El Dorado	County - 2024 Master Rate Card				
Product	·				
Name of Plan	n PRISM Blue Shield PPO \$200 (Actives & Early Retirees)				
Group Number		143 PPOX0001			
Tier	UW Base Rate	BCC Fee	Total		
Single Two Party	\$1,470.00 \$2,648.00	\$0.50 \$0.50	\$1,470.50 \$2,648.50		
Family	\$3,681.00	\$0.50	\$3,681.50		
. a.m.y	<del>40,002.00</del>	<b>VOICE</b>	ψο,σοΞ.σο		
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 PF	POX0006, 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	BBIGHT *	(Actives & Farly Petiroes)			
Name of Plan Group Number		(Actives & Early Retirees)			
Tier Single	Kaiser Base Rate	BCC Fee	Total		
Single Two Party	\$986.00 \$1,952.00	\$0.50 \$0.50	\$986.50 \$1,952.50		
Family	\$2,750.00	\$0.50	\$2,750.50		
Split Rates	<del>\$2,100100</del>	<b>V</b> 0.00	\$2,100.00		
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	DDICM Kaisaw HMO \$1000 AD	HMO	(LOM)		
Name of Plan Group Number	PRISM Kaiser HMO \$1600 ABHP (Actives & Early Retirees) (LOW)  34936-2, 34936-3				
Tier Single	<b>Kaiser Base Rate</b> \$813.00	<b>BCC Fee</b> \$0.50	<b>Total</b> \$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	шмо	KDCA Low			
Name of Plan	HMO - KPSA - Low 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) Family (1 Medicare + 2 Without)		\$0.50 \$0.50	\$0.50 \$0.50		
Family (2 Medicare + 2 Without)		\$0.50	\$0.50		
			,		
Product	HMO - KPSA - High				
	PRISM Kaiser HMO (Medicare Retirees)				
Name of Plan		<u> </u>			
	34	936-0001			
Name of Plan Group Number	34 Group Contributions	936-0001	Total		
Name of Plan Group Number Tier	34	936-0001 BCC Fee	<b>Total</b> \$0.50		
Name of Plan Group Number  Tier Single	34 Group Contributions	936-0001	**Total		
Name of Plan Group Number  Tier Single 2 Party 2 Party (1 Medicare + 1 Without)	34 Group Contributions	BCC Fee \$0.50	\$0.50		
Name of Plan Group Number  Tier Single 2 Party 2 Party (1 Medicare + 1 Without) Family (1 Medicare + 2 Without)	34 Group Contributions	\$0.50 \$0.50 \$0.50 \$0.50 \$0.50	\$0.50 \$0.50 \$0.50 \$0.50		
Name of Plan Group Number  Tier Single 2 Party 2 Party (1 Medicare + 1 Without) Family (1 Medicare + 2 Without)	34 Group Contributions	936-0001  BCC Fee  \$0.50  \$0.50  \$0.50	\$0.50 \$0.50 \$0.50		
Name of Plan Group Number  Tier Single 2 Party 2 Party (1 Medicare + 1 Without) Family (1 Medicare + 2 Without) Family (2 Medicare + 1 Without)	34 Group Contributions	\$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50	\$0.50 \$0.50 \$0.50 \$0.50		
Name of Plan Group Number  Tier Single 2 Party 2 Party (1 Medicare + 1 Without) Family (1 Medicare + 2 Without) Family (2 Medicare + 1 Without)  Product	Group Contributions  Kaiser Base Rate	BCC Fee   \$0.50   \$0	\$0.50 \$0.50 \$0.50 \$0.50		
Name of Plan Group Number  Tier Single 2 Party 2 Party (1 Medicare + 1 Without) Family (1 Medicare + 2 Without) Family (2 Medicare + 1 Without)  Product Name of Plan	Group Contributions  Kaiser Base Rate  UHC G	BCC Fee \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50	\$0.50 \$0.50 \$0.50 \$0.50		
