State/Region: Nevada

Non-Voluntary - Standard Rates for New Business Only

Anthem **S**



Blue View VisionSM Monthly Rates

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%

Code Exam Materials Frames Contacts Only Spouse Child(ren) Family Only A plans FSA.10.0.130.130 4AHD \$10 \$0 \$130 \$130 \$130 \$8.55 \$17.10 \$17.20 \$28.59 \$8.55 FS.A.10.0.130.130 4AKJ \$10 \$0 \$180 \$180 \$9.09 \$18.18 \$18.21 \$30.30 \$9.09 FS.A.10.0.180.180 4ALL \$10 \$0 \$180 \$180 \$9.90 \$19.80 \$19.73 \$32.86 \$9.90 FS.A.10.10.130.130 4AR5 \$10 \$10 \$150 \$150 \$8.44 \$16.89 \$16.96 \$28.21 \$8.44 FS.A.10.20.130.130 4B28 \$10 \$20 \$130 \$130 \$7.67 \$15.33 \$15.50 \$25.75 \$7.67 FS.A.10.25.150.150 4B5V \$10 \$25 \$150 \$150 \$8.05 \$16.10 \$16.22 \$26.96 \$8.05 FS.A.10.25.150.150 4	
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Contract Copayments Allowances Group Size 2-9 Employee + Emplo	\$18.67 \$18.64 \$31.
Code Exam Materials Frames Contacts Employee + Only Employee + Spouse Employee + Child(ren) Employee + Family Employee + Only Employee + Only Employee + Spouse Employee + Child(ren) Employee + Family Employee + Only Employee + Only Employee + Spouse Employee + Child(ren) Employee + Family Employee + Only Employee + Only Employee + Spouse Employee + Child(ren) Employee + Family Employee + Only Employee + Spouse Empl	\$13.91 \$14.13 \$23.4
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Code Exam Materials Frames Contacts Only Spouse Child(ren) Family Only B plans FS.B.10.0.180.180 4B7V \$10 \$0 \$180 \$180 \$9.30 \$18.61 \$18.54 \$30.88 \$9.30 FS.B.10.10.130.130 4BAK \$10 \$10 \$130 \$7.49 \$14.99 \$15.11 \$25.11 \$7.49 FS.B.10.10.150.150 4BD3 \$10 \$150 \$150 \$7.96 \$15.93 \$15.99 \$26.60 \$7.96	Employee + Employee + Employe
B plans FS.B.10.0.180.180 4B7V \$10 \$0 \$180 \$9.30 \$18.61 \$18.54 \$30.88 \$9.30 FS.B.10.10.130.130 4BAK \$10 \$130 \$130 \$7.49 \$14.99 \$15.11 \$25.11 \$7.49 FS.B.10.10.150.150 4BD3 \$10 \$150 \$150 \$7.96 \$15.93 \$15.99 \$26.60 \$7.96	Spouse Child(ren) Fan
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Contract Copayments Allowances Group Size 2-9	Group Size 10-50
	Employee + Employee + Employe
	Spouse Child(ren) Fan
	Spouse Child(ren) Fan
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FS.C.25.0.120.115 4C4R \$25 \$0 \$120 \$150 \$5.20 \$10.37 \$10.80 \$17.50 \$5.20 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.
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Plan Selected: Group Size Selected: 2-9	10-50

Group Signature:

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Date:

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