

El Dorado County - 2025 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	\$1,561.00	\$0.50	\$1,561.50
Two Party	\$2,812.00	\$0.50	\$2,812.50
Family	\$3,909.00	\$0.50	\$3,909.50
Product	PPO		
Name of Plan	PRISM Blue Shield ABHP \$1650 (Actives & Early Retirees)		
Number of Subscribers			
Group Number	W0052143 PPOX0002,X0007		
Tier	UW Base Rate	BCC Fee	Total
Single	\$1,198.00	\$0.50	\$1,198.50
Two Party	\$2,159.00	\$0.50	\$2,159.50
Family	\$3,000.00	\$0.50	\$3,000.50
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	\$1,077.00	\$0.50	\$1,077.50
Two Party	\$1,944.00	\$0.50	\$1,944.50
Family	\$2,699.00	\$0.50	\$2,699.50
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	\$1,047.00	\$0.50	\$1,047.50
Two Party	\$2,073.00	\$0.50	\$2,073.50
Family	\$2,920.00	\$0.50	\$2,920.50
Split Rates			
Unassigned Medicare 65+ Per Member: Missing A&B, or have B only			
Unassigned Medicare 65+ Per Member: Missing B only			
Product	HMO		
Name of Plan	PRISM Kaiser HMO \$1650 ABHP (Actives & Early Retirees)		
Number of Subscribers			
Group Number	34936-2, 34936-3		
Tier	Kaiser Base Rate	BCC Fee	Total
Single	\$863.00	\$0.50	\$863.50
Two Party	\$1,698.00	\$0.50	\$1,698.50
Family	\$2,390.00	\$0.50	\$2,390.50
Split Rates			
Unassigned Medicare 65+ Per Member: Missing A&B, or have B only			
Unassigned Medicare 65+ Per Member: Missing B only			
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			
2 Party			
2 Party (1 Medicare + 1 Without)			
Family (1 Medicare + 2 Without)			
Family (2 Medicare + 1 Without)			

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			
2 Party			
2 Party (1 Medicare + 1 Without)			
Family (1 Medicare + 2 Without)			
Family (2 Medicare + 1 Without)			
Product	PPO		
Name of Plan	UHC Group Retiree		
Number of Subscribers			
Group Number	H2001		
Tier	UHC Base Rate	BCC Fee	Total
PMPM			
Product	Dental		
Name of Plan	PRISM Delta Dental PPO		
Number of Subscribers			
Group Number	353		
Tier	Delta Base Rate (ASO)	Total	
Single	\$48.10	\$48.10	
Two Party	\$86.57	\$86.57	
Family	\$120.24	\$120.24	
ADMIN COST			
BCC	\$0.75	PEPM	
Alliant Service Fee	\$1.00	PEPM	
Program Management & UW Fee	\$0.50	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	\$4.05	\$4.05	
Two Party	\$8.08	\$8.08	
Family	\$13.01	\$13.01	
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	\$3.43	\$3.43	
Two Party	\$6.84	\$6.84	
Family	\$11.01	\$11.01	
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 - Traditional EAP	\$3.56	\$3.56	
Composite Rate - Concern Plus First Responder	PENDING	\$0.00	

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	