



State/Region: Nevada

Voluntary - Standard Rates for New Business Only

Group Size: 5-50 employees

Effective Dates: 1/1/2023 - 12/31/2023

Rate Guarantee: 2 year

Contribution: Not required

Participation: A minimum of 5 eligible employees with 2 enrolled is required.

Commission: 10.00%

	A Plans	B Plans	C Plans
Eye Exam	Once every calendar year	Once every calendar year	Once every calendar year
Frames	Once every calendar year	Once every two calendar years	Once every two calendar years
Lenses	Once every calendar year	Once every calendar year	Once every two calendar years
Contacts	Once every calendar year	Once every calendar year	Once every two calendar years

Contract Code	Copayments		Allowances		Group Size 5-9				Group Size 10-50				
	Exam	Materials	Frames	Contacts	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	
<b>A plans</b>													
FS.A.10.0.130.130	4AHC	\$10	\$0	\$130	\$130	\$10.79	\$21.59	\$21.65	\$36.01	\$10.79	\$21.59	\$21.65	\$36.01
FS.A.10.0.150.150	4AK3	\$10	\$0	\$150	\$150	\$11.50	\$22.99	\$22.96	\$38.23	\$11.50	\$22.99	\$22.96	\$38.23
FS.A.10.0.180.180	4AL5	\$10	\$0	\$180	\$180	\$12.55	\$25.10	\$24.94	\$41.57	\$12.55	\$25.10	\$24.94	\$41.57
FS.A.10.10.130.130	4AQQ	\$10	\$10	\$130	\$130	\$9.99	\$19.98	\$20.09	\$33.40	\$9.99	\$19.98	\$20.09	\$33.40
FS.A.10.10.150.150	4B0T	\$10	\$10	\$150	\$150	\$10.66	\$21.32	\$21.34	\$35.52	\$10.66	\$21.32	\$21.34	\$35.52
FS.A.10.20.130.130	4B1T	\$10	\$20	\$130	\$130	\$9.65	\$19.30	\$19.45	\$32.32	\$9.65	\$19.30	\$19.45	\$32.32
FS.A.10.25.130.130	4B4E	\$10	\$25	\$130	\$130	\$9.48	\$18.95	\$19.13	\$31.78	\$9.48	\$18.95	\$19.13	\$31.78
FS.A.10.25.150.150	4B5E	\$10	\$25	\$150	\$150	\$10.15	\$20.29	\$20.38	\$33.90	\$10.15	\$20.29	\$20.38	\$33.90
FS.A.10.25.200.200	4D3J	\$10	\$25	\$200	\$200	\$11.82	\$23.63	\$23.52	\$39.19	\$11.82	\$23.63	\$23.52	\$39.19
FS.A.20.20.130.130	4B6D	\$20	\$20	\$130	\$130	\$8.72	\$17.44	\$17.66	\$29.32	\$8.72	\$17.44	\$17.66	\$29.32

Contract Code	Copayments		Allowances		Group Size 5-9				Group Size 10-50				
	Exam	Materials	Frames	Contacts	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	
<b>B plans</b>													
FS.B.10.0.180.180	4B7E	\$10	\$0	\$180	\$180	\$11.77	\$23.55	\$23.39	\$38.99	\$11.77	\$23.55	\$23.39	\$38.99
FS.B.10.10.130.130	4B8E	\$10	\$10	\$130	\$130	\$9.42	\$18.85	\$18.94	\$31.49	\$9.42	\$18.85	\$18.94	\$31.49
FS.B.10.10.150.150	4BCN	\$10	\$10	\$150	\$150	\$10.03	\$20.07	\$20.08	\$33.42	\$10.03	\$20.07	\$20.08	\$33.42
FS.B.10.20.130.130	4BEN	\$10	\$20	\$130	\$130	\$9.11	\$18.22	\$18.34	\$30.49	\$9.11	\$18.22	\$18.34	\$30.49
FS.B.10.25.130.130	4BFN	\$10	\$25	\$130	\$130	\$8.95	\$17.90	\$18.05	\$29.99	\$8.95	\$17.90	\$18.05	\$29.99
FS.B.10.25.150.150	4C0C	\$10	\$25	\$150	\$150	\$9.56	\$19.12	\$19.19	\$31.93	\$9.56	\$19.12	\$19.19	\$31.93
FS.B.10.25.200.200	4DZK	\$10	\$25	\$200	\$200	\$11.09	\$22.17	\$22.06	\$36.76	\$11.09	\$22.17	\$22.06	\$36.76
FS.B.20.20.130.130	4C1B	\$20	\$20	\$130	\$130	\$8.21	\$16.43	\$16.62	\$27.61	\$8.21	\$16.43	\$16.62	\$27.61

Contract Code	Copayments		Allowances		Group Size 5-9				Group Size 10-50				
	Exam	Materials	Frames	Contacts	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	
<b>C plans</b>													
FS.C.10.20.100.100	4BJF	\$10	\$20	\$100	\$100	\$6.22	\$12.44	\$12.73	\$21.09	\$6.22	\$12.44	\$12.73	\$21.09
FS.C.10.20.130.130	4C2B	\$10	\$20	\$130	\$130	\$6.84	\$13.68	\$13.90	\$23.06	\$6.84	\$13.68	\$13.90	\$23.06
FS.C.20.20.130.130	4BU4	\$20	\$20	\$130	\$130	\$6.16	\$12.32	\$12.59	\$20.86	\$6.16	\$12.32	\$12.59	\$20.86
FS.C.20.20.130.80	4C3B	\$20	\$20	\$130	\$80	\$5.78	\$11.56	\$11.86	\$19.64	\$5.78	\$11.56	\$11.86	\$19.64
FS.C.20.20.150.150	4C4B	\$20	\$20	\$150	\$150	\$6.55	\$13.11	\$13.33	\$22.11	\$6.55	\$13.11	\$13.33	\$22.11
FS.C.25.0.120.115	4BZB	\$25	\$0	\$120	\$115	\$6.44	\$12.87	\$13.14	\$21.78	\$6.44	\$12.87	\$13.14	\$21.78

Plan Selected:

Group Size Selected:

5-9



10-50



Group Signature:

Date: