

El Dorado County - 2022 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	\$1,204.00	\$0.50	\$1,204.50
Two Party	\$2,169.00	\$0.50	\$2,169.50
Family	\$3,016.00	\$0.50	\$3,016.50
Product	PPO		
Name of Plan	PRISM Blue Shield ABHP \$1400 (Actives & Early Retirees)		
Number of Subscribers			
Group Number	W0052143 PPOX0002_X0007		
Tier	UW Base Rate	BCC Fee	Total
Single	\$924.00	\$0.50	\$924.50
Two Party	\$1,665.00	\$0.50	\$1,665.50
Family	\$2,314.00	\$0.50	\$2,314.50
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	\$831.00	\$0.50	\$831.50
Two Party	\$1,500.00	\$0.50	\$1,500.50
Family	\$2,083.00	\$0.50	\$2,083.50
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	\$808.00	\$0.50	\$808.50
Two Party	\$1,599.00	\$0.50	\$1,599.50
Family	\$2,253.00	\$0.50	\$2,253.50
Split Rates			
Unassigned Medicare 65+ Per Member: Missing A&B, or have B only	\$2,102.00	\$0.50	\$2,102.50
Unassigned Medicare 65+ Per Member: Missing B only	\$1,664.00	\$0.50	\$1,664.50
Product	HMO		
Name of Plan	PRISM Kaiser HMO \$1400 ABHP (Actives & Early Retirees)		
Number of Subscribers			
Group Number	34936-2, 34936-3		
Tier	Kaiser Base Rate	BCC Fee	Total
Single	\$666.00	\$0.50	\$666.50
Two Party	\$1,310.00	\$0.50	\$1,310.50
Family	\$1,844.00	\$0.50	\$1,844.50
Split Rates			
Unassigned Medicare 65+ Per Member: Missing A&B, or have B only	\$2,299.00	\$0.50	\$2,299.50
Unassigned Medicare 65+ Per Member: Missing B only	\$1,859.00	\$0.50	\$1,859.50
Product	HMO - KPSA - Low		
Name of Plan	PRISM Kaiser HMO (Medicare Retirees)		
Number of Subscribers			
Group Number	34936-0001		
Tier	Group Contributions		
	Kaiser Base Rate	BCC Fee	Total
Single	\$428.00	\$0.50	\$428.50
2 Party	\$841.00	\$0.50	\$841.50
2 Party (1 Medicare + 1 Without)	\$1,072.00	\$0.50	\$1,072.50
Family (1 Medicare + 2 Without)	\$1,606.00	\$0.50	\$1,606.50
Family (2 Medicare + 1 Without)	\$1,375.00	\$0.50	\$1,375.50
Product	HMO - KPSA - High		
Name of Plan	PRISM Kaiser HMO (Medicare Retirees)		
Number of Subscribers			
Group Number	34936-0001		
Tier	Group Contributions		
	Kaiser Base Rate	BCC Fee	Total
Single	\$431.00	\$0.50	\$431.50
2 Party	\$846.00	\$0.50	\$846.50
2 Party (1 Medicare + 1 Without)	\$1,239.00	\$0.50	\$1,239.50
Family (1 Medicare + 2 Without)	\$1,876.00	\$0.50	\$1,876.50
Family (2 Medicare + 1 Without)	\$1,500.00	\$0.50	\$1,500.50
Product	PPO		
Name of Plan	UHC Group Retiree		
Number of Subscribers			
Group Number	H2001		
Tier	UHC Base Rate	BCC Fee	Total
PMPM	\$436.21	\$7.50	\$443.71
Product	Dental		
Name of Plan	PRISM Delta Dental PPO		
Number of Subscribers			
Group Number	353		
Tier	Delta Base Rate (ASO)		Total
Single	\$51.66		\$51.66
Two Party	\$92.99		\$92.99
Family	\$129.15		\$129.15
ADMIN COST			
BCC	\$0.60		PEPM
Program Management Fee	\$1.00		PEPM
Dental	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	\$4.17		\$4.17
Two Party	\$8.33		\$8.33
Family	\$13.42		\$13.42
ADMIN COST			
BCC	\$0.50		PEPM
Program Management Fee	\$0.00		PEPM
Dental	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	\$3.53		\$3.53
Two Party	\$7.05		\$7.05

Family		\$11.36		\$11.36
<b>ADMIN COST</b>				
BCC		\$0.50		PEPM
Program Management Fee		\$0.00		PEPM
Dental		8.50%		of claims
<b>Product</b>		<b>EAP</b>		
<b>Name of Plan</b>		<b>MHN EAP</b>		
<b>Number of Subscribers</b>				
<b>Group Number</b>		<b>6178</b>		
<b>Tier</b>		<b>MHN Base Rate</b>		<b>Total</b>
Composite Rate		\$5.17		\$5.17
<b>Product</b>		<b>Life &amp; Disability</b>		
<b>Name of Plan</b>		<b>Basic Life and AD&amp;D</b>		
<b>Number of Subscribers</b>				
<b>Group Number</b>		<b>10182351</b>		
<b>Tier</b>		<b>Lincoln Life Rate</b>	<b>Lincoln AD&amp;D Rate</b>	<b>Total</b>
Composite (per \$1000 of benefit)		\$0.11	\$0.02	\$0.13
<b>Product</b>		<b>Life &amp; Disability</b>		
<b>Name of Plan</b>		<b>Voluntary Life</b>		
<b>Number of Subscribers</b>		<b>Employees Spouses Children</b>		
<b>Group Number</b>		<b>40000100017503</b>		
<b>Age Banded Rates</b>		<b>Lincoln Unismoker Rates</b>		
Rates per \$1,000		<b>Lincoln Employee Rates</b>	<b>Lincoln Spouse Rates</b>	
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	
<b>Dependent Child(ren) Rate</b>				
Monthly Premium (per \$10,000)		\$2.000	\$2.000	
<b>Product</b>		<b>Life &amp; Disability</b>		
<b>Name of Plan</b>		<b>Long Term Disability</b>		
<b>Number of Subscribers</b>				
<b>Group Number</b>		<b>10182352</b>		
<b>Tier</b>		<b>Lincoln LTD Rate</b>		<b>Total</b>
Composite (per \$100 of salary)		\$0.260		\$0.260