State/Region: Nevada

Blue View Vision<sup>SM</sup> Monthly Rates 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                       |
|----------|--------------------------|-------------------------------|
| Frames   | Once every calendar year | Once every two calendar years |
| Lenses   | Once every calendar year | Once every calendar year      |
| Contacts | Once every calendar year | Once every calendar year      |

|                 | Contract | Copayments |           | Allowances |          | Group Size 2-9   |                      |                          |                      | Group Size 10-50 |                      |                          |                      |
|-----------------|----------|------------|-----------|------------|----------|------------------|----------------------|--------------------------|----------------------|------------------|----------------------|--------------------------|----------------------|
|                 | Code     | Exam       | Materials | Frames     | Contacts | Employee<br>Only | Employee +<br>Spouse | Employee +<br>Child(ren) | Employee +<br>Family | Employee<br>Only | Employee +<br>Spouse | Employee +<br>Child(ren) | Employee +<br>Family |
| A plans         |          |            |           |            |          |                  |                      |                          |                      |                  |                      |                          |                      |
| MO.A.10.130.130 | 4BQK     | N/A        | \$10      | \$130      | \$130    | \$5.66           | \$11.33              | \$11.66                  | \$19.30              | \$5.66           | \$11.33              | \$11.66                  | \$19.30              |
| MO.A.10.150.150 | 4CCG     | N/A        | \$10      | \$150      | \$150    | \$6.13           | \$12.27              | \$12.55                  | \$20.79              | \$6.13           | \$12.27              | \$12.55                  | \$20.79              |
| MO.A.20.130.130 | 4C6B     | N/A        | \$20      | \$130      | \$130    | \$5.22           | \$10.44              | \$10.80                  | \$17.86              | \$5.22           | \$10.44              | \$10.80                  | \$17.86              |

|                 | Contract | Copayments |           | Allowances |          | Group Size 2-9   |                      |                          | Group Size 10-50     |                  |                      |                          |                      |
|-----------------|----------|------------|-----------|------------|----------|------------------|----------------------|--------------------------|----------------------|------------------|----------------------|--------------------------|----------------------|
|                 | Code     | Exam       | Materials | Frames     | Contacts | Employee<br>Only | Employee +<br>Spouse | Employee +<br>Child(ren) | Employee +<br>Family | Employee<br>Only | Employee +<br>Spouse | Employee +<br>Child(ren) | Employee +<br>Family |
| B plans         |          |            |           |            |          |                  |                      |                          |                      |                  |                      |                          |                      |
| MO.B.10.130.130 | 4C9C     | N/A        | \$10      | \$130      | \$130    | \$5.27           | \$10.53              | \$10.84                  | \$17.94              | \$5.27           | \$10.53              | \$10.84                  | \$17.94              |
| MO.B.10.150.150 | 4BHW     | N/A        | \$10      | \$150      | \$150    | \$5.70           | \$11.39              | \$11.65                  | \$19.30              | \$5.70           | \$11.39              | \$11.65                  | \$19.30              |
| MO.B.20.130.130 | 4CBB     | N/A        | \$20      | \$130      | \$130    | \$4.86           | \$9.73               | \$10.06                  | \$16.63              | \$4.86           | \$9.73               | \$10.06                  | \$16.63              |

| Plan Selected:   | Group Size Selected: | 2-9 | đ | 10-50 🗂 |
|------------------|----------------------|-----|---|---------|
| Group Signature: | Date:                |     |   |         |

Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc. InMO products underwritten by HMO Colorado, Inc. Independent licensees of the Blue Cross and Blue Shield Association. 
Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

