El Dorado Co	unty - 2025 Contributions			
Product	PPO			
Name of Plan	PRISM Blue Shield PPO	\$200 (Actives & Early Retirees	s)	
Number of Subscribers				
Group Number	W0052	143 PPOX0001		
ier	UW Base Rate	BCC Fee	Total	
ingle	\$1,561.00	\$0.50	\$1,561.50	
wo Party	\$2,812.00	\$0.50	\$2,812.50	
family	\$3,909.00	\$0.50	\$3,909.50	
Product		PPO		
Name of Plan	PRISM Rlue Shield ARHP	\$1650 (Actives & Early Retires	26)	
Number of Subscribers	T KISM Blue Silleta ABIII	\$1000 (Actives & Laity Retirec	,	
Group Number	W0052143	3 PPOX0002,X0007		
Tier	UW Base Rate	BCC Fee	Total	
Single	\$1,198.00	\$0.50	\$1,198.50	
wo Party	\$2,159.00	\$0.50	\$2,159.50	
ramily	\$3,000.00	\$0.50	\$3,000.50	
Product		PPO		
Name of Plan	PRISM Blue Shield Bronze Plan	ABHP \$2000 (Actives & Early F	Retirees)	
Number of Subscribers				
Group Number	W0052143 P	POX0006, PPOX0008		
ier	UW Base Rate	BCC Fee	Total	
ingle	\$1,077.00	\$0.50	\$1,077.50	
wo Party	\$1,944.00	\$0.50	\$1,944.50	
Family	\$2,699.00	\$0.50	\$2,699.50	
we are all		IIMO		
Product Name of Plan	DDISM Kaisay UMC	HMO (Actives & Early Retirees)		
Number of Subscribers	PRISM Kaiser HMO	(Actives & Early Retirees)		
Group Number	34	1936-0000		
			T =	
Tier	Kaiser Base Rate	BCC Fee	Total	
Single	\$1,047.00	\$0.50 \$0.50	\$1,047.50	
Two Party Family	\$2,073.00 \$2,920.00	\$0.50	\$2,073.50 \$2,920.50	
Split Rates	\$2,920.00	\$0.50	\$2,320.30	
Jnassigned Medicare 65+ Per Member: Missing A&B, or have B only	\$2,725.00	\$0.50	\$2,725.50	
Jnassigned Medicare 65+ Per Member: Missing B only	\$2,157.00	\$0.50	\$2,157.50	
Product		НМО		
Name of Plan	PRISM Kaiser HMO \$1650	ABHP (Actives & Early Retiree	es)	
Number of Subscribers Group Number	2/07	86-2, 34936-3		
		<u> </u>	<b>1</b> -	
Tier	Kaiser Base Rate	BCC Fee	Total	
Single	\$863.00	\$0.50	\$863.50	
wo Party	\$1,698.00	\$0.50 \$0.50	\$1,698.50	
Family Split Rates	\$2,390.00	\$0.50	\$2,390.50	
Inassigned Medicare 65+ Per Member: Missing A&B, or have B only	\$2,980.00	\$0.50	\$2,980.50	
Jnassigned Medicare 65+ Per Member: Missing A&B, of have Bonty  Jnassigned Medicare 65+ Per Member: Missing B only	\$2,411.00	\$0.50	\$2,411.50	
Product		- KPSA - Low		
Name of Plan	PRISM Kaiser H	MO (Medicare Retirees)		
Number of Subscribers				
Group Number		1936-0001		
ier Gro	oup Contributions Kaiser Base Rate	BCC Fee	Total	
ingle	\$473.00	\$0.50	\$473.50	
Party	\$929.00	\$0.50	\$929.50	
Party (1 Medicare + 1 Without)	\$1,308.00	\$0.50	\$1,308.50	
Family (1 Medicare + 2 Without)	\$2,000.00	\$0.50	\$2,000.50	
family (2 Medicare + 1 Without)	\$1,621.00	\$0.50	\$1,621.50	
Product		- KPSA - High		
Name of Plan	PRISM Kaiser H	MO (Medicare Retirees)		
Number of Subscribers				
Group Number		1936-0001		
	oup Contributions	DCC For	Tatal	
	Valeau Daca Data	BCC Fee	Total	
Fier Fier Fier Fier Fier Fier Fier Fier	Kaiser Base Rate	ርህ ደህ		
Fier Single	\$473.00	\$0.50 \$0.50	\$473.50 \$929.50	
Tier Single 2 Party	\$473.00 \$929.00	\$0.50	\$929.50	
Tier Single 2 Party 2 Party (1 Medicare + 1 Without)	\$473.00 \$929.00 \$1,520.00	\$0.50 \$0.50	\$929.50 \$1,520.50	
Tier Single 2 Party	\$473.00 \$929.00	\$0.50	\$929.50	

Due direct				
Product Name of Plan	PPO UHC Group Petiree			
Number of Subscribers	UHC Group Retiree			
Group Number	H2001			
Tier	UHC Bas	UHC Base Rate BCC Fee		Total
PMPM	\$594.		\$7.50	\$602.33
Product		Dental		
Name of Plan		PRISM Delta De	ental PPO	
Number of Subscribers				
Group Number		353		
Tier		Delta Base Rate (ASO)		Total
Single		\$48.10		\$48.10
Two Party		\$86.57		\$86.57
Family ADMIN COST		\$120.24		\$120.24
BCC		\$0.75		PEPM
Alliant Service Fee		\$1.00		PEPM
Program Management & UW Fee		\$0.50		PEPM
Delta		6.70%		of claims
Product		Vision		
Name of Plan		PRISM VSP (All	l Others)	
Number of Subscribers Group Number		1489 00112374-	0001	
			0001	
Tier		VSP Base Rate (ASO)		Total
Single		\$4.05		\$4.05
Two Party		\$8.08		\$8.08
Family ADMIN COST		\$13.01		\$13.01
BCC		\$0.65		PEPM
Program Management Fee		\$0.00		PEPM
VSP		8.50%		of claims
Product		Vision		
Name of Plan		PRISM VSP (S	heriffs)	
Number of Subscribers		154		
Group Number		00112374-0003		
Tier		VSP Base Rate (ASO)		Total
Single		\$3.43		\$3.43
Two Party		\$6.84		\$6.84
Family ADMIN COST		\$11.01		\$11.01
BCC		\$0.65		PEPM
Program Management Fee		\$0.00		PEPM
VSP		8.50%		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	\$11.96		\$11.96	
Product		Life & Disal	bility	
Name of Plan	Basic Life and AD&D			
Number of Subscribers				
Group Number	10182351			
Tier	Lincoln Life Rate	Lincoln AD	&D Rate	Total

Product	Life & Disability			
Name of Plan	Voluntary Life			
	Employees Spouses			
Number of Subscribers				
	Children			
Group Number	40000100017503			
Age Banded Rates	Lincoln Unisi	moker Rates		
Rates per \$1,000	Lincoln Employee Rates	Lincoln Spo	use Rates	
Under Age 25	\$0.040	\$0.0	40	
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	\$2.0	00	
Product	Life & Disability			
Name of Plan	Long Term Disability			
Number of Subscribers				
Group Number	10182352			
Tier	Lincoln LTD Rate Total		Total	
Composite (per \$100 of salary)	\$0.260 \$0.260		\$0.260	