

El Dorado County - 2026 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	\$1,778.00	\$0.50	\$1,778.50
Two Party	\$3,203.00	\$0.50	\$3,203.50
Family	\$4,452.00	\$0.50	\$4,452.50
Product	PPO		
Name of Plan	PRISM Blue Shield ABHP \$1700 (Actives & Early Retirees) HIGH		
Number of Subscribers			
Group Number	W0052143 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			
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
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	\$1,192.00	\$0.50	\$1,192.50
Two Party	\$2,361.00	\$0.50	\$2,361.50
Family	\$3,326.00	\$0.50	\$3,326.50
Product	HMO		
Name of Plan	PRISM Kaiser HMO \$1700 ABHP (Actives & Early Retirees)		
Number of Subscribers			
Group Number	34936-2, 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
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	\$519.00	\$0.50	\$519.50
2 Party	\$1,020.00	\$0.50	\$1,020.50
2 Party (1 Medicare + 1 Without)	\$1,470.00	\$0.50	\$1,470.50
Family (1 Medicare + 2 Without)	\$2,258.00	\$0.50	\$2,258.50
Family (2 Medicare + 1 Without)	\$1,808.00	\$0.50	\$1,808.50
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	\$519.00	\$0.50	\$519.50
2 Party	\$1,020.00	\$0.50	\$1,020.50
2 Party (1 Medicare + 1 Without)	\$1,711.00	\$0.50	\$1,711.50
Family (1 Medicare + 2 Without)	\$1,653.00	\$0.50	\$1,653.50
Family (2 Medicare + 1 Without)	\$1,985.00	\$0.50	\$1,985.50

Product	PPO		
Name of Plan	UHC Group Retiree		
Number of Subscribers			
Group Number	H2001		
Tier	UHC Base Rate	BCC Fee	Total
PMPM	\$719.83	\$7.50	\$727.33
Product	Dental		
Name of Plan	PRISM Delta Dental PPO		
Number of Subscribers			
Group Number	353		
Tier	Delta Base Rate (ASO)		Total
Single	\$49.88		\$49.88
Two Party	\$89.77		\$89.77
Family	\$124.69		\$124.69
ADMIN COST			
BCC	\$0.75		PEPM
Alliant Service Fee	\$2.00		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	\$5.08		\$5.08
Two Party	\$10.13		\$10.13
Family	\$16.32		\$16.32
ADMIN COST			
BCC	\$0.65		PEPM
Program Management & UW Fee	\$0.10		PEPM
Alliant Fee	\$1.00		PEPM
VSP	7.50%		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	\$4.30		\$4.30
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
Composite Rate - Concern Plus First Responder	\$14.35		\$14.35
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