Name of Plan Group Number  Tier Single 2 Party 2 Party (1 Medicare + 1 Without) Family (1 Medicare + 2 Without) Family (2 Medicare + 1 Without)  Product Name of Plan Group Number	Group Contributions  Kaiser Base Rate  UHC G	BCC Fee \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50  \$0.50 \$0.50	\$0.50 \$0.50 \$0.50 \$0.50 \$0.50		
Name of Plan Group Number  Tier  Single 2 Party 2 Party (1 Medicare + 1 Without) Family (1 Medicare + 2 Without) Family (2 Medicare + 1 Without)  Product Name of Plan Group Number  Tier	Group Contributions  Kaiser Base Rate  UHC G	BCC Fee \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50  \$0.50  \$0.50  BCC Fee  BCC Fee	\$0.50 \$0.50 \$0.50 \$0.50 \$0.50		
Name of Plan Group Number  Tier Single 2 Party 2 Party (1 Medicare + 1 Without) Family (1 Medicare + 2 Without) Family (2 Medicare + 1 Without)  Product Name of Plan Group Number  Tier	Group Contributions  Kaiser Base Rate  UHC G	BCC Fee \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50  \$0.50 \$0.50	\$0.50 \$0.50 \$0.50 \$0.50 \$0.50		
Name of Plan Group Number  Tier Single 2 Party 2 Party (1 Medicare + 1 Without) Family (1 Medicare + 2 Without) Family (2 Medicare + 1 Without)  Product Name of Plan	Group Contributions  Kaiser Base Rate  UHC G	BCC Fee \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50  \$0.50  \$0.50  BCC Fee  BCC Fee	\$0.50 \$0.50 \$0.50 \$0.50 \$0.50		

Group Number		3!	53	
				Tatal
Tier Single		Delta Base Rate (ASO) \$47.50		<b>Total</b> \$47.50
Two Party		\$47.50 \$85.50		\$85.50
Family		\$118.75		\$118.75
ADMIN COST				
BCC		\$0.75		PEPM
Program Management Fee  Delta Dental Admin Fee		\$1.00 6.70%		PEPM of claims
Delta Delital Auffili Fee		0.7070		of claims
Product		Vis	ion	
Name of Plan	PRISM VSP (All Others)			
Group Number	00112374-0001			
Tier		VSP Base Rate (ASO)		Total
Single		\$4.50		\$4.50
Two Party Family	\$8.98 \$8.90			\$8.98 \$14.46
ADMIN COST		\$14.46		\$14.40
BCC		\$0.65		PEPM
Program Management Fee		\$0.00		PEPM
VSP Admin Fee	8.50%		of claims	
Product		Via	ion	
Name of Plan		PRISM VSF		
Group Number			74-0003	
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	40.05		DEDM	
Program Management Fee	\$0.65 \$0.00		PEPM PEPM	
VSP Admin Fee	\$0.00 8.50%		of claims	
Product	EAP			
Name of Plan Group Number	Concern EAP			
·	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 Composite (per \$1000 of benefit)	Lincoln Life Rate Lincoln AD&D Rate \$0.11 \$0.02		Total	
Composite (per \$1000 of benefit)	\$0.11	Ż.	0.02	\$0.13
Product	Life & Disability			
Name of Plan	Voluntary Life			
Number of Subscribers	Employees Spouses Children			
Number of Subscribers				
Group Number	40000100017503			
Age Banded Rates		Lincoln Unis	moker Rates	
Rates per \$1,000	Lincoln Empl	oyee Rates	Lincoln Spo	
Under Age 25	\$0.04		\$0.04	
Age 25-29	\$0.040		\$0.040	
Age 30-34	\$0.060 \$0.080		\$0.060	
Age 35-39 Age 40-44	\$0.080 \$0.130		\$0.080 \$0.130	
Age 45-49	\$0.210		\$0.130	
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  Dependent Child(ren) Rate	\$2.500 N/A		1	
	\$2.000 \$2.000		00	
Monthly Premium (per \$10.000)	.12.17		ŲZ.00	
Monthly Premium (per \$10,000)	\$2.00			
Product	\$2.00		isability	
Product Name of Plan	\$2.00	Long Term	Disability	
Product Name of Plan Group Number	J2.00	Long Term		
Product Name of Plan	\$2.00	Long Term	Disability	<b>Total</b> \$0.260