	lo County - 2026 Contributions			
Product		PPO		
Name of Plan	PRISM Blue Shield PPO \$200 (Actives & Early Retirees)			
Number of Subscribers  Group Number	W0052	2143 PPOX0001		
	W0052143 PPOX0001			
Tier Single	<b>UW Base Rate</b> \$1,778.00	<b>BCC Fee</b> \$0.50	<b>Total</b> \$1,778.50	
Two Party	\$3,778.00	\$0.50	\$3,203.50	
Family	\$4,452.00	\$0.50	\$4,452.50	
dility	Ş 1, 152.00	<b>40.50</b>	\$ 1, 132.30	
Product		PPO		
Name of Plan	PRISM Blue Shield ABHP \$1	.700 (Actives & Early Retirees)	HIGH	
Number of Subscribers				
Group Number	W0052143	3 PPOX0002,X0007		
Tier	UW Base Rate	BCC Fee	Total	
Single	\$1,364.00	\$0.50	\$1,364.50	
Two Party	\$2,459.00	\$0.50	\$2,459.50	
Family	\$3,417.00	\$0.50	\$3,417.50	
Product		PPO		
Name of Plan	PRISM Blue Shield Bronze Plan ABHP \$2000 (Actives & Early Retirees) LOW			
Number of Subscribers	. Mon Blue Siliela Biolize Flati Al	PRISM Blue Siliela Bronze Plan ABIT \$2000 (Actives & Early Retirees) LOW		
Group Number	W0052143 PPOX0006, PPOX0008			
Tier	UW Base Rate	BCC Fee	Total	
Single	\$1,227.00	\$0.50	\$1,227.50	
Two Party	\$2,214.00	\$0.50	\$2,214.50	
Family	\$3,074.00	\$0.50	\$3,074.50	
	<b>40,9</b> 00	ų data d	ţo,o · · · · · · ·	
Product		НМО		
Name of Plan	PRISM Kaiser HMC	O (Actives & Early Retirees)		
Number of Subscribers				
Group Number	34	4936-0000		
Tier	Kaiser Base Rate	BCC Fee	Total	
Single	\$1,192.00	\$0.50	\$1,192.50	
Two Party	\$2,361.00	\$0.50	\$2,361.50	
Family	\$3,326.00	\$0.50	\$3,326.50	
Split Rates	40.705.00	40.50	Å0.705.50	
Unassigned Medicare 65+ Per Member: Missing A&B, or have B only	\$2,725.00	\$0.50	\$2,725.50	
Unassigned Medicare 65+ Per Member: Missing B only	\$2,157.00	\$0.50	\$2,157.50	
Product		НМО		
Name of Plan	PRISM Kaiser HMO \$170	0 ABHP (Actives & Early Retire	es)	
Number of Subscribers		,	•	
Group Number	3493	36-2, 34936-3		
Tier	Kaiser Base Rate	BCC Fee	Total	
Single	\$983.00	\$0.50	\$983.50	
Two Party	\$1,934.00	\$0.50	\$1,934.50	
Family	\$2,722.00	\$0.50	\$2,722.50	
Split Rates				
Unassigned Medicare 65+ Per Member: Missing A&B, or have B only	\$2,980.00	\$0.50	\$2,980.50	
Unassigned Medicare 65+ Per Member: Missing B only	\$2,411.00	\$0.50	\$2,411.50	
		VDCA Law		
Product Name of Plan		) - KPSA - Low		
Name of Plan  Number of Subscribers	PKISM Kaiser H	MO (Medicare Retirees)		
Group Number	3,	4936-0001		
or our number	Group Contributions			
Tier Tier Tier Tier Tier Tier Tier Tier	Kaiser Base Rate	BCC Fee	Total	
Single	\$473.00	\$0.50	\$473.50	
2 Party	\$929.00	\$0.50	\$929.50	
2 Dayly (1 Madigaya + 1 Mithaut)	\$1,308.00	\$0.50	\$1,308.50	
		· · · · · · · · · · · · · · · · · · ·	· · ·	
2 Party (1 Medicare + 1 Without) Family (1 Medicare + 2 Without) Family (2 Medicare + 1 Without)	\$2,000.00 \$1,621.00	\$0.50 \$0.50	\$2,000.50 \$1,621.50	

Party   Heleficane + 1 Without    S1,2000   S0,00   S1,200   Some   S2,246,00   S0,00   S1,776,50   Some   S2,246,00   S0,00   S1,776,50   S1,776,5					
Number of Subscribers   System   Syst		HMO - KPS	SA - High		
Croup Number   Croup Number   Croup Number   Croup Number   System   Syst		PRISM Kaiser HMO (I	Medicare Retirees)		
Triple					
Marie of Paris   Mar	Group Number		0001		
	Tier	-	RCC Fee	Total	
Perry					
	2 Party		·	·	
Product	2 Party (1 Medicare + 1 Without)	\$1,520.00	•		
Product   Name of Plan   Number of Subscribers   Nu	Family (1 Medicare + 2 Without)	\$2,346.00	\$0.50	\$2,346.50	
