



<b>Customer Name:</b>	CITY OF NORTH LAS VEGAS	<b>Rating Group:</b>	HMO 1 So NV	Employee	Employee + Spouse	Employee + Child	Employee + Children	Employee + Family	Total
<b>Group Number:</b>	60001422	<b>Product Offering:</b>	1 of 1						
<b>Contract Period:</b>	01/01/2024 - 12/31/2024 ( months)	<b>Broker Commission:</b>	0%	59	16	10	10	67	162

## Medical Options

### Current Rates

Plan Design	Plan Type	Pharmacy	PCP OV	Spec OV	U/C	Lab/ X-Ray	ER	In-Network			Employee	Employee + Spouse	Employee + Child	Employee + Children	Employee + Family	Current Monthly Premium
								Deductible	OOPM	Coins						
HPN Solutions HMO 25 LG	HMO	\$25/50/75	\$25	\$50	\$30	\$15/\$25	\$250	N/A	\$6,250	N/A	\$426.01	\$937.23	\$937.23	\$1,363.20	\$1,363.20	\$154,468.97

### Renewal Rates

SELECT	Plan Design	Plan Type	Pharmacy	PCP OV	Spec OV	U/C	Lab/ X-Ray	ER	In-Network			Employee	Employee + Spouse	Employee + Child	Employee + Children	Employee + Family	Estimated Monthly Premium	Change from Current
									Deductible	OOPM	Coins							
	HPN Solutions HMO 25 LG	HMO	\$25/50/75	\$25	\$50	\$30	\$15/\$25	\$250	N/A	\$6,250	N/A	\$426.01	\$937.23	\$937.23	\$1,363.20	\$1,363.20	\$154,468.97	N/A

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