

SIERRA HEALTH SERVICES GROUP INSURANCE
offered through
HEALTH PLAN of NEVADA
and
SIERRA HEALTH & LIFE INSURANCE COMPANY, INC.

PROPOSAL FOR

James I. Gibson Pub. Library

Date Quoted: 02/27/90

Proposal Number: 100188

Rates for proposed effective date: 03/01/90

Health and Prescription Drug

PLAN	GEMINI A150	GEMINI A15089	GEMINI A250	GEMINI A25089
EMPLOYEE ONLY:	169.99	145.67	158.96	129.49
EMPLOYEE + SPOUSE:	339.98	291.34	317.92	258.98
EMPLOYEE + FAMILY:	475.97	407.88	445.09	362.57

Vision Benefits

PLAN	GEMINI VISION
EMPLOYEE ONLY:	5.64
EMPLOYEE + SPOUSE:	11.28
EMPLOYEE + FAMILY:	15.79

Dental Benefits

PLAN	GEMINI DENTAL A	GEMINI DENTAL B
EMPLOYEE ONLY:	20.75	14.26
EMPLOYEE + SPOUSE:	41.50	28.52
EMPLOYEE + FAMILY:	58.10	39.93

This offer is subject to change or withdrawal in the event that any of the information used in development is subsequently found to be materially inaccurate.

The rates quoted are based on the proposed effective date. Rates will automatically increase by 4% for any effective date occurring during a calendar quarter later than the proposed effective date.

COVERAGE IS NOT BOUND UNTIL APPROVAL OF THE APPLICATION BY SHL OR HPN.
YOUR CHECK AND APPLICATIONS DO NOT CONSTITUTE ACCEPTANCE BY SHL OR HPN.

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PLAN	HPN BRONZE III	HPN GOLD III	SILVER III
EMPLOYEE ONLY:	131.80	150.08	140.39
EMPLOYEE + SPOUSE:	263.60	300.16	280.78
EMPLOYEE + FAMILY:	369.04	420.22	393.09

Vision Benefits

PLAN	HPN VISION
EMPLOYEE ONLY:	5.56
EMPLOYEE + SPOUSE:	11.12
EMPLOYEE + FAMILY:	15.57

Dental Benefits

PLAN	HPN SILVER	HPN SILVER +
EMPLOYEE ONLY:	17.35	19.27
EMPLOYEE + SPOUSE:	34.70	38.54
EMPLOYEE + FAMILY:	48.58	53.96

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