

State/Region: **Nevada**

Non-Voluntary - Standard Rates for New Business Only

Group Size: 2-50 employees

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

Rate Guarantee: 2 year

Contribution: Not required

Participation: A minimum of 50% of net 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	Copayments		Allowances		Group Size 2-9				Group Size 10-50				
	Code	Exam	Materials	Frames	Contacts	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	
A plans														
FS.A.10.0.130.130	4AHD	\$10	\$0	\$130	\$130	\$8.55	\$17.10	\$17.20	\$28.59	\$8.55	\$17.10	\$17.20	\$28.59	
FS.A.10.0.150.150	4AKJ	\$10	\$0	\$150	\$150	\$9.09	\$18.18	\$18.21	\$30.30	\$9.09	\$18.18	\$18.21	\$30.30	
FS.A.10.0.180.180	4ALL	\$10	\$0	\$180	\$180	\$9.90	\$19.80	\$19.73	\$32.86	\$9.90	\$19.80	\$19.73	\$32.86	
FS.A.10.10.130.130	4AR5	\$10	\$10	\$130	\$130	\$7.93	\$15.86	\$16.00	\$26.58	\$7.93	\$15.86	\$16.00	\$26.58	
FS.A.10.10.150.150	4B18	\$10	\$10	\$150	\$150	\$8.44	\$16.89	\$16.96	\$28.21	\$8.44	\$16.89	\$16.96	\$28.21	
FS.A.10.20.130.130	4B28	\$10	\$20	\$130	\$130	\$7.67	\$15.33	\$15.50	\$25.75	\$7.67	\$15.33	\$15.50	\$25.75	
FS.A.10.25.130.130	4B4V	\$10	\$25	\$130	\$130	\$7.54	\$15.07	\$15.26	\$25.34	\$7.54	\$15.07	\$15.26	\$25.34	
FS.A.10.25.150.150	4B5V	\$10	\$25	\$150	\$150	\$8.05	\$16.10	\$16.22	\$26.96	\$8.05	\$16.10	\$16.22	\$26.96	
FS.A.10.25.200.200	4D3Y	\$10	\$25	\$200	\$200	\$9.33	\$18.67	\$18.64	\$31.03	\$9.33	\$18.67	\$18.64	\$31.03	
FS.A.20.20.130.130	4B6X	\$20	\$20	\$130	\$130	\$6.95	\$13.91	\$14.13	\$23.44	\$6.95	\$13.91	\$14.13	\$23.44	

	Contract	Copayments		Allowances		Group Size 2-9				Group Size 10-50			
	Code	Exam	Materials	Frames	Contacts	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
B plans													
FS.B.10.0.180.180	4B7V	\$10	\$0	\$180	\$180	\$9.30	\$18.61	\$18.54	\$30.88	\$9.30	\$18.61	\$18.54	\$30.88
FS.B.10.10.130.130	4BAK	\$10	\$10	\$130	\$130	\$7.49	\$14.99	\$15.11	\$25.11	\$7.49	\$14.99	\$15.11	\$25.11
FS.B.10.10.150.150	4BD3	\$10	\$10	\$150	\$150	\$7.96	\$15.93	\$15.99	\$26.60	\$7.96	\$15.93	\$15.99	\$26.60
FS.B.10.20.130.130	4BF2	\$10	\$20	\$130	\$130	\$7.25	\$14.50	\$14.66	\$24.35	\$7.25	\$14.50	\$14.66	\$24.35
FS.B.10.25.130.130	4BGW	\$10	\$25	\$130	\$130	\$7.13	\$14.26	\$14.43	\$23.96	\$7.13	\$14.26	\$14.43	\$23.96
FS.B.10.25.150.150	4C0D	\$10	\$25	\$150	\$150	\$7.60	\$15.20	\$15.31	\$25.45	\$7.60	\$15.20	\$15.31	\$25.45
FS.B.10.25.200.200	4DZZ	\$10	\$25	\$200	\$200	\$8.77	\$17.55	\$17.51	\$29.17	\$8.77	\$17.55	\$17.51	\$29.17
FS.B.20.20.130.130	4C1C	\$20	\$20	\$130	\$130	\$6.56	\$13.13	\$13.33	\$22.13	\$6.56	\$13.13	\$13.33	\$22.13

	Contract	Copayments		Allowances		Group Size 2-9				Group Size 10-50			
	Code	Exam	Materials	Frames	Contacts	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
C plans													
FS.C.10.20.100.100	4BJW	\$10	\$20	\$100	\$100	\$5.03	\$10.06	\$10.34	\$17.11	\$5.03	\$10.06	\$10.34	\$17.11
FS.C.10.20.130.130	4C2C	\$10	\$20	\$130	\$130	\$5.51	\$11.02	\$11.24	\$18.63	\$5.51	\$11.02	\$11.24	\$18.63
FS.C.20.20.130.130	4BUK	\$20	\$20	\$130	\$130	\$4.98	\$9.97	\$10.23	\$16.94	\$4.98	\$9.97	\$10.23	\$16.94
FS.C.20.20.130.80	4C3C	\$20	\$20	\$130	\$80	\$4.69	\$9.38	\$9.67	\$16.00	\$4.69	\$9.38	\$9.67	\$16.00
FS.C.20.20.150.150	4C4C	\$20	\$20	\$150	\$150	\$5.29	\$10.57	\$10.80	\$17.90	\$5.29	\$10.57	\$10.80	\$17.90
FS.C.25.0.120.115	4C4R	\$25	\$0	\$120	\$115	\$5.20	\$10.39	\$10.65	\$17.64	\$5.20	\$10.39	\$10.65	\$17.64

Plan Selected:

Group Size Selected:

2-9



10-50



Group Signature:

Date: