

El Dorado County - 2024 Master Rate Card

Product	PPO		
Name of Plan	PRISM Blue Shield PPO \$200 (Actives & Early Retirees)		
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 \$1600 (Actives & Early Retirees) (HIGH)		
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) (LOW)		
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)		
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) (LOW)		
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)		
Group Number	34936-0001		
Group Contributions			
Tier	Kaiser Base Rate	BCC Fee	Total
Single		\$0.50	\$0.50
2 Party		\$0.50	\$0.50
2 Party (1 Medicare + 1 Without)		\$0.50	\$0.50
Family (1 Medicare + 2 Without)		\$0.50	\$0.50
Family (2 Medicare + 1 Without)		\$0.50	\$0.50
Product	HMO - KPSA - High		
Name of Plan	PRISM Kaiser HMO (Medicare Retirees)		
Group Number	34936-0001		
Group Contributions			
Tier	Kaiser Base Rate	BCC Fee	Total
Single		\$0.50	\$0.50
2 Party		\$0.50	\$0.50
2 Party (1 Medicare + 1 Without)		\$0.50	\$0.50
Family (1 Medicare + 2 Without)		\$0.50	\$0.50
Family (2 Medicare + 1 Without)		\$0.50	\$0.50
Product	PPO		
Name of Plan	UHC Group Retiree		
Group Number	H2001		
Tier	UHC Base Rate	BCC Fee	Total
PMPM		\$7.50	\$7.50
Product	Dental		
Name of Plan	PRISM Delta Dental PPO		

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 Dental Admin Fee	6.70%		of claims
Product		Vision	
Name of Plan		PRISM VSP (All Others)	
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 Admin Fee	8.50%		of claims
Product		Vision	
Name of Plan		PRISM VSP (Sheriffs)	
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 Admin Fee	8.50%		of claims
Product		EAP	
Name of Plan		Concern EAP	
Group Number		6178	
Tier	Concern Base Rate		Total
Composite Rate	\$3.39		\$3.39
Product		Life & Disability	
Name of Plan		Basic Life and AD&D	
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	
Group Number		10182352	
Tier	Lincoln LTD Rate		Total
Composite (per \$100 of salary)	\$0.260		\$0.260