Hometown Health Providers Insurance Company, Inc.
Premium Rate Quote

Hometown Health

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	Family			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
	Medical Plan:	24 LG PPO HD-NA CINS E D3400X2 HSA National;RX CYD $15/$40/$60/30%	Enrollment	63	18	21	7	54			163
2	Pharmacy Plan:	Included in Medical	**Proposed Rate**	**$ 791.07**	**$ 1,417.37**	**$ 1,417.37**	**$ 2,068.66**	**$ 2,068.66**			**$ 231,303.00**
	Vision Plan:	None	Current Rate	$ 629.05	$ 1,127.80	$ 1,127.80	$ 1,644.98	$ 1,644.98			$ 183,958.13
			Medicare Information	**EE (1 with)**	**EE & Spouse (1)**	**EE & Spouse (2)**	**EE & Child (1)**	**EE & Children (1)**	**Family (1)**	**Family (2)**	
			Enrollment	-	-	-	-	-	-	-	
			Proposed Rate	**$ 553.75**	**$ 1,204.77**	**$ 992.16**	**$ 992.16**	**$ 1,448.06**	**$ 1,758.36**	**$ 1,448.06**	
			Current Rate	$ 440.33	$ 958.63	$ 789.46	$ 958.63	$ 789.46	$ 1,398.22	$ 1,151.48	
								Plan Rate Change:			**25.7%**

Total Enrollment:	217
Total Estimated Monthly Premium:	**$ 336,270.73**
Total Premium at Current Rate Levels:	$ 268,998.31
Overall Rate Change:	**25.0%**

Signature Required for Acceptance

Authorized Company Representative (please print)	Title	Signature	Date

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

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.
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

Current Plan - Benefit Plan 1

Medical Plan	Pharmacy Plan	Vision Plan	Rate Change	Premiums by Tier							Overall Total
				Employee	EE & Spouse	EE & Child	EE & Children	Family			
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

Alternative	Custom Plan	Medical Plan	Pharmacy Plan	Vision Plan	Rate Change	Premiums by Tier							Overall Total
						Employee	EE & Spouse	EE & Child	EE & Children	Family			
1		24 LG PPO 15-90 CINS P D0500X2;RX $10/$30/$60/30%	Included in Medical	None	**22.6%**	$ 1,034.31	$ 1,853.19	$ 1,853.19	$ 2,704.74	$ 2,704.74			**$ 100,447.59**
						EE (1 with)	EE & Spouse (1)	EE & Spouse (2)	EE & Child (1)	EE & Children (1)	Family (1)	Family (2)	
						$ 724.02	$ 1,575.21	$ 1,297.23	$ 1,297.23	$ 1,893.31	$ 2,299.03	$ 1,893.31	
2		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	$ 2,487.43	$ 2,487.43			**$ 92,377.25**
						EE (1 with)	EE & Spouse (1)	EE & Spouse (2)	EE & Child (1)	EE & Children (1)	Family (1)	Family (2)	
						$ 665.85	$ 1,448.65	$ 1,193.01	$ 1,193.01	$ 1,741.20	$ 2,114.31	$ 1,741.20	
3		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	

Current Plan - Benefit Plan 2

Medical Plan	Pharmacy Plan	Vision Plan	Rate Change	Premiums by Tier							Overall Total
				Employee	EE & Spouse	EE & Child	EE & Children	Family			
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**
				$ 791.07	$ 1,417.37	$ 1,417.37	$ 2,068.66	$ 2,068.66			**$ 231,303.00**
				EE (1 with)	EE & Spouse (1)	EE & Spouse (2)	EE & Child (1)	EE & Children (1)	Family (1)	Family (2)	
				0	0	0	0	0	0	0	
				$ 553.75	$ 1,204.77	$ 992.16	$ 992.16	$ 1,448.06	$ 1,758.36	$ 1,448.06	