Name of Plan   Number of Substribers   Number of Su	Family (2 Medicare + 1 Without)	\$1,776.00	\$0.50	\$1,776.50	
Name of Plan   Number of Substribers   Number of Su					
Number of Subscribers   H2001					
Comp Number   Comp Number   Comp Number   Comp Number of Subscribers		UHC Group	Retiree		
Product		H20	01		
Product   Personal Product	·				
Product   PRISM Delta Dental PPO					
Name of Plan   PRISM Delta Dental PPO		\$115.83	\$1.50	\$121.33	
Name of Plan   PRISM Delta Dental PPO	Product	Den	tal		
Number of Subscribers   Group Number   353					
Total   Single					
Single	Group Number	35:	3		
Single	Tier	Delta Base Rate (ASO)		Total	
Way Party   \$89.77   \$89.77   \$89.77   \$70.00   \$1.0	Single				
MOMINICOST   Speed   Sp.75   PEPM	Two Party		·		
S0.75   PEPM	Family	\$124.69	·		
Alliant Service Fee	ADMIN COST				
PEPM   S0.50   PEPM   Delta   G.70%   Of claims	BCC				
Product   Vision   Name of Plan   PRISM VSP (All Others)   Name of Plan   PRISM VSP (All Others)   Name of Plan   Name of P					
Product   Vision   Name of Plan   PRISM VSP (All Others)   Name of Plan   PRISM VSP (All Others)   Name of Plan   Onitizant-doors   Oni					
Name of Plan   PRISM VSP (All Others)   1489   14	Detta	6.70%		oi claims	
Name of Plan   PRISM VSP (All Others)   1489   14	Product	Visi	on		
Section   Sec					
VSP Base Rate (ASO)   Total	Number of Subscribers				
Single   S5.08   S5	Group Number	0011237	4-0001		
Single	Tier	VSP Base Rate (ASO)		Total	
Sec	Single			\$5.08	
ADMIN COST   S0.65   PEPM	Two Party			\$10.13	
Sc.   Sc.   PEPM	Family			\$16.32	
Program Management & UW Fee   \$0.10   PEPM					
Alliant Fee   \$1.00   PEPM					
Product   Vision					
Product   Product   PRISM VSP (Sheriffs)					
Name of Plan         PRISM VSP (Sheriffs)           Number of Subscribers         154           Group Number         00112374-0003           Tier         VSP Base Rate (ASO)         Total           Single         \$4.30         \$4.30           Two Party         \$8.58         \$8.58           Family         \$13.81         \$13.81           ADMIN COST         PEPM           BCC         \$0.65         PEPM           Program Management & UW Fee         \$0.10         PEPM           Alliant Fee         \$1.00         PEPM           VSP         7.50%         of claims           Product         EAP           Number of Subscribers         Concern EAP           Group Number         Concern Base Rate         Total           Composite Rate - Traditional EAP         \$3.56         \$3.56	٧٥١	1.50 //		Of Claims	
Number of Subscribers         154           Group Number         00112374-0003           Tier         VSP Base Rate (ASO)         Total           Single         \$4.30         \$4.30         \$4.30         \$4.30         \$4.30         \$5.58         \$8.58         \$9.50         \$9.60         \$9.60         \$9.60         \$9.60         \$9.60         \$9.60         \$9.60         \$9.60         \$9.60         \$9.60         \$9.60         \$9.60	Product	Visio	on		
Group Number         00112374-0003           Tier         VSP Base Rate (ASO)         Total           Single         \$4.30         \$4.30           Two Party         \$8.58         \$8.58           Family         \$13.81         \$13.81           ADMIN COST         PEPM           BCC         \$0.65         PEPM           Program Management & UW Fee         \$0.10         PEPM           Alliant Fee         \$1.00         PEPM           VSP         7.50%         of claims           Product         EAP           Name of Plan         Concern EAP           Number of Subscribers           Group Number         Concern Base Rate         Total           Composite Rate - Traditional EAP         \$3.56         \$3.56		PRISM VSP (Sheriffs)			
