El Dorac	lo County - 2026 Contributions			
Product	PPO			
Name of Plan	PRISM Blue Shield PPO \$200 (Actives & Early Retirees)			
Number of Subscribers				
Group Number	W0052	143 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	
Duradurat		DDO.		
Product Name of Plan	DDICM Blue Chield ABUD C1	PPO	шси	
Number of Subscribers	PRISM Blue Shield ABHP \$1700 (Actives & Early Retirees) HIGH			
Group Number	W0052143	3 PPOX0002,X0007		
Tier	UW Base Rate	BCC Fee	Total	
Single	\$1,364.00	\$0.50	\$1,364.50	
wo Party	\$2,459.00	\$0.50	\$2,459.50	
amily	\$3,417.00	\$0.50	\$3,417.50	
Product		PPO		
Name of Plan	PRISM Blue Shield Bronze Plan Al		tirees) LOW	
Number of Subscribers	State State Brother Hall All	promise or autry file		
Group Number	W0052143 P	POX0006, PPOX0008		
ier			Total	
	UW Base Rate	BCC Fee		
ingle wo Party	\$1,227.00 \$2,214.00	\$0.50 \$0.50	\$1,227.50 \$2,214.50	
Family	\$2,214.00	\$0.50	\$2,214.50	
annty	\$3,014.00 	Ş0.J0	\$3,01 4 .30	
Product		НМО		
Name of Plan	PRISM Kaiser HMC	(Actives & Early Retirees)		
Number of Subscribers		, , , , , , ,		
Group Number	34	1936-0000		
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	
	40,0	40.00	+ + + + + + + + + + + + + + + + + + +	
Product		НМО		
Name of Plan	PRISM Kaiser HMO \$1700	ABHP (Actives & Early Retire	es)	
Number of Subscribers				
Group Number	3493	6-2, 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	
amily	\$2,722.00	\$0.50	\$2,722.50	
Product	НМО	- KPSA - Low		
Name of Plan	PRISM Kaiser H	MO (Medicare Retirees)		
Number of Subscribers				
Group Number		1936-0001		
riau	Group Contributions	DCC For	Total	
Fier Single	Kaiser Base Rate	BCC Fee	Total	
ingle Party	\$519.00 \$1,020.00	\$0.50 \$0.50	\$519.50	
Party (1 Medicare + 1 Without)	\$1,020.00 \$1,470.00	\$0.50 \$0.50	\$1,020.50 \$1,470.50	
Farity (1 Medicare + 1 Without) Tamily (1 Medicare + 2 Without)	\$1,470.00	\$0.50	\$1,470.50	
	\$2,258.00	\$0.50	\$1,808.50	
family (2 Medicare + 1 Without)	<u> </u>	, , , , , , , , , , , , , , , , , , ,	71,000.50	
family (2 Medicare + 1 Without)	HMO - KPSA - High			
family (2 Medicare + 1 Without) Product	НМО	PRISM Kaiser HMO (Medicare Retirees)		
		MO (Medicare Retirees)		
Product		MO (Medicare Retirees)		
Product Name of Plan	PRISM Kaiser H	MO (Medicare Retirees) 4936-0001		
Product Name of Plan Number of Subscribers	PRISM Kaiser H			
Product Name of Plan Number of Subscribers Group Number	PRISM Kaiser H		Total	
Product Name of Plan Number of Subscribers Group Number	PRISM Kaiser H 34 Group Contributions	1936-0001	Total \$519.50	
Product Name of Plan Number of Subscribers Group Number Tier Single	PRISM Kaiser H 34 Group Contributions Kaiser Base Rate	1936-0001 BCC Fee		
Product Name of Plan Number of Subscribers Group Number Fier Single 2 Party	PRISM Kaiser H 34 Group Contributions Kaiser Base Rate \$519.00	BCC Fee \$0.50	\$519.50	
Name of Plan Number of Subscribers	PRISM Kaiser H 34 Group Contributions Kaiser Base Rate \$519.00 \$1,020.00	BCC Fee \$0.50 \$0.50	\$519.50 \$1,020.50	

Product		PPO		
Name of Plan		UHC Group Retir	ee	
Number of Subscribers	·			
Group Number	H2001			
Tier	UHC Bas	e Rate	BCC Fee To	tal
РМРМ	\$719.	83	\$7.50 \$727	7.33
Product				
Name of Plan	PRISM Delta Dental PPO			
Number of Subscribers				
Group Number	353			
Tier	Delta Base Rate (ASO)			tal
Single	\$49.88		\$49	
Two Party	\$89.77		\$89	
Family		\$124.69		4.69
ADMIN COST BCC		\$0.75	DE	EPM
Alliant Service Fee		\$2.00		PM PM
Program Management & UW Fee		\$0.50		PM
Delta		6.70%		laims
Product		Vision		
Name of Plan		PRISM VSP (All Oth	ers)	
Number of Subscribers		1489		
Group Number		00112374-000	L	
Tier		VSP Base Rate (ASO)	То	tal
Single		\$5.08	\$5.	.08
Two Party		\$10.13	\$10	0.13
Family		\$16.32	\$16	5.32
ADMIN COST				
BCC		\$0.65		PM
Program Management & UW Fee		\$0.10		PM PM
Alliant Fee VSP	\$1.00 7.50%			laims
VOI		1.5070	OT CE	tanns
Product	Vision			
Name of Plan	PRISM VSP (Sheriffs)			
Number of Subscribers	154			
Group Number	00112374-0003			
Tier		VSP Base Rate (ASO)		tal
Single		\$4.30		.30
Two Party	\$8.58		\$8.	.58
Family	\$13.81			
			\$13	3.81
ADMIN COST			\$13	
BCC		\$0.65	\$13 PE	EPM .