Alternative Benefit Options

Alternative	Custom Plan	Medical Plan	Pharmacy Plan	Vision Plan	Rate Change	Premiums by Tier							Overall Total
						Employee	EE & Spouse	EE & Child	EE & Children	Family			
1		24 LG PPO HD-NA CINS E D3400X2 HSA;RX CYD $15/$40/$60/30%	Included in Medical	None	**20.3%**	$ 757.00	$ 1,356.34	$ 1,356.34	$ 1,979.58	$ 1,979.58			**$ 221,342.58**
						EE (1 with)	EE & Spouse (1)	EE & Spouse (2)	EE & Child (1)	EE & Children (1)	Family (1)	Family (2)	
						$ 529.90	$ 1,152.89	$ 949.44	$ 949.44	$ 1,385.70	$ 1,682.64	$ 1,385.70	
2		24 LG EPO HD-NA CINS E D3400X2 HSA;RX CYD $15/$40/$60/30%	Included in Medical	None	**11.0%**	$ 698.29	$ 1,251.13	$ 1,251.13	$ 1,826.03	$ 1,826.03			**$ 204,174.09**
						EE (1 with)	EE & Spouse (1)	EE & Spouse (2)	EE & Child (1)	EE & Children (1)	Family (1)	Family (2)	
						$ 488.80	$ 1,063.46	$ 875.79	$ 875.79	$ 1,278.22	$ 1,552.13	$ 1,278.22	

