



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%



	<b>A Plans</b>	<b>B Plans</b>
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 5-9				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>A plans</b>														
MO.A.10.130.130	4BQT	N/A	\$10	\$130	\$130	\$7.04	\$14.09	\$14.45	\$23.93	\$7.04	\$14.09	\$14.45	\$23.93	
MO.A.10.150.150	4C5B	N/A	\$10	\$150	\$150	\$7.66	\$15.31	\$15.60	\$25.87	\$7.66	\$15.31	\$15.60	\$25.87	
MO.A.20.130.130	4C5W	N/A	\$20	\$130	\$130	\$6.47	\$12.93	\$13.33	\$22.06	\$6.47	\$12.93	\$13.33	\$22.06	
	Contract	Copayments			Allowances		Group Size 5-9				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>B plans</b>														
MO.B.10.130.130	4C8V	N/A	\$10	\$130	\$130	\$6.53	\$13.05	\$13.38	\$22.16	\$6.53	\$13.05	\$13.38	\$22.16	
MO.B.10.150.150	4BHF	N/A	\$10	\$150	\$150	\$7.09	\$14.17	\$14.43	\$23.93	\$7.09	\$14.17	\$14.43	\$23.93	
MO.B.20.130.130	4CAW	N/A	\$20	\$130	\$130	\$6.00	\$12.01	\$12.36	\$20.46	\$6.00	\$12.01	\$12.36	\$20.46	

Plan Selected:

Group Size Selected:

5-9



10-50



Group Signature:

Date: