

El Dorado County - 2024 Contributions			
Product	PPO		
Name of Plan	PRISM Blue Shield PPO \$200 (Actives & Early Retirees)		
Number of Subscribers			
Group Number	W0052143 PPOX0001		
Tier	UW Base Rate	BCC Fee	Total
Single	\$1,470.00	\$0.50	\$1,470.50
Two Party	\$2,648.00	\$0.50	\$2,648.50
Family	\$3,681.00	\$0.50	\$3,681.50
Product	PPO		
Name of Plan	PRISM Blue Shield ABHP \$1500 (Actives & Early Retirees)		
Number of Subscribers			
Group Number	W0052143 PPOX0002,X0007		
Tier	UW Base Rate	BCC Fee	Total
Single	\$1,128.00	\$0.50	\$1,128.50
Two Party	\$2,033.00	\$0.50	\$2,033.50
Family	\$2,825.00	\$0.50	\$2,825.50
Product	PPO		
Name of Plan	PRISM Blue Shield Bronze Plan ABHP \$2000 (Actives & Early Retirees)		
Number of Subscribers			
Group Number	W0052143 PPOX0006, PPOX0008		
Tier	UW Base Rate	BCC Fee	Total
Single	\$1,014.00	\$0.50	\$1,014.50
Two Party	\$1,831.00	\$0.50	\$1,831.50
Family	\$2,542.00	\$0.50	\$2,542.50
Product	HMO		
Name of Plan	PRISM Kaiser HMO (Actives & Early Retirees)		
Number of Subscribers			
Group Number	34936-0000		
Tier	Kaiser Base Rate	BCC Fee	Total
Single	\$986.00	\$0.50	\$986.50
Two Party	\$1,952.00	\$0.50	\$1,952.50
Family	\$2,750.00	\$0.50	\$2,750.50
Split Rates			
Unassigned Medicare 65+ Per Member: Missing A&B, or have B only	\$2,566.00	\$0.50	\$2,566.50
Unassigned Medicare 65+ Per Member: Missing B only	\$2,031.00	\$0.50	\$2,031.50
Product	HMO		
Name of Plan	PRISM Kaiser HMO \$1600 ABHP (Actives & Early Retirees)		
Number of Subscribers			
Group Number	34936-2, 34936-3		
Tier	Kaiser Base Rate	BCC Fee	Total
Single	\$813.00	\$0.50	\$813.50
Two Party	\$1,599.00	\$0.50	\$1,599.50
Family	\$2,251.00	\$0.50	\$2,251.50
Split Rates			
Unassigned Medicare 65+ Per Member: Missing A&B, or have B only	\$2,806.00	\$0.50	\$2,806.50
Unassigned Medicare 65+ Per Member: Missing B only	\$2,270.00	\$0.50	\$2,270.50
Product	HMO - KPSA - Low		
Name of Plan	PRISM Kaiser HMO (Medicare Retirees)		
Number of Subscribers			
Group Number	34936-0001		
Group Contributions			
Tier	Kaiser Base Rate	BCC Fee	Total
Single	\$442.00	\$0.50	\$442.50
2 Party	\$868.00	\$0.50	\$868.50
2 Party (1 Medicare + 1 Without)	\$1,228.00	\$0.50	\$1,228.50
Family (1 Medicare + 2 Without)	\$1,880.00	\$0.50	\$1,880.50
Family (2 Medicare + 1 Without)	\$1,520.00	\$0.50	\$1,520.50
Product	HMO - KPSA - High		
Name of Plan	PRISM Kaiser HMO (Medicare Retirees)		
Number of Subscribers			
Group Number	34936-0001		
Group Contributions			
Tier	Kaiser Base Rate	BCC Fee	Total
Single	\$442.00	\$0.50	\$442.50
2 Party	\$868.00	\$0.50	\$868.50
2 Party (1 Medicare + 1 Without)	\$1,428.00	\$0.50	\$1,428.50
Family (1 Medicare + 2 Without)	\$2,206.00	\$0.50	\$2,206.50

Family (2 Medicare + 1 Without)	\$1,666.00	\$0.50	\$1,666.50
Product	PPO		
Name of Plan	UHC Group Retiree		
Number of Subscribers			
Group Number	H2001		
Tier	UHC Base Rate	BCC Fee	Total
PMPM	\$465.00	\$7.50	\$472.50
Product	Dental		
Name of Plan	PRISM Delta Dental PPO		
Number of Subscribers			
Group Number	353		
Tier	Delta Base Rate (ASO)	Total	
Single	\$47.50	\$47.50	
Two Party	\$85.50	\$85.50	
Family	\$118.75	\$118.75	
ADMIN COST			
BCC	\$0.75	PEPM	
Program Management Fee	\$1.00	PEPM	
Delta	6.70%	of claims	
Product	Vision		
Name of Plan	PRISM VSP (All Others)		
Number of Subscribers	1489		
Group Number	00112374-0001		
Tier	VSP Base Rate (ASO)	Total	
Single	\$4.50	\$4.50	
Two Party	\$8.98	\$8.98	
Family	\$14.46	\$14.46	
ADMIN COST			
BCC	\$0.65	PEPM	
Program Management Fee	\$0.00	PEPM	
VSP	8.50%	of claims	
Product	Vision		
Name of Plan	PRISM VSP (Sheriffs)		
Number of Subscribers	154		
Group Number	00112374-0003		
Tier	VSP Base Rate (ASO)	Total	
Single	\$3.81	\$3.81	
Two Party	\$7.60	\$7.60	
Family	\$12.24	\$12.24	
ADMIN COST			
BCC	\$0.65	PEPM	
Program Management Fee	\$0.00	PEPM	
VSP	8.50%	of claims	
Product	EAP		
Name of Plan	Concern EAP		
Number of Subscribers			
Group Number			
Tier	Concern Base Rate	Total	
Composite Rate	\$3.39	\$3.39	
Product	Life & Disability		
Name of Plan	Basic Life and AD&D		
Number of Subscribers			
Group Number	10182351		
Tier	Lincoln Life Rate	Lincoln AD&D Rate	Total
Composite (per \$1000 of benefit)	\$0.11	\$0.02	\$0.13
Product	Life & Disability		
Name of Plan	Voluntary Life		
Number of Subscribers	Employees Spouses Children		
Group Number	40000100017503		
Age Banded Rates	Lincoln Unismoker Rates		
Rates per \$1,000	Lincoln Employee Rates		Lincoln Spouse Rates
Under Age 25	\$0.040		\$0.040
Age 25-29	\$0.040		\$0.040

Age 30-34	\$0.060	\$0.060
Age 35-39	\$0.080	\$0.080
Age 40-44	\$0.130	\$0.130
Age 45-49	\$0.210	\$0.210
Age 50-54	\$0.380	\$0.380
Age 55-59	\$0.600	\$0.600
Age 60-64	\$0.630	\$0.630
Age 65-69	\$1.170	\$1.170
Age 70-74	\$2.500	\$2.500
Age 75 and Over	\$2.500	N/A
Dependent Child(ren) Rate		
Monthly Premium (per \$10,000)	\$2.000	\$2.000
Product	Life & Disability	
Name of Plan	Long Term Disability	
Number of Subscribers		
Group Number	10182352	
Tier	Lincoln LTD Rate	Total
Composite (per \$100 of salary)	\$0.260	\$0.260