

**Health Plan of Nevada - So. NV
HIPAA rates
June 1, 2006**

**Individual Standard Plan (Includes Maternity)
with Prescription Drug Benefit Rider \$10/20 Rx
(SurePay Billing Option* for automatic bank withdrawal)**

Age	Male Subscriber	Female Subscriber	Subscriber & Spouse	Male Subscriber & Children	Female Subscriber & Children	Family
0 - 17	224.00	224.00				
18 - 24	194.00	379.00	572.00	583.00	764.00	1,081.00
25 - 29	204.00	411.00	612.00	592.00	798.00	1,120.00
30 - 34	250.00	456.00	702.00	637.00	842.00	1,211.00
35 - 39	263.00	442.00	702.00	647.00	832.00	1,214.00
40 - 44	344.00	478.00	816.00	732.00	862.00	1,326.00
45 - 49	350.00	486.00	832.00	735.00	873.00	1,340.00
50 - 54	542.00	632.00	1,175.00	930.00	1,022.00	1,683.00
55 - 59	746.00	711.00	1,453.00	1,133.00	1,095.00	1,961.00
60 - 64	801.00	762.00	1,560.00	1,186.00	1,149.00	2,068.00
65+	1,076.00	1,076.00	2,152.00	1,462.00	1,462.00	2,660.00

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

**Individual Basic Plan (No Maternity)
with Prescription Drug Benefit Rider \$15/30 Rx
(SurePay Billing Option* for automatic bank withdrawal)**

Age	Male Subscriber	Female Subscriber	Subscriber & Spouse	Male Subscriber & Children	Female Subscriber & Children	Family
0 - 17	169.00	169.00				
18 - 24	149.00	288.00	434.00	441.00	582.00	820.00
25 - 29	154.00	312.00	464.00	449.00	606.00	849.00
30 - 34	189.00	347.00	534.00	482.00	638.00	916.00
35 - 39	200.00	338.00	534.00	492.00	631.00	920.00
40 - 44	258.00	364.00	618.00	554.00	657.00	1,005.00
45 - 49	264.00	368.00	631.00	558.00	661.00	1,016.00
50 - 54	411.00	481.00	890.00	706.00	775.00	1,276.00
55 - 59	566.00	537.00	1,102.00	860.00	832.00	1,487.00
60 - 64	606.00	578.00	1,184.00	901.00	873.00	1,570.00
65+	816.00	816.00	1,629.00	1,110.00	1,110.00	2,016.00

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
Distinct Advantage HMO Plans
Effective 6/1/06**

**Distinct Advantage HMO Option 1
with Prescription Benefit Rider \$7/30/50 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	120.00	120.00				
18 - 24	98.00	240.00	338.00	308.00	449.00	573.00
25 - 29	109.00	262.00	371.00	318.00	472.00	603.00
30 - 34	120.00	273.00	393.00	329.00	482.00	623.00
35 - 39	131.00	272.00	402.00	340.00	481.00	631.00
40 - 44	186.00	295.00	480.00	395.00	504.00	701.00
45 - 49	195.00	316.00	511.00	405.00	525.00	729.00
50 - 54	305.00	371.00	677.00	515.00	581.00	878.00
55 - 59	414.00	479.00	893.00	624.00	688.00	1,074.00
60 - 64	519.00	519.00	1,038.00	728.00	728.00	1,204.00
65+	698.00	741.00	1,439.00	907.00	951.00	1,565.00

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

**Distinct Advantage HMO Option 2
with Prescription Benefit Rider \$7/30/50 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	94.00	94.00				
18 - 24	76.00	172.00	247.00	240.00	336.00	434.00
25 - 29	85.00	180.00	265.00	249.00	344.00	450.00
30 - 34	94.00	196.00	290.00	258.00	360.00	473.00
35 - 39	103.00	205.00	308.00	267.00	369.00	488.00
40 - 44	144.00	213.00	356.00	308.00	377.00	532.00
45 - 49	154.00	247.00	401.00	318.00	411.00	573.00
50 - 54	238.00	291.00	530.00	402.00	455.00	688.00
55 - 59	325.00	373.00	698.00	489.00	537.00	839.00
60 - 64	404.00	406.00	809.00	568.00	570.00	940.00
65+	545.00	578.00	1,123.00	709.00	742.00	1,223.00

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
Distinct Advantage HMO Plans
Effective 6/1/06**

**Distinct Advantage POS Option 3
with Prescription Benefit Rider \$7/30/50 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	129.00	129.00				
18 - 24	104.00	256.00	361.00	329.00	482.00	615.00
25 - 29	118.00	279.00	396.00	343.00	504.00	646.00
30 - 34	129.00	290.00	419.00	354.00	515.00	666.00
35 - 39	139.00	290.00	429.00	364.00	515.00	675.00
40 - 44	196.00	315.00	511.00	421.00	540.00	749.00
45 - 49	207.00	336.00	543.00	432.00	561.00	778.00
50 - 54	326.00	393.00	719.00	551.00	618.00	937.00
55 - 59	441.00	510.00	951.00	666.00	735.00	1,146.00
60 - 64	552.00	551.00	1,103.00	777.00	776.00	1,282.00
65+	743.00	788.00	1,531.00	968.00	1,014.00	1,668.00

