

Health Plan of Nevada - Southern NV Distinct Advantage HMO Plans

Distinct Advantage HMO Option 1 w/ \$10/\$35/\$60 Rx Includes 12 month Maternity Waiting Period (rates reflect SurePay Billing Option* for EFT)

Age	Male Subscriber	Female Subscriber	Subscriber & Spouse	Male Subscriber & Children	Female Subscriber & Children	Family
19 - 24	136.00	330.00	466.00	424.00	618.00	789.00
25 - 29	151.00	360.00	512.00	438.00	650.00	830.00
30 - 34	166.00	377.00	540.00	453.00	664.00	859.00
35 - 39	180.00	374.00	553.00	468.00	662.00	867.00
40 - 44	256.00	407.00	661.00	544.00	693.00	964.00
45 - 49	269.00	435.00	704.00	556.00	723.00	1,004.00
50 - 54	420.00	512.00	932.00	709.00	799.00	1,208.00
55 - 59	569.00	660.00	1,229.00	860.00	947.00	1,478.00
60 - 64	714.00	714.00	1,429.00	1,002.00	1,002.00	1,658.00
65+	961.00	1,020.00	1,981.00	1,248.00	1,308.00	2,154.00

NOTE: For "Subscriber & Spouse" and "Family" policies, the OLDER spouse must be the applicant.

Distinct Advantage HMO Option 2 w/ \$10/\$35/\$60 Rx Does Not Include Maternity Coverage (rates reflect SurePay Billing Option* for EFT)

Age	Male Subscriber	Female Subscriber	Subscriber & Spouse	Male Subscriber & Children	Female Subscriber & Children	Family
19 - 24	104.00	237.00	341.00	330.00	464.00	598.00
25 - 29	117.00	247.00	365.00	343.00	473.00	619.00
30 - 34	130.00	270.00	398.00	356.00	496.00	651.00
35 - 39	141.00	282.00	424.00	367.00	508.00	672.00
40 - 44	199.00	294.00	490.00	424.00	519.00	734.00
45 - 49	211.00	341.00	552.00	438.00	566.00	789.00
50 - 54	328.00	399.00	728.00	553.00	626.00	947.00
55 - 59	447.00	514.00	961.00	674.00	739.00	1,156.00
60 - 64	555.00	557.00	1,115.00	781.00	785.00	1,293.00
65+	751.00	796.00	1,546.00	976.00	1,021.00	1,684.00

NOTE: For "Subscriber & Spouse" and "Family" policies, the OLDER spouse must be the applicant.

Individual Plan Dental Rider Plan (Optional)

Age	Male Subscriber	Female Subscriber	Subscriber & Spouse	Male Subscriber & Children	Female Subscriber & Children	Family
19 +	33.00	33.00	63.00	89.00	89.00	121.00

***DIRECT BILL OPTION (to receive monthly bill by mail):** To calculate rates for having the bill sent to your home, add \$10.00 to the above medical rates. Health Plan of Nevada, Inc. has the right to increase premiums for the agreement after providing 60 days notice to the Applicant/Subscriber. In addition, an increase **will** be applied if an Applicant/Subscriber has a birthday which results in an age reclassification of the rate charts.

Notice: These rates are for non-smoker preferred individuals. Rates may increase up to 75% based on the medical history of the applicants. New enrollees are subject to medical underwriting.

Health Plan of Nevada - Southern NV Distinct Advantage HMO Plans

Distinct Advantage POS Option 3 w/ \$10/\$35/\$60 Rx Includes 12 month Maternity Waiting Period (rates reflect SurePay Billing Option* for EFT)

Age	Male Subscriber	Female Subscriber	Subscriber & Spouse	Male Subscriber & Children	Female Subscriber & Children	Family
19 - 24	152.00	374.00	528.00	482.00	705.00	900.00
25 - 29	172.00	408.00	580.00	502.00	738.00	946.00
30 - 34	188.00	424.00	613.00	518.00	753.00	975.00
35 - 39	204.00	424.00	627.00	533.00	753.00	988.00
40 - 44	286.00	462.00	749.00	615.00	790.00	1,096.00
45 - 49	303.00	492.00	795.00	632.00	821.00	1,137.00
50 - 54	477.00	576.00	1,051.00	807.00	904.00	1,371.00
55 - 59	645.00	747.00	1,392.00	975.00	1,075.00	1,677.00
60 - 64	808.00	807.00	1,614.00	1,136.00	1,135.00	1,875.00
65+	1,087.00	1,153.00	2,241.00	1,416.00	1,485.00	2,440.00

NOTE: For "Subscriber & Spouse" and "Family" policies, the OLDER spouse must be the applicant.

Distinct Advantage HMO Option 4 w/ \$10/\$35/\$60 Rx Does Not Include Maternity Coverage (rates reflect SurePay Billing Option* for EFT)

Age	Male Subscriber	Female Subscriber	Subscriber & Spouse	Male Subscriber & Children	Female Subscriber & Children	Family
19 - 24	100.00	229.00	330.00	320.00	447.00	579.00
25 - 29	114.00	239.00	355.00	332.00	457.00	599.00
30 - 34	125.00	260.00	383.00	343.00	478.00	626.00
35 - 39	137.00	271.00	409.00	356.00	490.00	650.00
40 - 44	192.00	283.00	476.00	410.00	502.00	709.00
45 - 49	205.00	330.00	534.00	424.00	549.00	763.00
50 - 54	317.00	386.00	704.00	537.00	604.00	915.00
55 - 59	433.00	496.00	928.00	651.00	714.00	1,117.00
60 - 64	538.00	540.00	1,079.00	755.00	759.00	1,252.00
65+	725.00	770.00	1,493.00	944.00	988.00	1,624.00

NOTE: For "Subscriber & Spouse" and "Family" policies, the OLDER spouse must be the applicant.

Individual Plan Dental Rider Plan (Optional)

Subscriber Age	Male Subscriber	Female Subscriber	Subscriber & Spouse	Male Subscriber & Children	Female Subscriber & Children	Family
19 +	33.00	33.00	63.00	89.00	89.00	121.00

***DIRECT BILL OPTION (to receive monthly bill by mail):** To calculate rates for having the bill sent to your home, add \$10.00 to the above medical rates. Health Plan of Nevada, Inc. has the right to increase premiums for the agreement after providing 60 days notice to the Applicant/Subscriber. In addition, an increase **will** be applied if an Applicant/Subscriber has a birthday which results in an age reclassification of the rate charts.

Notice: These rates are for non-smoker preferred individuals. Rates may increase up to 75% based on the medical history of the applicants. New enrollees are subject to medical underwriting.