

El Dorado County - 2023 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	\$1,310.00	\$0.50	\$1,310.50
Two Party	\$2,360.00	\$0.50	\$2,360.50
Family	\$3,281.00	\$0.50	\$3,281.50
Product	PPO		
Name of Plan	PRISM Blue Shield ABHP \$1500 (Actives & Early Retirees)		
Number of Subscribers			
Group Number	W0052143 PPOX0002,X0007		
Tier	UW Base Rate	BCC Fee	Total
Single	\$1,005.00	\$0.50	\$1,005.50
Two Party	\$1,812.00	\$0.50	\$1,812.50
Family	\$2,518.00	\$0.50	\$2,518.50
Product	PPO		
Name of Plan	PRISM Blue Shield Bronze Plan ABHP \$2000 (Actives & Early Retirees)		
Number of Subscribers			
Group Number	W0052143 PPOX0006, PPOX0008		
Tier	UW Base Rate	BCC Fee	Total
Single	\$904.00	\$0.50	\$904.50
Two Party	\$1,632.00	\$0.50	\$1,632.50
Family	\$2,266.00	\$0.50	\$2,266.50
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	\$879.00	\$0.50	\$879.50
Two Party	\$1,740.00	\$0.50	\$1,740.50
Family	\$2,451.00	\$0.50	\$2,451.50
Split Rates			
Unassigned Medicare 65+ Per Member: Missing A&B, or have B only	\$2,287.00	\$0.50	\$2,287.50
Unassigned Medicare 65+ Per Member: Missing B only	\$1,810.00	\$0.50	\$1,810.50
Product	HMO		
Name of Plan	PRISM Kaiser HMO \$1500 ABHP (Actives & Early Retirees)		
Number of Subscribers			
Group Number	34936-2, 34936-3		
Tier	Kaiser Base Rate	BCC Fee	Total
Single	\$725.00	\$0.50	\$725.50
Two Party	\$1,425.00	\$0.50	\$1,425.50
Family	\$2,006.00	\$0.50	\$2,006.50
Split Rates			
Unassigned Medicare 65+ Per Member: Missing A&B, or have B only	\$2,501.00	\$0.50	\$2,501.50
Unassigned Medicare 65+ Per Member: Missing B only	\$2,023.00	\$0.50	\$2,023.50
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	\$387.00	\$0.50	\$387.50
2 Party	\$760.00	\$0.50	\$760.50
2 Party (1 Medicare + 1 Without)	\$1,087.00	\$0.50	\$1,087.50
Family (1 Medicare + 2 Without)	\$1,668.00	\$0.50	\$1,668.50
Family (2 Medicare + 1 Without)	\$1,341.00	\$0.50	\$1,341.50
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	\$387.00	\$0.50	\$387.50
2 Party	\$760.00	\$0.50	\$760.50
2 Party (1 Medicare + 1 Without)	\$1,266.00	\$0.50	\$1,266.50
Family (1 Medicare + 2 Without)	\$1,959.00	\$0.50	\$1,959.50
Family (2 Medicare + 1 Without)	\$1,471.00	\$0.50	\$1,471.50
Product	PPO		
Name of Plan	UHC Group Retiree		
Number of Subscribers			
Group Number	H2001		
Tier	UHC Base Rate	BCC Fee	Total
PMPM	\$447.12	\$7.50	\$454.62
Product	Dental		
Name of Plan	PRISM Delta Dental PPO		
Number of Subscribers			
Group Number	353		
Tier	Delta Base Rate (ASO)	Total	
Single	\$49.77	\$49.77	
Two Party	\$89.59	\$89.59	
Family	\$124.43	\$124.43	
ADMIN COST			
BCC	\$0.75	PEPM	
Program Management Fee	\$1.00	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	\$4.56	\$4.56	
Two Party	\$9.11	\$9.11	
Family	\$14.66	\$14.66	
ADMIN COST			
BCC	\$0.65	PEPM	
Program Management Fee	\$0.00	PEPM	
VSP	8.50%	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	\$3.86		\$3.86
Two Party	\$7.70		\$7.70
Family	\$12.41		\$12.41
ADMIN COST			
BCC	\$0.65		PEPM
Program Management Fee	\$0.00		PEPM
VSP	8.50%		of claims
Product	EAP		
Name of Plan	MHN EAP		
Number of Subscribers			
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			
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