

**Health Plan of Nevada - Southern NV
Distinct Advantage HMO Plans
Effective 11/1/09**

**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	155.00	155.00				
18 - 24	127.00	309.00	436.00	397.00	579.00	739.00
25 - 29	141.00	337.00	479.00	410.00	609.00	777.00
30 - 34	155.00	353.00	506.00	424.00	622.00	804.00
35 - 39	169.00	350.00	518.00	438.00	620.00	812.00
40 - 44	240.00	381.00	619.00	509.00	649.00	903.00
45 - 49	252.00	407.00	659.00	521.00	677.00	940.00
50 - 54	393.00	479.00	873.00	664.00	748.00	1,131.00
55 - 59	533.00	618.00	1,151.00	805.00	887.00	1,384.00
60 - 64	669.00	669.00	1,338.00	938.00	938.00	1,552.00
65+	900.00	955.00	1,855.00	1,169.00	1,225.00	2,017.00

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	97.00	222.00	319.00	309.00	434.00	560.00
25 - 29	110.00	231.00	342.00	321.00	443.00	580.00
30 - 34	122.00	253.00	373.00	333.00	464.00	610.00
35 - 39	132.00	264.00	397.00	344.00	476.00	629.00
40 - 44	186.00	275.00	459.00	397.00	486.00	687.00
45 - 49	198.00	319.00	517.00	410.00	530.00	739.00
50 - 54	307.00	374.00	682.00	518.00	586.00	887.00
55 - 59	419.00	481.00	900.00	631.00	692.00	1,082.00
60 - 64	520.00	522.00	1,044.00	731.00	735.00	1,211.00
65+	703.00	745.00	1,448.00	914.00	956.00	1,577.00

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.

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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	176.00	176.00				
18 - 24	142.00	350.00	494.00	451.00	660.00	843.00
25 - 29	161.00	382.00	543.00	470.00	691.00	886.00
30 - 34	176.00	397.00	574.00	485.00	705.00	913.00
35 - 39	191.00	397.00	587.00	499.00	705.00	925.00
40 - 44	268.00	433.00	701.00	576.00	740.00	1,026.00
45 - 49	284.00	461.00	744.00	592.00	769.00	1,065.00
50 - 54	447.00	539.00	984.00	756.00	846.00	1,284.00
55 - 59	604.00	699.00	1,303.00	913.00	1,007.00	1,570.00
60 - 64	757.00	756.00	1,511.00	1,064.00	1,063.00	1,756.00
65+	1,018.00	1,080.00	2,098.00	1,326.00	1,390.00	2,285.00

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	94.00	214.00	309.00	300.00	419.00	542.00
25 - 29	107.00	224.00	332.00	311.00	428.00	561.00
30 - 34	117.00	243.00	359.00	321.00	448.00	586.00
35 - 39	128.00	254.00	383.00	333.00	459.00	609.00
40 - 44	180.00	265.00	446.00	384.00	470.00	664.00
45 - 49	192.00	309.00	500.00	397.00	514.00	714.00
50 - 54	297.00	361.00	659.00	503.00	566.00	857.00
55 - 59	405.00	464.00	869.00	610.00	669.00	1,046.00
60 - 64	504.00	506.00	1,010.00	707.00	711.00	1,172.00
65+	679.00	721.00	1,398.00	884.00	925.00	1,521.00

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.