VSP Base Rate (ASO)   Total					
Single         \$4.30         \$4.30           Two Party         \$8.58         \$8.58           Family         \$13.81         \$13.81           ADMIN COST         BCC         \$0.65         PEPM           BCC         \$0.10         PEPM           Program Management & UW Fee         \$1.00         PEPM           Alliant Fee         \$1.00         PEPM           VSP         7.50%         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	Group Number	0011237	4-0003		
Two Party         \$8.58         \$8.58           Family         \$13.81         \$13.81           ADMIN COST         BCC         \$0.65         PEPM           Program Management & UW Fee         \$0.10         PEPM           Alliant Fee         \$1.00         PEPM           VSP         7.50%         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	Tier	VSP Base Rate (ASO)		Total	
\$13.81	Single				
ADMIN COST BCC \$0.65 PEPM Program Management & UW Fee \$0.10 PEPM Alliant Fee \$1.00 PEPM VSP 7.50% 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	Two Party				
BCC \$0.65 PEPM Program Management & UW Fee \$0.10 PEPM Alliant Fee \$1.00 PEPM VSP 7.50% 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	Family ADMIN COST	\$13.81		\$13.81	
Program Management & UW Fee \$0.10 PEPM Alliant Fee \$1.00 PEPM VSP 7.50% of claims  Product EAP  Name of Plan Number of Subscribers Group Number  Tier Concern Base Rate Total  Composite Rate - Traditional EAP \$3.56		¢o ce		DEDM	
Alliant Fee \$1.00 PEPM VSP 7.50% 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					
Product EAP  Name of Plan Concern EAP  Number of Subscribers Group Number  Tier Concern Base Rate Total  \$3.56 \$3.56					
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	VSP				
Name of Plan Number of Subscribers Group Number  Tier Concern Base Rate \$3.56 \$3.56					
Number of Subscribers Group Number  Tier Concern Base Rate					
Group Number       Tier     Concern Base Rate     Total       Composite Rate - Traditional EAP     \$3.56     \$3.56		Concer	n EAP		
Tier Concern Base Rate Total Composite Rate - Traditional EAP \$3.56 \$3.56					
Composite Rate - Traditional EAP \$3.56 \$3.56	Group Number				
	Tier	Concern Base Rate		Total	
Composite Rate - Concern Plus First Responder \$11.96	Composite Data Traditional EAD	\$3.56		\$3.56	
	Composite Rate - Traditional EAP				

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			
Tumo or tum	Employees				
Number of Subscribers	Spouses				
	Children				
Group Number	40000100017503				
Age Banded Rates	Lincoln Unismoker Rates				
Rates per \$1,000	Lincoln Empl	oyee 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		\$0.08	\$0.080	
Age 40-44	\$0.130 \$0		\$0.13	.130	
Age 45-49	\$0.210 \$0.2		\$0.21	210	
Age 50-54	\$0.380 \$0.380		30		
Age 55-59	\$0.600 \$0.600		0		
Age 60-64	\$0.630		\$0.63	\$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 \$2.0		\$2.00	0	
Product		Life & Disability			
Name of Plan	Life & Disability Long Term Disability				
Number of Subscribers		Long Term Disability			
Group Number	10182352				
Tier	Lincoln LTD Rate Tot		Total		
Composite (per \$100 of salary)			\$0.260		