



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
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 Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + 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 Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + 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



10-50



Group Signature:

Date: