63 791.07 629.05 EE (1 with)	18 \$ 1,417.37 \$ 1,127.80 EE & Spouse (1)	\$ 1,417.37 \$ 1,127.80 EE & Spouse (2)	7 \$ 2,068.66 \$ 1,644.98 EE & Child (1)	\$ 2,068.66 \$ 1,644.98 EE & Children (1)	-	-	163 \$ 231,303.00
2	Pharmacy Plan:	24 LG PPO HD-NA CINS E D3400X2 HSA National;RX CYD \$15/\$40/\$60/30% Included in Medical	Enrollment Proposed Rate \$ Current Rate \$ Medicare Information Enrollment	63 791.07 629.05 EE (1 with)	18 \$ 1,417.37 \$ 1,127.80 EE & Spouse (1)	21 \$ 1,417.37 \$ 1,127.80 EE & Spouse (2) - \$ 992.16	7 \$ 2,068.66 \$ 1,644.98 EE & Child (1) - \$ 992.16	\$ 2,068.66 \$ 1,644.98 EE & Children (1) \$ 1,448.06	\$ 1,758.36	\$ 1,448.06	163 \$ 231,303.00
	Pharmacy Plan:	24 LG PPO HD-NA CINS E D3400X2 HSA National;RX CYD \$15/\$40/\$60/30% Included in Medical	Enrollment Proposed Rate \$ Current Rate \$ Medicare Information Enrollment Proposed Rate \$	63 791.07 629.05 EE (1 with) - 553.75	18 \$ 1,417.37 \$ 1,127.80 EE & Spouse (1)	21 \$ 1,417.37 \$ 1,127.80 EE & Spouse (2) - \$ 992.16	7 \$ 2,068.66 \$ 1,644.98 EE & Child (1) - \$ 992.16	\$ 2,068.66 \$ 1,644.98 EE & Children (1) \$ 1,448.06	\$ 1,758.36	\$ 1,448.06	163 \$ 231,303.00

	Overall Rate Change:
Signature	Date

A broker commission of \$0.00 PMPM or 0.0% is included in the rates.

Authorized Company Representative (please print)

Signature Required for Acceptance

This proposal is a preliminary estimate of premium rates based on information submitted and reviewed as of the date of this quote. All information submitted is subject to verification.

Final rates are subject to Underwriting approval and may be adjusted in the event there is a +/- 10% change in enrollment anytime within the contract period and/or new or differing information discovered within seventy days after the Effective Date.

Title

Neither this proposal nor its acceptance constitute a contract binding Hometown Health, its affiliates or EyeMed to provide insurance.

Certain combinations of plans may not be sold together and may be subject to additional charges.

A final binding rate quote and contract, if approved by Hometown Health, will be delivered to a Company representative authorized to accept health insurance contracts.

All insurance contracts have a duration of twelve months unless otherwise stated.

Key benefits listed above do not constitute a comprehensive list of benefits and are listed as a reference only. Coinsurance benefits are applied after all associated deductibles have been paid.

Certain limits and exclusions not described above may apply. Refer to the Evidence of Coverage and Summary of Benefits for a more detailed description of the benefits for each plan.

In the event of a conflict between this information and the final binding contract, the binding contract will prevail.

Vision benefits are offered by Vision Service Plan (VSP). VSP is solely responsible for providing vision benefits provided under their vision benefit plans.

Please fax (775-982-3747) or return to Hometown Health 30 days prior to the Effective Date.

Hometown Health Providers Insurance Company, Inc.

Alternative Benefit Plan Options

Group Name: Truckee Meadows Fire Protection

Group Number:

