

**Health Plan of Nevada
Distinct Advantage HMO Plans
Effective 8/1/2008**

**Distinct Advantage HMO Option 1
with Prescription Benefit Rider \$10/35/60 Rx
Includes 12 month Maternity Waiting Period
(SurePay Billing Option* for automatic bank withdrawal)**

Age	Male Subscriber	Female Subscriber	Subscriber & Spouse	Male Subscriber & Children	Female Subscriber & Children	Family
0 - 17	142.00	142.00				
18 - 24	116.00	282.00	398.00	363.00	529.00	675.00
25 - 29	129.00	308.00	437.00	374.00	556.00	710.00
30 - 34	142.00	322.00	462.00	387.00	568.00	734.00
35 - 39	154.00	320.00	473.00	400.00	566.00	742.00
40 - 44	219.00	348.00	565.00	465.00	593.00	825.00
45 - 49	230.00	372.00	602.00	476.00	618.00	858.00
50 - 54	359.00	437.00	797.00	606.00	683.00	1,033.00
55 - 59	487.00	564.00	1,051.00	735.00	810.00	1,264.00
60 - 64	611.00	611.00	1,222.00	857.00	857.00	1,417.00
65+	822.00	872.00	1,694.00	1,068.00	1,119.00	1,842.00

NOTE: For "Subscriber & Spouse" and "Family" policies, the OLDER spouse must be the applicant.

**Distinct Advantage HMO Option 2
with Prescription Benefit Rider \$10/35/60 Rx
Does Not Include Maternity Coverage
(SurePay Billing Option* for automatic bank withdrawal)**

Age	Male Subscriber	Female Subscriber	Subscriber & Spouse	Male Subscriber & Children	Female Subscriber & Children	Family
0 - 17	111.00	111.00				
18 - 24	89.00	203.00	291.00	282.00	396.00	511.00
25 - 29	100.00	211.00	312.00	293.00	405.00	530.00
30 - 34	111.00	231.00	341.00	304.00	424.00	557.00
35 - 39	121.00	241.00	363.00	314.00	435.00	574.00
40 - 44	170.00	251.00	419.00	363.00	444.00	627.00
45 - 49	181.00	291.00	472.00	374.00	484.00	675.00
50 - 54	280.00	342.00	623.00	473.00	535.00	810.00
55 - 59	383.00	439.00	822.00	576.00	632.00	988.00
60 - 64	475.00	477.00	953.00	668.00	671.00	1,106.00
65+	642.00	680.00	1,322.00	835.00	873.00	1,440.00

NOTE: For "Subscriber & Spouse" and "Family" policies, the OLDER spouse must be the applicant.

Individual Plan Dental Rider Plan (Optional)

Age	Male Subscriber	Female Subscriber	Subscriber & Spouse	Male Subscriber & Children	Female Subscriber & Children	Family
0+	33.00	33.00	63.00	89.00	89.00	121.00

***DIRECT BILL OPTION (to receive monthly bill by mail):** To calculate rates for having the bill sent to your home, add \$10.00 to the above medical rates. Health Plan of Nevada, Inc. has the right to increase premiums for the agreement after providing 60 days notice to the Applicant/Subscriber. In addition, an increase **will** be applied if an Applicant/Subscriber has a birthday which results in an age reclassification of the rate charts.

Notice: These rates are for non-smoker preferred individuals. Rates may increase up to 75% based on the medical history of the applicants. New enrollees are subject to medical underwriting.

**Health Plan of Nevada - No. NV
Distinct Advantage HMO Plans
Effective 8/1/08**

**Distinct Advantage POS Option 3
with Prescription Benefit Rider \$10/35/60 Rx
Includes 12 month Maternity Waiting Period
(SurePay Billing Option* for automatic bank withdrawal)**

Age	Male Subscriber	Female Subscriber	Subscriber & Spouse	Male Subscriber & Children	Female Subscriber & Children	Family
0 - 17	178.00	178.00				
18 - 24	143.00	353.00	496.00	453.00	663.00	846.00
25 - 29	162.00	384.00	546.00	472.00	693.00	889.00
30 - 34	178.00	399.00	576.00	488.00	710.00	919.00
35 - 39	190.00	399.00	591.00	501.00	710.00	930.00
40 - 44	270.00	433.00	703.00	581.00	743.00	1,031.00
45 - 49	286.00	463.00	749.00	595.00	772.00	1,073.00
50 - 54	448.00	541.00	990.00	759.00	851.00	1,292.00
55 - 59	607.00	702.00	1,309.00	919.00	1,013.00	1,576.00
60 - 64	760.00	759.00	1,519.00	1,070.00	1,067.00	1,766.00
65+	1,021.00	1,085.00	2,107.00	1,331.00	1,396.00	2,297.00

NOTE: For "Subscriber & Spouse" and "Family" policies, the OLDER spouse must be the applicant.

**Distinct Advantage HMO Option 4
with Prescription Benefit Rider \$10/35/60 Rx
Does Not Include Maternity Coverage
(SurePay Billing Option* for automatic bank withdrawal)**

Age	Male Subscriber	Female Subscriber	Subscriber & Spouse	Male Subscriber & Children	Female Subscriber & Children	Family
0 - 17	117.00	117.00				
18 - 24	95.00	215.00	310.00	301.00	421.00	544.00
25 - 29	108.00	225.00	334.00	312.00	431.00	562.00
30 - 34	117.00	245.00	363.00	323.00	450.00	590.00
35 - 39	129.00	255.00	385.00	335.00	461.00	611.00
40 - 44	180.00	267.00	447.00	386.00	472.00	666.00
45 - 49	193.00	310.00	502.00	399.00	516.00	717.00
50 - 54	299.00	364.00	662.00	504.00	569.00	862.00
55 - 59	407.00	467.00	873.00	613.00	673.00	1,050.00
60 - 64	505.00	509.00	1,015.00	711.00	713.00	1,176.00
65+	681.00	724.00	1,406.00	887.00	930.00	1,528.00

13.00

NOTE: For "Subscriber & Spouse" and "Family" policies, the OLDER spouse must be the applicant.

***DIRECT BILL OPTION (to receive monthly bill by mail):** To calculate rates for having the bill sent to your home, add \$10.00 to the above medical rates. Health Plan of Nevada, Inc. has the right to increase premiums for the agreement after providing 60 days notice to the Applicant/Subscriber. In addition, an increase **will** be applied if an Applicant/Subscriber has a birthday which results in an age reclassification of the rate charts.

Notice: These rates are for non-smoker preferred individuals. Rates may increase up to 75% based on the medical history of the applicants. New enrollees are subject to medical underwriting.