

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

**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	156.00	156.00				
18 - 24	128.00	310.00	437.00	399.00	582.00	741.00
25 - 29	142.00	339.00	481.00	413.00	611.00	782.00
30 - 34	156.00	353.00	509.00	427.00	625.00	807.00
35 - 39	170.00	352.00	520.00	440.00	623.00	819.00
40 - 44	240.00	382.00	622.00	512.00	653.00	908.00
45 - 49	253.00	409.00	662.00	525.00	680.00	945.00
50 - 54	396.00	481.00	877.00	666.00	752.00	1,137.00
55 - 59	535.00	620.00	1,158.00	808.00	892.00	1,392.00
60 - 64	673.00	673.00	1,344.00	944.00	944.00	1,560.00
65+	904.00	960.00	1,864.00	1,175.00	1,232.00	2,026.00

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	122.00	122.00				
18 - 24	98.00	222.00	320.00	310.00	435.00	561.00
25 - 29	111.00	234.00	343.00	323.00	446.00	583.00
30 - 34	122.00	254.00	376.00	335.00	467.00	613.00
35 - 39	133.00	266.00	399.00	344.00	477.00	631.00
40 - 44	186.00	276.00	461.00	399.00	487.00	689.00
45 - 49	199.00	320.00	519.00	413.00	532.00	741.00
50 - 54	308.00	377.00	687.00	520.00	590.00	892.00
55 - 59	421.00	484.00	904.00	632.00	695.00	1,088.00
60 - 64	521.00	526.00	1,047.00	736.00	738.00	1,218.00
65+	706.00	750.00	1,454.00	918.00	961.00	1,583.00

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.

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**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.