Rate Effective Date: 1/1/2026

Broker: LP Insurance



								Premiu	ns by Tier				
	Medical Plan	Pharmacy Plan	Vision Plan	Rate Change	Employee	EE & Spouse	EE & Child	EE & Children	Family				Overall Tota
	24 LG PPO 15-90 CINS P D0500X2 National;RX \$10/\$30/\$60/30%	Included in Medical	None	23.4%	20	13	0	2	18				54
					\$ 1,080.85	\$ 1,936.59	\$ 1,936.59	\$ 2,826.45	\$ 2,826.45			\$	104,967.73
					EE (1 with)	EE & Spouse (1)	EE & Spouse (2)	EE & Child (1)	EE & Children (1)	Family (1)	Family (2)		
					0	1	0	0	0	0	0		
					\$ 756.60	\$ 1,646.10	\$ 1,355.61	\$ 1,355.61	\$ 1,978.51	\$ 2,402.48 \$	1,978.51		
	Alternative Benefit Options								ns by Tier				
ative Custom Plan	Medical Plan	Pharmacy Plan	Vision Plan	Rate Change	Employee	EE & Spouse	EE & Child	EE & Children	Family				Overall Total
	24 LG PPO 15-90 CINS P D0500X2;RX \$10/\$30/\$60/30%	Included in Medical	None	22.6%	\$ 1,034.31							ş	100,447.59
					EE (1 with)	EE & Spouse (1)	EE & Spouse (2)	EE & Child (1)	EE & Children (1)	Family (1)	Family (2)	1	
					\$ 724.02		\$ 1,297.23			\$ 2,299.03 \$	1,893.31		
	24 LG EPO 15-90 CINS P D0500X2;RX \$10/\$30/\$60/30%	Included in Medical	None	8.6%	\$ 951.21	\$ 1,704.30	\$ 1,704.30		, , , , ,			\$	92,377.25
					EE (1 with)	EE & Spouse (1)	EE & Spouse (2)	EE & Child (1)	EE & Children (1)	Family (1)	Family (2)	1	
					\$ 665.85	, , , , , ,	\$ 1,193.01	, , , , , ,		\$ 2,114.31 \$	1,741.20		
	24 LG HMO 15-90 CINS P D0500X2;RX \$10/\$30/\$60/30%	Included in Medical	None	-1.7%	\$ 860.65	\$ 1,542.04	\$ 1,542.04	\$ 2,250.61	\$ 2,250.61			\$	83,582.46
					EE (1 with)	EE & Spouse (1)	EE & Spouse (2)	EE & Child (1)	EE & Children (1)	Family (1)	Family (2)		
					\$ 602.45	\$ 1,310.74	\$ 1,079.43	\$ 1,079.43	\$ 1,575.43	\$ 1,913.02 \$	1,575.43		
t Plan - Benefit Plan 2								Premiu	ns by Tier				
	Medical Plan	Pharmacy Plan	Vision Plan	Rate Change	Employee	EE & Spouse	EE & Child	EE & Children	Family				Overall Total
_	24 LG PPO HD-NA CINS E D3400X2 HSA National;RX CYD \$15/\$40/\$60/30%	Included in Medical	None	25.8%	63	18	21	7	54				163
							\$ 1,417.37	\$ 2,068.66	\$ 2,068,66				231,303.00
					\$ 791.07	\$ 1,417.37	\$ 1,417.37	\$ 2,006.00	2,000.00			\$	
					\$ 791.07 EE (1 with)	\$ 1,417.37 EE & Spouse (1)	5 1,417.37 EE & Spouse (2)		EE & Children (1)	Family (1)	Family (2)	\$	
										Family (1)	Family (2)	\$	
