

El Dorado County - 2021 Contributions			
Product	PPO		
Name of Plan	PRISM Blue Shield PPO \$200 (Actives & Early Retirees)		
Number of Subscribers	451		
Group Number	W0052143 PPOX0001		
Tier	UW Base Rate	BCC Fee	Total
Single	\$1,263.25	\$0.50	\$1,263.75
Two Party	\$2,276.25	\$0.50	\$2,276.75
Family	\$3,164.25	\$0.50	\$3,164.75
Product	PPO		
Name of Plan	PRISM Blue Shield ABHP \$1400 (Actives & Early Retirees)		
Number of Subscribers	95		
Group Number	W0052143 PPOX0002,X0007		
Tier	UW Base Rate	BCC Fee	Total
Single	\$969.25	\$0.50	\$969.75
Two Party	\$1,747.25	\$0.50	\$1,747.75
Family	\$2,428.25	\$0.50	\$2,428.75
Product	PPO		
Name of Plan	PRISM Blue Shield Bronze Plan ABHP \$2000 (Actives & Early Retirees)		
Number of Subscribers	29		
Group Number	W0052143 PPOX0006, PPOX0008		
Tier	UW Base Rate	BCC Fee	Total
Single	\$872.25	\$0.50	\$872.75
Two Party	\$1,574.25	\$0.50	\$1,574.75
Family	\$2,186.25	\$0.50	\$2,186.75
Product	HMO		
Name of Plan	PRISM Kaiser HMO (Actives & Early Retirees)		
Number of Subscribers	883		
Group Number	34936-0000		
Tier	Kaiser Base Rate	BCC Fee	Total
Single	\$806.25	\$0.50	\$806.75
Two Party	\$1,596.25	\$0.50	\$1,596.75
Family	\$2,248.25	\$0.50	\$2,248.75
Split Rates			
Unassigned Medicare 65+ Per Member: Missing A&B, or have B only	\$2,098.25	\$0.50	\$2,098.75
Unassigned Medicare 65+ Per Member: Missing B only	\$1,660.25	\$0.50	\$1,660.75
Product	HMO		
Name of Plan	PRISM Kaiser HMO \$1400 ABHP (Actives & Early Retirees)		
Number of Subscribers	31		
Group Number	34936-2, 34936-3		
Tier	Kaiser Base Rate	BCC Fee	Total
Single	\$664.25	\$0.50	\$664.75
Two Party	\$1,307.25	\$0.50	\$1,307.75
Family	\$1,840.25	\$0.50	\$1,840.75
Split Rates			
Unassigned Medicare 65+ Per Member: Missing A&B, or have B only	\$2,294.25	\$0.50	\$2,294.75
Unassigned Medicare 65+ Per Member: Missing B only	\$1,855.25	\$0.50	\$1,855.75
Product	HMO - KPSPA		
Name of Plan	PRISM Kaiser HMO (Medicare Retirees)		
Number of Subscribers	146		
Group Number	34936-0001		
Tier	Kaiser Base Rate	BCC Fee	Total
Single	\$449.25	\$0.50	\$449.75
2 Party (Both Medicare)	\$881.25	\$0.50	\$881.75
2 Party (1 Medicare + 1 Without)	\$1,256.00	\$0.50	\$1,256.50
Family (1 Medicare + 2 Without)	\$1,891.00	\$0.50	\$1,891.50
Family (2 Medicare + 1 Without)	\$1,553.00	\$0.50	\$1,553.50
Combo Rates			
Sub (M)	\$449.25	\$0.50	\$449.75
Sub (M)+Spouse (Non-M)	\$1,256.00	\$0.50	\$1,256.50
Sub (Non-M)+Spouse (M)	\$1,256.00	\$0.50	\$1,256.50
Sub (M)+Spouse (M)	\$881.25	\$0.50	\$881.75
Sub (M)+Child (Non-M)	\$1,256.00	\$0.50	\$1,256.50
Sub (M)+Children (Non-M)	\$1,891.00	\$0.50	\$1,891.50
Sub (M)+Spouse (M)+Child (Non-M)	\$1,533.00	\$0.50	\$1,533.50
Sub (M)+Spouse (Non-M)+Child (Non-M)	\$1,891.00	\$0.50	\$1,891.50
Sub (Non-M)+Spouse (M)+Child (Non-M)	\$1,891.00	\$0.50	\$1,891.50
Sub (M)+Spouse (M)+Children (Non-M)	\$1,533.00	\$0.50	\$1,533.50
Sub (M)+Spouse (Non-M)+Children (Non-M)	\$1,891.00	\$0.50	\$1,891.50
Sub (Non-M)+Spouse (M)+Child (Non-M)	\$1,891.00	\$0.50	\$1,891.50
Product	PPO		
Name of Plan	UHC Group Retiree		
Number of Subscribers	189		
Group Number	H2001		
Tier	UHC Base Rate	BCC Fee	Total
PMPM	\$445.11	\$7.50	\$452.61
Product	Dental		
Name of Plan	PRISM Delta Dental PPO		
Number of Subscribers	1657		
Group Number	353		
Tier	Delta Base Rate (ASO)		Total
Single	\$50.55		\$50.55
Two Party	\$90.98		\$90.98
Family	\$126.36		\$126.36
ADMIN COST			
PBIA	\$0.35		PEPM
Program Management Fee	\$1.00		PEPM
Dental	7.00%		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	\$4.03		\$4.03
Two Party	\$8.05		\$8.05
Family	\$12.96		\$12.96
ADMIN COST			
PBIA	\$0.35		PEPM
Program Management Fee	\$0.00		PEPM
Dental	0.00%		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	\$3.41		\$3.41
Two Party	\$6.81		\$6.81
Family	\$10.97		\$10.97
ADMIN COST			
PBIA	\$0.35		PEPM
Program Management Fee	\$0.00		PEPM
Dental	9.00%		of claims
Product		EAP	
Name of Plan		MHN EAP	
Number of Subscribers		1489	
Group Number		6178	
Tier	MHN Base Rate		Total
Composite Rate	\$5.17		\$5.17
Product		Life & Disability	
Name of Plan		Basic Life and AD&D	
Number of Subscribers		1489	
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		694 - Employees	
		359 - Spouses	
		258 - 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		1489	
Group Number		10182352	
Tier	Lincoln LTD Rate		Total
Composite (per \$100 of salary)	\$0.260		\$0.260