BCC Program Management & UW Fee		\$0.65 \$0.10	\$13 PE PE	EPM EPM
BCC Program Management & UW Fee Alliant Fee		\$0.65 \$0.10 \$1.00	\$13 PE PE	EPM EPM
BCC Program Management & UW Fee		\$0.65 \$0.10	\$13 PE PE	EPM EPM
BCC Program Management & UW Fee Alliant Fee VSP		\$0.65 \$0.10 \$1.00 7.50%	\$13 PE PE	EPM EPM
BCC Program Management & UW Fee Alliant Fee VSP Product		\$0.65 \$0.10 \$1.00 7.50%	\$13 PE PE	EPM EPM
BCC Program Management & UW Fee Alliant Fee VSP		\$0.65 \$0.10 \$1.00 7.50%	\$13 PE PE	EPM EPM
BCC Program Management & UW Fee Alliant Fee VSP Product Name of Plan		\$0.65 \$0.10 \$1.00 7.50%	\$13 PE PE	EPM EPM
BCC Program Management & UW Fee Alliant Fee VSP Product Name of Plan Number of Subscribers Group Number		\$0.65 \$0.10 \$1.00 7.50% EAP Concern EAP	\$13 PE PE Of cl	EPM EPM EPM laims
BCC Program Management & UW Fee Alliant Fee VSP Product Name of Plan Number of Subscribers Group Number		\$0.65 \$0.10 \$1.00 7.50% EAP Concern EAP	\$13 PE PE Of cl	EPM EPM Iaims
BCC Program Management & UW Fee Alliant Fee VSP Product Name of Plan Number of Subscribers Group Number		\$0.65 \$0.10 \$1.00 7.50% EAP Concern EAP	\$13 PE PE Of cl	EPM EPM EPM laims
BCC Program Management & UW Fee Alliant Fee VSP Product Name of Plan Number of Subscribers Group Number Tier Composite Rate - Traditional EAP		\$0.65 \$0.10 \$1.00 7.50% EAP Concern EAP	\$13 PE PE Of cl To \$3.	EPM EPM laims
BCC Program Management & UW Fee Alliant Fee VSP Product Name of Plan Number of Subscribers Group Number Tier Composite Rate - Traditional EAP Composite Rate - Concern Plus First Responder		\$0.65 \$0.10 \$1.00 7.50% EAP Concern EAP Concern Base Rate \$3.56 \$14.35	\$13 PE PE PE of cl	EPM EPM laims otal
BCC Program Management & UW Fee Alliant Fee VSP Product Name of Plan Number of Subscribers Group Number Tier Composite Rate - Traditional EAP Composite Rate - Concern Plus First Responder Product		\$0.65 \$0.10 \$1.00 7.50% EAP Concern EAP Concern Base Rate \$3.56 \$14.35	\$13 PE PE PE of cl \$3.	EPM EPM laims otal
BCC Program Management & UW Fee Alliant Fee VSP Product Name of Plan Number of Subscribers Group Number Tier Composite Rate - Traditional EAP Composite Rate - Concern Plus First Responder Product Name of Plan Product		\$0.65 \$0.10 \$1.00 7.50% EAP Concern EAP Concern Base Rate \$3.56 \$14.35	\$13 PE PE PE of cl \$3.	EPM EPM laims otal
BCC Program Management & UW Fee Alliant Fee VSP Product Name of Plan Number of Subscribers Group Number Tier Composite Rate - Traditional EAP Composite Rate - Concern Plus First Responder Product Name of Plan Number of Subscribers		\$0.65 \$0.10 \$1.00 7.50% EAP Concern EAP Concern Base Rate \$3.56 \$14.35 Life & Disability Basic Life and AD	\$13 PE PE PE of cl \$3.	EPM EPM laims
BCC Program Management & UW Fee Alliant Fee VSP Product Name of Plan Number of Subscribers Group Number Tier Composite Rate - Traditional EAP Composite Rate - Concern Plus First Responder Product Name of Plan Number of Subscribers Group Number		\$0.65 \$0.10 \$1.00 7.50% EAP Concern EAP Concern Base Rate \$3.56 \$14.35 Life & Disability Basic Life and AD	\$13 PE PE PE of cl \$3. \$14	EPM EPM laims otal .56 1.35
BCC Program Management & UW Fee Alliant Fee VSP Product Name of Plan Number of Subscribers Group Number Tier Composite Rate - Traditional EAP Composite Rate - Concern Plus First Responder Product Name of Plan Number of Subscribers	Lincoln Life Rate \$0.11	\$0.65 \$0.10 \$1.00 7.50% EAP Concern EAP Concern Base Rate \$3.56 \$14.35 Life & Disability Basic Life and AD	\$13 PE PE PE of cl \$3. \$14	EPM EPM EPM laims

Produ	ct Life & Dis	ability		
Name of Pla	Voluntary Life			
	Employ			
Number of Subscribe	Spouses Children			
Group Number	er 40000100	40000100017503		
Age Banded Rates	Lincoln Unism	oker 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		
Produ		Life & Disability		
Name of Pla		Long Term Disability		
Number of Subscribe				
Group Numb	er 10182	352		
Tier	Lincoln LTD Rate	Total		
Composite (per \$100 of salary)	\$0.260 \$0.260			