					EE (1 with)	EE & Spouse (1)	EE & Spouse (2)	EE & Child (1)	EE & Children (1)		Family (2) 0 1,448.06	\$	
	Alternative Renefit Options				EE (1 with)	EE & Spouse (1)	EE & Spouse (2)	EE & Child (1) 0 \$ 992.16	EE & Children (1) 0 \$ 1,448.06	0	0	\$	
ative Custom Plan	Alternative Benefit Options Medical Plan	Pharmacy Plan	Vision Plan	Rate Change	EE (1 with)	EE & Spouse (1)	EE & Spouse (2)	EE & Child (1) 0 \$ 992.16	EE & Children (1)	0	0	\$	Overall Total
		Pharmacy Plan Included in Medical	Vision Plan None	Rate Change 20.3%	EE (1 with) 0 \$ 553.75	EE & Spouse (1) 0 \$ 1,204.77 EE & Spouse	EE & Spouse (2) 0 \$ 992.16	EE & Child (1) 0 \$ 992.16 Premiu	© \$ 1,448.06 ms by Tier Family	0	0	\$	Overall Total 221,342.58
native Custom Plan	Medical Plan				EE (1 with) 0 \$ 553.75 Employee	EE & Spouse (1) 0 \$ 1,204.77 EE & Spouse	EE & Spouse (2) 0 \$ 992.16 EE & Child	EE & Child (1) 0 \$ 992.16 Premiu EE & Children	© \$ 1,448.06 ms by Tier Family	0	0	\$	
	Medical Plan				EE (1 with) 0 \$ 553.75 Employee \$ 757.00	EE & Spouse (1) \$ 1,204.77 EE & Spouse \$ 1,356.34 EE & Spouse (1)	EE & Spouse (2) 0 \$ 992.16 EE & Child \$ 1,356.34 EE & Spouse (2)	EE & Child (1) 0 \$ 992.16 Premiu EE & Children \$ 1,979.58 EE & Child (1)	EE & Children (1) 0 \$ 1,448.06 ns by Tier Family \$ 1,979.58 EE & Children (1)	0 \$ 1,758.36 \$	0 1,448.06 Family (2)	\$	
	Medical Plan				EE (1 with) 0 \$ 553.75 Employee \$ 757.00 EE (1 with)	EE & Spouse (1) \$ 1,204.77 EE & Spouse \$ 1,356.34 EE & Spouse (1) \$ 1,152.89	EE & Spouse (2) 0 \$ 992.16 EE & Child \$ 1,356.34 EE & Spouse (2) \$ 949.44	EE & Child (1) 0 \$ 992.16 Premiu EE & Children \$ 1,979.58 EE & Child (1) \$ 949.44	EE & Children (1) 0 \$ 1,448.06 ns by Tier Family \$ 1,979.58 EE & Children (1) \$ 1,385.70	0 \$ 1,758.36 \$ Family (1)	0 1,448.06 Family (2)	\$	
	Medical Plan 24 LG PPO HD-NA CINS E D3400X2 HSA;RX CYD \$15/\$40/\$60/30%	Included in Medical	None	20.3%	EE (1 with) 0 \$ 553.75 Employee \$ 757.00 EE (1 with) \$ 529.90	EE & Spouse (1) \$ 1,204.77 EE & Spouse \$ 1,356.34 EE & Spouse (1) \$ 1,152.89	EE & Spouse (2) 0 \$ 992.16 EE & Child \$ 1,356.34 EE & Spouse (2) \$ 949.44	EE & Child (1) 0 \$ 992.16 Premiu EE & Children \$ 1,979.58 EE & Child (1) \$ 949.44	EE & Children (1) 0 \$ 1,448.06 ns by Tier Family \$ 1,979.58 EE & Children (1) \$ 1,385.70	0 \$ 1,758.36 \$ Family (1)	0 1,448.06 Family (2)	\$ \$	221,342.58