Signature Required for Acceptance

Authorized Company Representative (please print)	Title	Signature	Date

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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 & Children	Family	OOPM
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	$ 2,704.74	$ 2,704.74	$2,000
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	$ 2,572.72	$ 2,572.72	$3,000
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	$ 2,517.31	$ 2,517.31	$3,000
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	$ 2,394.39	$ 2,394.39	$5,000
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	$ 2,152.16	$ 2,152.16	$7,500
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	$ 2,527.00	$ 2,527.00	$3,000
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	$ 2,378.64	$ 2,378.64	$5,000
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	$ 2,140.05	$ 2,140.05	$7,500
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	$ 2,392.87	$ 2,392.87	$5,000
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	$ 1,860.89	$ 1,860.89	$7,500
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	$ 2,204.24	$ 2,204.24	$5,000
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	$ 2,127.64	$ 2,127.64	$7,500
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	$ 1,801.84	$ 1,801.84	$9,450
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	$ 1,720.70	$ 1,720.70	$9,450
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	$ 1,533.88	$ 1,533.88	$9,450
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	$ 2,137.02	$ 2,137.02	$3,300
17	24 LG PPO HD-NA CINS E D3300X2 HSA;RX CYD $15/$40/$60/30%	Included in Medical	None	$ 757.00	$ 1,356.34	$ 1,356.34	$ 1,979.58	$ 1,979.58	$5,000
18	24 LG PPO HD-NA CINS E D4000X2 HSA;RX 0%/0%/0%/0%	Included in Medical	None	$ 725.74	$ 1,300.33	$ 1,300.33	$ 1,897.83	$ 1,897.83	$4,000
19	24 LG PPO HD-80 CINS E D3300X2 HSA; CYD 20%20%20%20%	Included in Medical	None	$ 716.94	$ 1,284.56	$ 1,284.56	$ 1,874.81	$ 1,874.81	$5,000
20	24 LG PPO HD-NA CINS E D5000X2 HSA;RX 0%/0%/0%/0%	Included in Medical	None	$ 679.08	$ 1,216.72	$ 1,216.72	$ 1,775.81	$ 1,775.81	$5,000
21	24 LG PPO HD-70 CINS E D6500X2 HSA;RX 30%/30%/30%/30%	Included in Medical	None	$ 586.57	$ 1,050.97	$ 1,050.97	$ 1,533.88	$ 1,533.88	$8,000
22	24 LG PPO 15-90 CINS P D0500X2 National;RX $10/$30/$60/30%	Included in Medical	None	$ 1,080.85	$ 1,936.59	$ 1,936.59	$ 2,826.45	$ 2,826.45	$2,000
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	$ 1,842.07	$ 2,688.50	$ 2,688.50	$3,000
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	$ 1,802.39	$ 2,630.59	$ 2,630.59	$3,000
25	24 LG PPO 20-80 CINS S D2000X2 National;RX $15/$45/$90/30%	Included in Medical	None	$ 956.83	$ 1,714.38	$ 1,714.38	$ 2,502.13	$ 2,502.13	$5,000
26	24 LG PPO 20-80 CINS S D3000X2 National;RX $20/$60/$120/40%	Included in Medical	None	$ 860.04	$ 1,540.94	$ 1,540.94	$ 2,249.01	$ 2,249.01	$7,500
27	24 LG PPO 20-CO 1000 A D0000X2 National;RX $10/$30/$60/30%	Included in Medical	None	$ 1,009.83	$ 1,809.33	$ 1,809.33	$ 2,640.72	$ 2,640.72	$3,000
28	24 LG PPO 25-80 CINS P D1500X2 National;RX $15/$45/$90/30%	Included in Medical	None	$ 950.54	$ 1,703.10	$ 1,703.10	$ 2,485.68	$ 2,485.68	$5,000
29	24 LG PPO 25-80 CINS P D2500X2 National;RX $20/$60/$120/40%	Included in Medical	None	$ 855.20	$ 1,532.27	$ 1,532.27	$ 2,236.35	$ 2,236.35	$7,500
30	24 LG PPO 25-CO 2000 A D2000X2 National;RX $15/$45/$90/30%	Included in Medical	None	$ 956.23	$ 1,713.29	$ 1,713.29	$ 2,500.55	$ 2,500.55	$5,000
31	24 LG PPO 30-70 CINS S D4000X2 National;RX $20/$60/$120/40%	Included in Medical	None	$ 743.64	$ 1,332.39	$ 1,332.39	$ 1,944.63	$ 1,944.63	$7,500
32	24 LG PPO 30-80 CINS S D2500X2 National;RX $15/$45/$90/30%	Included in Medical	None	$ 880.85	$ 1,578.23	$ 1,578.23	$ 2,303.43	$ 2,303.43	$5,000
33	24 LG PPO 30-CO 3000 A D4000X2 National;RX $20/$60/$120/40%	Included in Medical	None	$ 850.24	$ 1,523.38	$ 1,523.38	$ 2,223.38	$ 2,223.38	$7,500
34	24 LG PPO 40-CO 2000 A D2500X3 National;RX $25/$75/$150/50%	Included in Medical	None	$ 720.04	$ 1,290.12	$ 1,290.12	$ 1,882.93	$ 1,882.93	$9,450
35	24 LG PPO 50-70 CINS S D5000X2 National;RX $25/$75/$150/50%	Included in Medical	None	$ 687.62	$ 1,232.02	$ 1,232.02	$ 1,798.13	$ 1,798.13	$9,450
36	24 LG PPO 60-70 CINS S D6500X2 National;RX $25/$75/$150/50%	Included in Medical	None	$ 612.96	$ 1,098.26	$ 1,098.26	$ 1,602.91	$ 1,602.91	$9,450
37	24 LG PPO 25-80 CINS S D1000X3 A1 National;RX $15/$40/$60	Included in Medical	None	$ 912.50	$ 1,634.94	$ 1,634.94	$ 2,386.19	$ 2,386.19	$5,500
38	24 LG PPO 40-CO 2000 A D2500X3 A1 National;RX $15/$40/$60/30%	Included in Medical	None	$ 782.23	$ 1,401.53	$ 1,401.53	$ 2,045.54	$ 2,045.54	$7,500
39	24 LG PPO 20-80 CINS P D1000X2 A1 National;RX $15/$40/$60/30%	Included in Medical	None	$ 1,039.26	$ 1,862.06	$ 1,862.06	$ 2,717.68	$ 2,717.68	$3,000
40	24 LG PPO HD-80 CINS E D3300X2 HSA National; CYD 20%20%20%20%	Included in Medical	None	$ 749.20	$ 1,342.36	$ 1,342.36	$ 1,959.18	$ 1,959.18	$5,000
41	24 LG PPO HD-NA CINS E D3300X2 HSA National; RX CYD 0%0%0%0%	Included in Medical	None	$ 853.99	$ 1,530.10	$ 1,530.10	$ 2,233.19	$ 2,233.19	$3,300
42	24 LG PPO HD-NA CINS E D3300X2 HSA National;RX CYD $15/$40/$60/30%	Included in Medical	None	$ 791.07	$ 1,417.37	$ 1,417.37	$ 2,068.66	$ 2,068.66	$5,000
43	24 LG PPO HD-NA CINS E D4000X2 HSA National;RX 0%/0%/0%/0%	Included in Medical	None	$ 758.39	$ 1,358.83	$ 1,358.83	$ 1,983.21	$ 1,983.21	$4,000
44	24 LG PPO HD-NA CINS E D5000X2 HSA National;HSA RX Plan	Included in Medical	None	$ 762.05	$ 1,365.38	$ 1,365.38	$ 1,992.78	$ 1,992.78	$5,000
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	$ 1,271.70	$ 1,856.04	$ 1,856.04	$5,000
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	$ 1,601.71	$ 1,601.71	$8,000

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	$ 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 Representative (please print)	Title	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

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