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

**Distinct Advantage HMO Option 4
with Prescription Benefit Rider \$7/30/50 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	91.00	91.00				
18 - 24	73.00	166.00	240.00	232.00	325.00	420.00
25 - 29	83.00	174.00	257.00	242.00	332.00	435.00
30 - 34	91.00	189.00	279.00	249.00	347.00	455.00
35 - 39	99.00	197.00	297.00	258.00	356.00	472.00
40 - 44	139.00	206.00	345.00	298.00	365.00	515.00
45 - 49	149.00	240.00	388.00	308.00	398.00	554.00
50 - 54	231.00	281.00	511.00	390.00	439.00	665.00
55 - 59	314.00	360.00	674.00	473.00	519.00	811.00
60 - 64	391.00	393.00	783.00	549.00	551.00	909.00
65+	527.00	559.00	1,085.00	685.00	718.00	1,180.00

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.

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**Health Plan of Nevada
Distinct Advantage HMO Plans
Effective 6/1/06**

**Health Plan of Nevada - No. NV
Distinct Advantage HMO Plans
Effective 1/1/06**

**Distinct Advantage HMO Option 1
with Prescription Benefit Rider \$7/30/50 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	122.00	122.00				
18 - 24	100.00	244.00	344.00	314.00	458.00	584.00
25 - 29	111.00	267.00	378.00	325.00	481.00	615.00
30 - 34	122.00	278.00	400.00	336.00	492.00	635.00
35 - 39	133.00	277.00	410.00	347.00	491.00	644.00
40 - 44	189.00	300.00	490.00	403.00	514.00	715.00
45 - 49	199.00	322.00	521.00	413.00	536.00	744.00
50 - 54	311.00	378.00	690.00	525.00	592.00	895.00
55 - 59	422.00	488.00	911.00	636.00	702.00	1,095.00
60 - 64	529.00	529.00	1,058.00	743.00	743.00	1,228.00
65+	712.00	756.00	1,467.00	925.00	969.00	1,595.00

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

**Distinct Advantage HMO Option 2
with Prescription Benefit Rider \$7/30/50 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	96.00	96.00				
18 - 24	77.00	175.00	252.00	244.00	342.00	442.00
25 - 29	87.00	184.00	271.00	254.00	351.00	459.00
30 - 34	96.00	200.00	296.00	263.00	367.00	482.00
35 - 39	105.00	209.00	314.00	272.00	376.00	497.00
40 - 44	146.00	217.00	363.00	314.00	384.00	542.00
45 - 49	157.00	252.00	409.00	325.00	419.00	584.00
50 - 54	243.00	297.00	540.00	410.00	464.00	702.00
55 - 59	331.00	381.00	712.00	498.00	548.00	856.00
60 - 64	411.00	414.00	825.00	579.00	581.00	958.00
65+	556.00	590.00	1,145.00	723.00	757.00	1,246.00

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.

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**Health Plan of Nevada - No. NV
Distinct Advantage HMO Plans
Effective 1/1/06**

**Distinct Advantage POS Option 3
with Prescription Benefit Rider \$7/30/50 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	127.00	127.00				
18 - 24	102.00	252.00	354.00	323.00	473.00	604.00
25 - 29	116.00	274.00	389.00	337.00	495.00	635.00
30 - 34	127.00	285.00	411.00	348.00	506.00	655.00
35 - 39	136.00	285.00	421.00	358.00	506.00	663.00
40 - 44	193.00	309.00	502.00	414.00	530.00	736.00
45 - 49	204.00	330.00	534.00	425.00	551.00	765.00
50 - 54	320.00	386.00	706.00	541.00	607.00	921.00
55 - 59	433.00	501.00	934.00	655.00	722.00	1,125.00
60 - 64	542.00	541.00	1,084.00	763.00	762.00	1,260.00
65+	729.00	774.00	1,504.00	950.00	996.00	1,638.00

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

**Distinct Advantage HMO Option 4
with Prescription Benefit Rider \$7/30/50 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	92.00	92.00				
18 - 24	75.00	169.00	244.00	237.00	331.00	428.00
25 - 29	85.00	177.00	262.00	246.00	339.00	443.00
30 - 34	92.00	193.00	285.00	254.00	354.00	464.00
35 - 39	101.00	201.00	303.00	263.00	363.00	481.00
40 - 44	142.00	210.00	352.00	304.00	372.00	525.00
45 - 49	152.00	244.00	396.00	314.00	406.00	564.00
50 - 54	235.00	286.00	521.00	397.00	448.00	678.00
55 - 59	320.00	367.00	688.00	482.00	529.00	827.00
60 - 64	398.00	400.00	799.00	560.00	562.00	926.00
65+	537.00	570.00	1,107.00	699.00	732.00	1,203.00

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.

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