Signature

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Authorized Company Representative (please print)

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Hometown Health Providers Insurance Company, Inc.

Alternative Benefit Plan Options

Group Name: Truckee Meadows Fire Protection

Group Number:

Rate Effective Date: 1/1/2026 Broker: LP Insurance Blended Rate Indicator: No



	Alternative Benefit Options				Premiums by Tier								
Alternative	Medical Plan	Pharmacy Plan	Vision Plan		Employee	EE	& Spouse	EE & Child	EE & Childs	en	Family		
1	24 LG PPO 15-90 CINS P D0500X2;RX \$10/\$30/\$60/30%	Included in Medical	None	\$	1,034.31	\$	1,853.19	\$ 1,853.19	\$ 2,70)4.74 \$	2,704.74		
2	24 LG PPO 20-80 CINS P D1000X2;RX \$10/\$30/\$60/30%	Included in Medical	None	\$	983.83	\$	1,762.74	\$ 1,762.74	\$ 2,5	72.72 \$	2,572.72		
3	24 LG PPO 20-80 CINS S D1000X2;RX \$10/\$30/\$60/30%	Included in Medical	None	\$	962.64	\$	1,724.78	\$ 1,724.78	\$ 2,5	17.31 \$	2,517.31		
4	24 LG PPO 20-80 CINS S D2000X2;RX \$15/\$45/\$90/30%	Included in Medical	None	\$	915.63	\$	1,640.55	\$ 1,640.55	\$ 2,39	94.39 \$	2,394.39		
5	24 LG PPO 20-80 CINS S D3000X2;RX \$20/\$60/\$120/40%	Included in Medical	None	\$	823.00	\$	1,474.59	\$ 1,474.59	\$ 2,1	2.16 \$	2,152.16		
6	24 LG PPO 20-CO 1000 A D0000X2;RX \$10/\$30/\$60/30%	Included in Medical	None	\$	966.34	\$	1,731.42	\$ 1,731.42	\$ 2,5	27.00 \$	2,527.00		
7	24 LG PPO 25-80 CINS P D1500X2;RX \$15/\$45/\$90/30%	Included in Medical	None	\$	909.61	\$	1,629.76	\$ 1,629.76	\$ 2,3	78.64 \$	2,378.64		
8	24 LG PPO 25-80 CINS P D2500X2;RX \$20/\$60/\$120/40%	Included in Medical	None	\$	818.37	\$	1,466.29	\$ 1,466.29	\$ 2,14	10.05 \$	2,140.05		
9	24 LG PPO 25-CO 2000 A D2000X2;RX \$15/\$45/\$90/30%	Included in Medical	None	\$	915.05	\$	1,639.51	\$ 1,639.51	\$ 2,39	92.87 \$	2,392.87		
10	24 LG PPO 30-70 CINS S D4000X2;RX \$20/\$60/\$120/40%	Included in Medical	None	\$	711.62	\$	1,275.02	\$ 1,275.02	\$ 1,80	50.89	1,860.89		
11	24 LG PPO 30-80 CINS S D2500X2;RX \$15/\$45/\$90/30%	Included in Medical	None	\$	842.92	\$	1,510.27	\$ 1,510.27	\$ 2,20)4.24 \$	2,204.24		
12	24 LG PPO 30-CO 3000 A D4000X2;RX \$20/\$60/\$120/40%	Included in Medical	None	\$	813.62	\$	1,457.78	\$ 1,457.78	\$ 2,1	7.64	2,127.64		
13	24 LG PPO 40-CO 2000 A D2500X3;RX \$25/\$75/\$150/50%	Included in Medical	None	\$	689.04	\$	1,234.56	\$ 1,234.56	\$ 1,80	1.84 \$	1,801.84		
14	24 LG PPO 50-70 CINS S D5000X2;RX \$25/\$75/\$150/50%	Included in Medical	None	\$	658.01	\$	1,178.96	\$ 1,178.96	\$ 1,7	20.70 \$	1,720.70		
15	24 LG PPO 60-70 CINS S D6500X2;RX \$25/\$75/\$150/50%	Included in Medical	None	\$	586.57	\$	1,050.97	\$ 1,050.97	\$ 1,5	3.88	1,533.88		
16	24 LG PPO HD-NA CINS E D3300X2 HSA; RX CYD 0%0%0%0%	Included in Medical	None	\$	817.21	\$	1,464.21	\$ 1.464.21	\$ 21	37.02	2,137.02		
17	24 LG PPO HD-NA CINS E D3300X2 HSA;RX CYD \$15/\$40/\$60/30%	Included in Medical	None	Ś	757.00		1,356.34			79.58			
18	24 LG PPO HD-NA CINS E D4000X2 HSA;RX 0%/0%/0%/0%	Included in Medical	None	Ś	725.74		1,300.33			7.83	,		
19	24 LG PPO HD-80 CINS E D3300X2 HSA: CYD 20%20%20%20%	Included in Medical	None	Ś	716.94		1.284.56			74.81			
20	24 LG PPO HD-NA CINS E D5000X2 HSA;RX 0%/0%/0%/0%	Included in Medical	None	Ś	679.08		1,216.72	, , , , , , ,		75.81	, -		
21	24 LG PPO HD-70 CINS E D6500X2 HSA;RX 30%/30%/30%/30%	Included in Medical	None	Ś	586.57		1,050.97			33.88			
				Ś			1.936.59						
22	24 LG PPO 15-90 CINS P D0500X2 National;RX \$10/\$30/\$60/30%	Included in Medical	None		1,080.85		,	, , , , , , ,		26.45 \$			
