

El Dorado County - 2020 Contributions			
Product	PPO		
Name of Plan	CSAC Blue Shield PPO \$200 (Actives & Early Retirees)		
Number of Subscribers	437		
Group Number	W0052143 PPOX0001		
Tier	UW Base Rate	WT Fee	Total
Single	\$1,221.89	\$0.50	\$1,222.39
Two Party	\$2,201.26	\$0.50	\$2,201.76
Family	\$3,059.88	\$0.50	\$3,060.38
Product	PPO		
Name of Plan	CSAC Blue Shield ABHP \$1400 (Actives & Early Retirees)		
Number of Subscribers	100		
Group Number	W0052143 PPOX0002_X0007		
Tier	UW Base Rate	WT Fee	Total
Single	\$937.06	\$0.50	\$937.56
Two Party	\$1,689.38	\$0.50	\$1,689.88
Family	\$2,347.80	\$0.50	\$2,348.30
Product	PPO		
Name of Plan	CSAC Blue Shield Bronze Plan ABHP \$2000 (Actives & Early Retirees)		
Number of Subscribers	24		
Group Number	W0052143 PPOX0006, PPOX0008		
Tier	UW Base Rate	WT Fee	Total
Single	\$843.14	\$0.50	\$843.64
Two Party	\$1,522.20	\$0.50	\$1,522.70
Family	\$2,114.57	\$0.50	\$2,115.07
Product	HMO		
Name of Plan	CSAC Kaiser HMO (Actives & Early Retirees)		
Number of Subscribers	873		
Group Number	34936-0000		
Tier	Kaiser Base Rate	WT Fee	Total
Single	\$755.00	\$0.50	\$755.50
Two Party	\$1,494.00	\$0.50	\$1,494.50
Family	\$2,105.00	\$0.50	\$2,105.50
Product	HMO		
Name of Plan	Kaiser HMO \$1400 ABHP (Actives & Early Retirees)		
Number of Subscribers	39		
Group Number	34936-2, 34936-3		
Tier	Kaiser Base Rate	WT Fee	Total
Single	\$622.00	\$0.50	\$622.50
Two Party	\$1,224.00	\$0.50	\$1,224.50
Family	\$1,723.00	\$0.50	\$1,723.50
Product	HMO - KPFA		
Name of Plan	CSAC Kaiser HMO (Medicare Retirees)		
Number of Subscribers	137		
Group Number	34936-0001		
Tier	Kaiser Base Rate	WT Fee	Total
Single	\$449.00	\$0.50	\$449.50
2 Party (Both Medicare)	\$881.00	\$0.50	\$881.50
2 Party (1 Medicare + 1 Without)	\$1,204.00	\$0.50	\$1,204.50
Family (1 Medicare + 2 Without)	\$1,799.00	\$0.50	\$1,799.50
Family (2 Medicare + 1 Without)	\$1,492.00	\$0.50	\$1,492.50
Combo Rates			
Sub (M)	\$449.00	\$0.50	\$449.50
Sub (M)+Spouse (Non-M)	\$1,204.00	\$0.50	\$1,204.50
Sub (Non-M)+Spouse (M)	\$1,204.00	\$0.50	\$1,204.50
Sub (M)+Spouse (M)	\$881.00	\$0.50	\$881.50
Sub (M)+Child (Non-M)	\$1,204.00	\$0.50	\$1,204.50
Sub (M)+Children (Non-M)	\$1,799.00	\$0.50	\$1,799.50
Sub (M)+Spouse (M)+Child (Non-M)	\$1,492.00	\$0.50	\$1,492.50
Sub (M)+Spouse (Non-M)+Child (Non-M)	\$1,799.00	\$0.50	\$1,799.50
Sub (Non-M)+Spouse (M)+Child (Non-M)	\$1,799.00	\$0.50	\$1,799.50
Sub (M)+Spouse (M)+Children (Non-M)	\$1,492.00	\$0.50	\$1,492.50
Sub (M)+Spouse (Non-M)+Children (Non-M)	\$1,799.00	\$0.50	\$1,799.50
Sub (Non-M)+Spouse (M)+Child (Non-M)	\$1,799.00	\$0.50	\$1,799.50
Product	PPO		
Name of Plan	UHC Group Retiree		
Number of Subscribers	174		
Group Number	H2001		
Tier	UHC Base Rate	WT Fee	Total
PMPM	\$473.52	\$7.25	\$480.77
Product	Dental		
Name of Plan	Delta Dental PPO		
Number of Subscribers	1693		
Group Number	353		
Tier	Delta Base Rate (ASO)		Total
Single	\$51.79		\$51.79
Two Party	\$93.22		\$93.22
Family	\$129.47		\$129.47
ADMIN COST			
PBIA	\$0.35		PEPM
Program Management Fee	\$1.00		PEPM
Dental	7.20%		of claims
Product	Vision		
Name of Plan	CSAC EIA VSP (All Others)		
Number of Subscribers	1509		
Group Number	00112374-0001		
Tier	VSP Base Rate (ASO)		Total
Single	\$4.49		\$4.49
Two Party	\$8.97		\$8.97
Family	\$14.44		\$14.44
ADMIN COST			
PBIA	\$0.35		PEPM
Program Management Fee	\$0.00		PEPM
Dental	9.00%		of claims
Product	Vision		
Name of Plan	CSAC EIA VSP (Sheriffs)		
Number of Subscribers	148		
Group Number	00112374-0003		
Tier	VSP Base Rate (ASO)		Total
Single	\$3.80		\$3.80
Two Party	\$7.59		\$7.59
Family	\$12.23		\$12.23
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	1729	
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	1549	
Group Number	10182351	
Tier	Lincoln Life Rate	Lincoln AD&D Rate
Composite (per \$1000 of benefit)	\$0.11	\$0.02
Product	Life & Disability	
Name of Plan	Voluntary Life	
Number of Subscribers	783 - Employees	
	417 - Spouses	
	251 - 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	1515	
Group Number	10182352	
Tier	Lincoln LTD Rate	Total
Composite (per \$100 of salary)	\$0.225	\$0.225