

El Dorado County - 2018 Contributions				
Product	PPO			
Name of Plan	CSAC Blue Shield PPO 200 - 80/60 (Actives & Early Retirees)			
Number of Subscribers	461			
Group Number	W0052143 PPOX0001			
Tier	UW Base Rate	EBS Fee	MHN (MH/SA)	Total
Single	\$ 1,156.00	\$0.50	\$9.46	\$1,165.96
Two Party	\$2,083.00	\$0.50	\$17.71	\$2,101.21
Family	\$2,895.00	\$0.50	\$25.19	\$2,920.69
Product	PPO			
Name of Plan	CSAC Blue Shield Bronze Plan ABHP 2000 (Actives & Early Retirees)			
Number of Subscribers	17			
Group Number	W0052143 PPOX0006, PPOX0008			
Tier	UW Base Rate	EBS Fee	MHN (MH/SA)	Total
Single	\$ 798.00	\$0.50	\$9.46	\$807.96
Two Party	\$ 1,440.00	\$0.50	\$17.71	\$1,458.21
Family	\$ 2,001.00	\$0.50	\$25.19	\$2,026.69
Product	PPO			
Name of Plan	CSAC Blue Shield ABHP 1350 (Actives & Early Retirees)			
Number of Subscribers	107			
Group Number	W0052143 PPOX0002,X0007			
Tier	UW Base Rate	EBS Fee	MHN (MH/SA)	Total
Single	\$ 887.00	\$0.50	\$9.46	\$896.96
Two Party	\$ 1,598.00	\$0.50	\$17.71	\$1,616.21
Family	\$ 2,221.00	\$0.50	\$25.19	\$2,246.69
Product	HMO			
Name of Plan	CSAC Kaiser HMO (Actives & Early Retirees)			
Number of Subscribers	850			
Group Number	34936-0000			
Tier	Kaiser Base Rate	EBS Fee		Total
Single	\$ 680.00	\$0.50	-	\$680.50
Two Party	\$ 1,344.00	\$0.50	-	\$1,344.50
Family	\$ 1,895.00	\$0.50	-	\$1,895.50
Product	HMO			
Name of Plan	CSAC Kaiser HMO (Medicare Retirees)			
Number of Subscribers	119			
Group Number	34936-0001			
Group Contributions				
Tier	Kaiser Base Rate	EBS Fee		Total
Single	\$ 433.00	\$0.50	-	\$ 433.50
2 Party (Both Medicare)	\$ 851.00	\$0.50	-	\$ 851.50
2 Party (1 Medicare + 1 Without)	\$ 1,113.00	\$0.50	-	\$ 1,113.50
Family (1 Medicare + 2 Without)	\$ 1,648.00	\$0.50	-	\$ 1,648.50
Family (2 Medicare + 1 Without)	\$ 1,402.00	\$0.50	-	\$ 1,402.50
Combo Rates				
Sub (M)	\$ 433.00	\$0.50	-	\$ 433.50
Sub (M)+Spouse (Non-M)	\$ 1,113.00	\$0.50	-	\$ 1,113.50
Sub (Non-M)+Spouse (M)	\$ 1,113.00	\$0.50	-	\$ 1,113.50
Sub (M)+Spouse (M)	\$ 851.00	\$0.50	-	\$ 851.50
Sub (M)+Child (Non-M)	\$ 1,113.00	\$0.50	-	\$ 1,113.50
Sub (M)+Children (Non-M)	\$ 1,648.00	\$0.50	-	\$ 1,648.50
Sub (M)+Spouse (M)+Child (Non-M)	\$ 1,402.00	\$0.50	-	\$ 1,402.50
Sub (M)+Spouse (Non-M)+Child (Non-M)	\$ 1,648.00	\$0.50	-	\$ 1,648.50
Sub (Non-M)+Spouse (M)+Child (Non-M)	\$ 1,648.00	\$0.50	-	\$ 1,648.50
Sub (M)+Spouse (M)+Children (Non-M)	\$ 1,402.00	\$0.50	-	\$ 1,402.50
Sub (M)+Spouse (Non-M)+Children (Non-M)	\$ 1,648.00	\$0.50	-	\$ 1,648.50
Sub (Non-M)+Spouse (M)+Child (Non-M)	\$ 1,648.00	\$0.50	-	\$ 1,648.50
Product	HMO			
Name of Plan	Kaiser HMO \$1350 HDHP (Actives & Early Retirees)			
Number of Subscribers	28			
Group Number	34936-2, 34936-3			
Tier	Kaiser Base Rate	EBS Fee		Total
Single	\$ 559.00	\$0.50	-	\$559.50
Two Party	\$ 1,101.00	\$0.50	-	\$1,101.50
Family	\$ 1,551.00	\$0.50	-	\$1,551.50

Product		PPO		
Name of Plan		UHC Group Retiree		
Number of Subscribers		129		
Group Number		H2001		
Tier	UHC Base Rate	EBS Fee 1	EBS Fee 2	Total
PMPM	\$455.83	\$0.50	\$ 6.75	\$463.08
Product		Vision		
Name of Plan		CSAC EIAVSP (Sherriffs)		
Number of Subscribers		138		
Group Number		00112374-0003		
Tier	Cost of Claims	PBIA Billing & Eligibility Fee	EIA Self-Funded VSP Admin Fee	Total
Single	As billed monthly	\$0.35 PEPM	9% of claims	\$4.58
Two Party	As billed monthly	\$0.35 PEPM	9% of claims	\$9.16
Family	As billed monthly	\$0.35 PEPM	9% of claims	\$14.75
<i>Total includes: cost of claims as billed monthly, PBIA billing & eligibility fee and the EIA self-funded VSP admin fee</i>				
Product		Vision		
Name of Plan		CSAC EIAVSP (All Others)		
Number of Subscribers		1403		
Group Number		00112374-0001		
Tier	Cost of Claims	PBIA Billing & Eligibility Fee	EIA Self-Funded VSP Admin Fee	Total
Single	As billed monthly	\$0.35 PEPM	9% of claims	\$4.58
Two Party	As billed monthly	\$0.35 PEPM	9% of claims	\$9.16
Family	As billed monthly	\$0.35 PEPM	9% of claims	\$14.75
<i>Total includes: cost of claims as billed monthly, PBIA billing & eligibility fee and the EIA self-funded VSP admin fee</i>				
Product		EAP		
Name of Plan		MHN EAP		
Number of Subscribers		1731		
Group Number		6178		
Tier	MHN Base Rate			Total
Composite Rate	\$5.44	-	-	\$5.44
Product		Dental		
Name of Plan		Delta Dental PPO		
Number of Subscribers		1575		
Group Number		353		
Tier	Cost of Claims	PBIA Billing & Eligibility Fee	EIA Self-Funded VSP Admin Fee	Total
Single	As billed monthly	\$0.85 PEPM	7.2% of claims	\$54.28
Two Party	As billed monthly	\$0.85 PEPM	7.2% of claims	\$97.71
Family	As billed monthly	\$0.85 PEPM	7.2% of claims	\$135.71
<i>Total includes: cost of claims as billed monthly, PBIA billing & eligibility fee and the EIA self-funded admin fee</i>				