



	40	8	ω	18	52	0%	Broker Commission:	01/01/2021 - 12/31/2021 (12 months)	Contract Period:
-	+ Family	+ Children	+ Child	+ Spouse	Linkinger	1 of 1	Product Offering:	60001422	Group Number:
	Employee	Employee	Employee	Employee	Employee	HMO 1So NV	Rating Group:	Customer Name: CITY OF NORTH LAS VEGAS	Customer Name:

Medical Options

Current Rates

\$99,185.17	\$1,260.48 \$1,260.48	\$1,260.48	\$866.61	\$866.61	\$393.91	N/A	\$6,250	N/A	\$250	\$15/\$25	\$30	\$50	\$25	\$25/50/75/2.5x	OMH	HPN Solutions HMO 25 LG
Premium	Family	Children	Child	Spouse	- Inprojec	Coins	ООРМ	Deductible	ļ	X-Ray	9	9	0/		Type	
Current Monthly	Employee +	Employee Employee	Employee Employee	Employee +	Employee		In-Network	-	#	Lab/	5	Spec	PCP	Pharmacy	Plan	Plan Design

Renewal Rates

SELECT

	SELI	ECT
HPN Solutions HMO 25 LG	- mi boagn	Plan Decign
HMO	Type	Plan
\$25/50/75/2.5x	l liai liiac y	Dharmacy
\$25	٥٧	PCP
\$50	OV	Spec
\$30		
\$30 \$15/\$25	X-Ray	Lab/
\$250	ţ	ER
N/A	Deductible	n
\$6,250	ООРМ	In-Network
N/A	Coins	
\$405.72	Employee	
\$892.59	Spouse	Employee +
\$892.59	Child	Employee +
\$1,298.27	Children	Employee +
\$1,298.27 \$1,298.27	Family	Employee +
\$102,158.79	Monthly Premium	Estimated
39	Current	Change

We accept the benefits and rates checked above. We understand these benefits will commence on the effective date of the group plan. My signature also constitutes acceptance of the attached Underwriting and Proposal Qualifications.

Signature of Authorized Representative of Employer	
Printed Name	
Date	