23	24 LG PPO 20-80 CINS P D1000X2 National;RX \$10/\$30/\$60/30%	Included in Medical	None	\$ \$	1,028.10		1,842.07			88.50	,		
24	24 LG PPO 20-80 CINS S D1000X2 National;RX \$10/\$30/\$60/30%	Included in Medical	None	\$	1,005.96		1,802.39			30.59	,		
25 26	24 LG PPO 20-80 CINS S D2000X2 National;RX \$15/\$45/\$90/30%	Included in Medical	None	ş \$	956.83 860.04		1,714.38			02.13 \$,		
	24 LG PPO 20-80 CINS S D3000X2 National;RX \$20/\$60/\$120/40%	Included in Medical	None	\$			1,540.94			19.01 \$			
27 28	24 LG PPO 20-CO 1000 A D0000X2 National;RX \$10/\$30/\$60/30% 24 LG PPO 25-80 CINS P D1500X2 National;RX \$15/\$45/\$90/30%	Included in Medical	None	\$,		1,809.33			10.72	,		
28 29	24 LG PPO 25-80 CINS P D1500X2 National;RX \$15/\$45/\$90/30% 24 LG PPO 25-80 CINS P D2500X2 National;RX \$20/\$60/\$120/40%	Included in Medical	None	\$	950.54 855.20		1,703.10 1,532.27			35.68 \$ 36.35 \$			
30	24 LG PPO 25-80 CINS P D2500X2 National; RX \$20/\$60/\$120/40% 24 LG PPO 25-CO 2000 A D2000X2 National; RX \$15/\$45/\$90/30%	Included in Medical Included in Medical	None	\$	956.23		1,713.29			0.55 \$			
			None	\$	743.64								
31 32	24 LG PPO 30-70 CINS S D4000X2 National;RX \$20/\$60/\$120/40% 24 LG PPO 30-80 CINS S D2500X2 National;RX \$15/\$45/\$90/30%	Included in Medical Included in Medical	None	ş \$	743.64 880.85		1,332.39			14.63 \$ 3.43 \$,		
33	24 LG PPO 30-80 CINS S D2500X2 National;RX \$15/\$45/\$90/30% 24 LG PPO 30-CO 3000 A D4000X2 National;RX \$20/\$60/\$120/40%	Included in Medical	None None	\$	850.85 850.24		1,578.23 1,523.38)3.43 \$!3.38 \$			
34	24 LG PPO 40-CO 2000 A D4000X2 National;RX \$25/\$75/\$150/50%	Included in Medical	None	ş S	720.04		1,323.36			32.93 \$			
35	24 LG PPO 50-70 CINS S D5000X2 National;RX \$25/\$75/\$150/50%	Included in Medical	None	ş S	687.62		1,232.02			98.13 \$			
35 36	24 LG PPO 50-70 CINS S D5000X2 National;RX \$25/\$75/\$150/50% 24 LG PPO 60-70 CINS S D6500X2 National;RX \$25/\$75/\$150/50%	Included in Medical		ş \$	612.96		1,098.26			98.13 \$ 02.91 \$			
37	24 LG PPO 60-70 CINS S D6500X2 National; RX \$25/\$75/\$150/50% 24 LG PPO 25-80 CINS S D1000X3 A1 National; RX \$15/\$40/\$60	Included in Medical	None None	\$	912.50		1,634.94			36.19 \$			
38		Included in Medical		ş \$	782.23		1,401.53						
38 39	24 LG PPO 40-CO 2000 A D2500X3 A1 National;RX \$15/\$40/\$60/30% 24 LG PPO 20-80 CINS P D1000X2 A1 National;RX \$15/\$40/\$60/30%	Included in Medical	None None	\$ \$	1.039.26		1,401.53			15.54 \$ 17.68 \$			
40				\$,		,	, , , , , , ,			,		
40 41	24 LG PPO HD-80 CINS E D3300X2 HSA National; CYD 20%20%20%20%	Included in Medical	None		749.20 853.99		1,342.36 1.530.10			59.18 \$ 33.19 \$			
41 42	24 LG PPO HD-NA CINS E D3300X2 HSA National; RX CYD 0%0%0%0%	Included in Medical	None	\$ \$	853.99 791.07		,	, , , , , ,			,		
42	24 LG PPO HD-NA CINS E D3300X2 HSA National;RX CYD \$15/\$40/\$60/30%	Included in Medical	None	\$			1,417.37 1.358.83			8.66 \$			
	24 LG PPO HD-NA CINS E D4000X2 HSA National;RX 0%/0%/0%/0%	Included in Medical	None	-	758.39		,	, , , , , , , , ,		33.21 \$			
44	24 LG PPO HD-NA CINS E D5000X2 HSA National;HSA RX Plan	Included in Medical	None	\$	762.05		1,365.38			2.78 \$			
45	24 LG PPO HD-NA CINS E D5000X2 HSA National;RX 0%/0%/0%/0%	Included in Medical	None	\$	709.76		1,271.70	, ,		6.04 \$,		
46	24 LG PPO HD-70 CINS E D6500X2 HSA National;RX 30%/30%/30%/30%	Included in Medical	None	\$	612.50	\$	1,097.43	\$ 1,097.43	\$ 1,60)1.71 \$	1,601.71		

47	24 LG EPO 15-90 CINS P D0500X2;RX \$10/\$30/\$60/30%	Included in Medical	None	\$ 951.21 \$	1,704.30 \$	1,704.30 \$	2,487.43 \$	2,487.43	\$2,000
48	24 LG EPO 20-80 CINS P D1000X2;RX \$10/\$30/\$60/30%	Included in Medical	None	\$ 905.16 \$	1,621.80 \$	1,621.80 \$	2,367.01 \$	2,367.01	\$3,000
49	24 LG EPO 20-80 CINS S D1000X2;RX \$10/\$30/\$60,40%/30%	Included in Medical	None	\$ 886.30 \$	1,588.01 \$	1,588.01 \$	2,317.70 \$	2,317.70	\$3,000
50	24 LG EPO 20-80 CINS S D2000X2;RX \$15/\$45/\$90/30%	Included in Medical	None	\$ 849.47 \$	1,522.00 \$	1,522.00 \$	2,221.37 \$	2,221.37	\$5,000
51	24 LG EPO 20-80 CINS S D3000X2;RX \$20/\$60/\$120/40%	Included in Medical	None	\$ 766.25 \$	1,372.91 \$	1,372.91 \$	2,003.76 \$	2,003.76	\$7,500
52	24 LG EPO 20-CO 1000 A D0000X2;RX \$10/\$30/\$60/30%	Included in Medical	None	\$ 887.73 \$	1,590.56 \$	1,590.56 \$	2,321.43 \$	2,321.43	\$3,000
53	24 LG EPO 25-80 CINS P D1500X2;RX \$15/\$45/\$90/30%	Included in Medical	None	\$ 842.56 \$	1,509.63 \$	1,509.63 \$	2,203.30 \$	2,203.30	\$5,000
54	24 LG EPO 25-80 CINS P D2500X2;RX \$20/\$60/\$120/40%	Included in Medical	None	\$ 761.10 \$	1,363.68 \$	1,363.68 \$	1,990.29 \$	1,990.29	\$7,500
55	24 LG EPO 25-CO 2000 A D2000X2;RX \$15/\$45/\$90/30%	Included in Medical	None	\$ 849.03 \$	1,521.22 \$	1,521.22 \$	2,220.22 \$	2,220.22	\$5,000
56	24 LG EPO 30-70 CINS S D4000X2;RX \$20/\$60/\$120/40%	Included in Medical	None	\$ 657.82 \$	1,178.63 \$	1,178.63 \$	1,720.21 \$	1,720.21	\$7,500
57	24 LG EPO 30-80 CINS S D2500X2;RX \$15/\$45/\$90/30%	Included in Medical	None	\$ 781.16 \$	1,399.62 \$	1,399.62 \$	2,042.75 \$	2,042.75	\$5,000
58	24 LG EPO 30-CO 3000 A D4000X2;RX \$20/\$60/\$120/40%	Included in Medical	None	\$ 757.04 \$	1,356.41 \$	1,356.41 \$	1,979.68 \$	1,979.68	\$7,500
59	24 LG EPO 40-CO 2000 A D2500X3;RX \$25/\$75/\$150/50%	Included in Medical	None	\$ 636.22 \$	1,139.93 \$	1,139.93 \$	1,663.73 \$	1,663.73	\$9,450
60	24 LG EPO 50-70 CINS S D5000X2;RX \$25/\$75/\$150/50%	Included in Medical	None	\$ 608.16 \$	1,089.64 \$	1,089.64 \$	1,590.34 \$	1,590.34	\$6,600
61	24 LG EPO 60-70 CINS S D6500X2;RX \$25/\$75/\$150/50%	Included in Medical	None	\$ 588.09 \$	1,053.70 \$	1,053.70 \$	1,537.87 \$	1,537.87	\$9,450
62	24 LG EPO HD-NA CINS E D3300X2 HSA; RX CYD 0%0%0%0%	Included in Medical	None	\$ 743.60 \$	1,332.33 \$	1,332.33 \$	1,944.54 \$	1,944.54	\$3,400
63	24 LG EPO HD-NA CINS E D3300X2 HSA;RX CYD \$15/\$40/\$60/30%	Included in Medical	None	\$ 698.29 \$	1,251.13 \$	1,251.13 \$	1,826.03 \$	1,826.03	\$5,000
64	24 LG EPO HD-NA CINS E D4000X2 HSA;RX CYD 0%/0%/0%/0%	Included in Medical	None	\$ 668.13 \$	1,197.10 \$	1,197.10 \$	1,747.16 \$	1,747.16	\$4,000
65	24 LG EPO HD-80 CINS E D3300X2 HSA; CYD 20%20%20%20%	Included in Medical	None	\$ 664.07 \$	1,189.82 \$	1,189.82 \$	1,736.55 \$	1,736.55	\$5,000
66	24 LG EPO HD-NA CINS E D5000X2 HSA;RX CYD 0%/0%/0%/0%	Included in Medical	None	\$ 625.37 \$	1,120.48 \$	1,120.48 \$	1,635.35 \$	1,635.35	\$5,000
67	24 LG EPO HD-70 CINS E D6500X2 HSA;RX CYD 30%/30%/30%/30%	Included in Medical	None	\$ 540.62 \$	968.64 \$	968.64 \$	1,413.73 \$	1,413.73	\$8,000
68	24 LG HMO 15-90 CINS P D0500X2:RX \$10/\$30/\$60/30%	Included in Medical	None	\$ 860.65 Ś	1.542.04 \$	1,542.04 \$	2.250.61 \$	2,250.61	\$2,000
69	24 LG HMO 20-80 CINS P D1000X2;RX \$10/\$30/\$60/30%	Included in Medical	None	\$ 819.97 \$	1,469.16 \$	1,469.16 \$	2,144.24 \$	2,144.24	\$3,000
70	24 LG HMO 20-80 CINS S D1000X2;RX \$10/\$30/\$60,40%/30%	Included in Medical	None	\$ 803.31 \$	1,439.30 \$	1,439.30 \$	2,100.67 \$	2,100.67	\$3,000
71	24 LG HMO 20-80 CINS S D2000X2;RX \$15/\$45/\$90/30%	Included in Medical	None	\$ 771.18 \$	1,381.75 \$	1,381.75 \$	2,016.66 \$	2,016.66	\$5,000
72	24 LG HMO 20-80 CINS S D3000X2;RX \$20/\$60/\$120/40%	Included in Medical	None	\$ 696.19 \$	1,247.38 \$	1,247.38 \$	1,820.56 \$	1,820.56	\$7,500
73	24 LG HMO 20-CO 1000 A D0000X2;RX \$10/\$30/\$60/30%	Included in Medical	None	\$ 804.30 \$	1,441.07 \$	1,441.07 \$	2,103.25 \$	2,103.25	\$3,000
74	24 LG HMO 25-80 CINS P D1500X2;RX \$15/\$45/\$90/30%	Included in Medical	None	\$ 766.03 \$	1,372.52 \$	1,372.52 \$	2,003.19 \$	2,003.19	\$5,000
75	24 LG HMO 25-80 CINS P D2500X2;RX \$20/\$60/\$120/40%	Included in Medical	None	\$ 692.58 \$	1,240.90 \$	1,240.90 \$	1,811.10 \$	1,811.10	\$7,500
76	24 LG HMO 25-CO 2000 A D2000X2;RX \$15/\$45/\$90/30%	Included in Medical	None	\$ 771.95 \$	1,383.12 \$	1,383.12 \$	2,018.67 \$	2,018.67	\$5,000
77	24 LG HMO 30-70 CINS S D4000X2;RX \$20/\$60/\$120/40%	Included in Medical	None	\$ 598.40 \$	1,072.16 \$	1,072.16 \$	1,564.82 \$	1,564.82	\$7,500
78	24 LG HMO 30-80 CINS S D2500X2;RX \$15/\$45/\$90/30%	Included in Medical	None	\$ 711.65 \$	1,275.08 \$	1,275.08 \$	1,860.98 \$	1,860.98	\$5,000
79	24 LG HMO 30-CO 3000 A D4000X2;RX \$20/\$60/\$120/40%	Included in Medical	None	\$ 689.40 \$	1,235.20 \$	1,235.20 \$	1,802.78 \$	1,802.78	\$7,500
80	24 LG HMO 40-CO 2000 A D2500X3;RX \$25/\$75/\$150/50%	Included in Medical	None	\$ 579.76 \$	1,038.77 \$	1,038.77 \$	1,516.08 \$	1,516.08	\$9,450
81	24 LG HMO 50-70 CINS S D5000X2;RX \$25/\$75/\$150/50%	Included in Medical	None	\$ 552.46 \$	989.85 \$	989.85 \$	1,444.69 \$	1,444.69	\$9,450
82	24 LG HMO 60-70 CINS S D6500X2;RX \$25/\$75/\$150/50%	Included in Medical	None	\$ 536.56 \$	961.37 \$	961.37 \$	1,403.12 \$	1,403.12	\$9,450
83	24 LG HMO HD-NA CINS E D3300X2 HSA; RX CYD 0%0%0%0%	Included in Medical	None	\$ 670.52 \$	1,201.39 \$	1,201.39 \$	1,753.43 \$	1,753.43	\$3,400
84	24 LG HMO HD-NA CINS E D3300X2 HSA;RX CYD \$15/\$40/\$60/30%	Included in Medical	None	\$ 629.66 \$	1,128.17 \$	1,128.17 \$	1,646.57 \$	1,646.57	\$5,000
85	24 LG HMO HD-NA CINS E D4000X2 HSA;RX CYD 0%/0%/0%/0%	Included in Medical	None	\$ 602.45 \$	1,079.43 \$	1,079.43 \$	1,575.43 \$	1,575.43	\$4,000
86	24 LG HMO HD-80 CINS E D3300X2 HSA; CYD 20%20%20%20%	Included in Medical	None	\$ 582.24 \$	1,043.21 \$	1,043.21 \$	1,522.56 \$	1,522.56	\$5,000
87	24 LG HMO HD-NA CINS E D5000X2 HSA;RX CYD 0%/0%/0%/0%	Included in Medical	None	\$ 563.97 \$	1,010.48 \$	1,010.48 \$	1,474.80 \$	1,474.80	\$5,000
88	24 LG HMO HD-70 CINS E D6500X2 HSA;RX CYD 30%/30%/30%/30%	Included in Medical	None	\$ 487.44 \$	873.37 \$	873.37 \$	1,274.68 \$	1,274.68	\$8,000

Signature Required for Acceptance			
Authorized Company Proposantative (alexandria)	Title	S:t	D-+-
Authorized Company Representative (please print)	ritle	Signature	Date

This renewal of premium rates is based on information reviewed as of the date of this quote.

Rates may be adjusted based on final enrollment and/or new or differing information discovered within seventy days after the Effective Date.

Vision benefits are offered by Vision Service Plan (VSP). VSP is solely responsible for providing vision benefits provided under their vision benefit plans.

Certain combinations of plans may not be sold together and may be subject to additional charges.

A final binding rate quote and contract, if approved by Hometown Health, will be delivered to a Company representative authorized to accept health insurance contracts.

All insurance contracts have a duration of twelve months unless otherwise stated

Key benefits listed above do not constitute a comprehensive list of benefits and are listed as a reference only. Coinsurance benefits are applied after all associated deductibles have been paid.

Certain limits and exclusions not described above may apply. Refer to the Evidence of Coverage and Summary of Benefits for a more detailed description of the benefits for each plan.

In the event of a conflict between this information and the final binding contract, the binding contract will prevail.

Custom Alternative Plan Notes