El Dorad	o County - 2024 Contributions			
Product		PPO		
Name of Plan	PRISM Blue Shield PPO \$200 (Actives & Early Retirees) W0052143 PPOX0001			
Number of Subscribers				
Group Number				
lier	UW Base Rate	BCC Fee	Total	
Single	\$1,470.00	\$0.50	\$1,470.50	
Гwo Party	\$2,648.00	\$0.50	\$2,648.50	
amily	\$3,681.00	\$0.50	\$3,681.50	
Durd of				
Product Name of Plan	DDICM Dive Chield ADUD	PPO	1	
Name of Plan Number of Subscribers	PRISM Blue Shield ABHP	\$1500 (Actives & Early Retire	es)	
Group Number	W0052143	PPOX0002,X0007		
Fier	UW Base Rate	BCC Fee	Total	
Single	\$1,128.00 \$2,033.00	\$0.50 \$0.50	\$1,128.50 \$2,033.50	
Family	\$2,825.00	\$0.50	\$2,825.50	
	\$2,023.00	Ş0.30	\$2,025.50	
Product		PPO		
Name of Plan	PRISM Blue Shield Bronze Plan	ABHP \$2000 (Actives & Early	Retirees)	
Number of Subscribers				
Group Number	W0052143 PI	POX0006, PPOX0008		
lier lier lier lier lier lier lier lier	UW Base Rate	BCC Fee	Total	
Single	\$1,014.00	\$0.50	\$1,014.50	
Fwo Party	\$1,831.00	\$0.50	\$1,831.50	
Family	\$2,542.00	\$0.50	\$2,542.50	
Product		НМО		
Name of Plan	PRISM Kaiser HMO	(Actives & Early Retirees)		
Number of Subscribers Group Number	24	936-0000		
Stoup Nalliber		-	•	
lier	Kaiser Base Rate	BCC Fee	Total	
Single	\$986.00	\$0.50	\$986.50	
Two Party	\$1,952.00	\$0.50	\$1,952.50	
Family Split Rates	\$2,750.00	\$0.50	\$2,750.50	
Jnassigned Medicare 65+ Per Member: Missing A&B, or have B only	\$2,566.00	\$0.50	\$2,566.50	
Unassigned Medicare 65+ Per Member: Missing Pade, or Neve Donky	\$2,031.00	\$0.50	\$2,031.50	
Product		нмо		
Name of Plan	PRISM Kaiser HMO \$1600 ABHP (Actives & Early Retirees)			
Number of Subscribers				
Group Number	3493	6-2, 34936-3		
Tier	Kaiser Base Rate	BCC Fee	Total	
Single	\$813.00	\$0.50	\$813.50	
Two Party	\$1,599.00	\$0.50	\$1,599.50	
amily	\$2,251.00	\$0.50	\$2,251.50	
Split Rates	¢2.000.00	60 F0	to 000 FC	
Jnassigned Medicare 65+ Per Member: Missing A&B, or have B only	\$2,806.00	\$0.50 \$0.50	\$2,806.50 \$2,270.50	
Jnassigned Medicare 65+ Per Member: Missing B only	\$2,270.00	\$U.3U	۶۲,۲۱۵.۵۵	
Product	НМО	- KPSA - Low		
Name of Plan		MO (Medicare Retirees)		
Number of Subscribers				
Group Number		936-0001		
	Group Contributions			
lier	Kaiser Base Rate	BCC Fee	Total	
Single	\$442.00	\$0.50	\$442.50	
Dert:	\$868.00	\$0.50	\$868.50 \$1,228.50	
	Č1 330 00	\$0.50	. ,	
Party (1 Medicare + 1 Without)	\$1,228.00	¢0 E0		
Party (1 Medicare + 1 Without) amily (1 Medicare + 2 Without)	\$1,880.00	\$0.50 \$0.50	\$1,880.50	
Party (1 Medicare + 1 Without) amily (1 Medicare + 2 Without)		\$0.50 \$0.50	\$1,880.50	
Party (1 Medicare + 1 Without) amily (1 Medicare + 2 Without)	\$1,880.00 \$1,520.00			
Party (1 Medicare + 1 Without) Family (1 Medicare + 2 Without) Family (2 Medicare + 1 Without)	\$1,880.00 \$1,520.00 HMO	\$0.50		
2 Party (1 Medicare + 1 Without) Family (1 Medicare + 2 Without) Family (2 Medicare + 1 Without) Product	\$1,880.00 \$1,520.00 HMO	\$0.50 - KPSA - High		
2 Party (1 Medicare + 1 Without) Family (1 Medicare + 2 Without) Family (2 Medicare + 1 Without) Product Name of Plan	\$1,880.00 \$1,520.00 HMO PRISM Kaiser HI 34	\$0.50 - KPSA - High		
2 Party (1 Medicare + 1 Without) Family (1 Medicare + 2 Without) Family (2 Medicare + 1 Without) Product Name of Plan Number of Subscribers Group Number	\$1,880.00 \$1,520.00 HMO PRISM Kaiser HI 34 Group Contributions	\$0.50 - KPSA - High MO (Medicare Retirees) 1936-0001	\$1,520.50	
2 Party (1 Medicare + 1 Without) Family (1 Medicare + 2 Without) Family (2 Medicare + 1 Without) Product Name of Plan Number of Subscribers Group Number	\$1,880.00 \$1,520.00 HMO PRISM Kaiser HI 34 Group Contributions Kaiser Base Rate	\$0.50 - KPSA - High MO (Medicare Retirees) 1936-0001 BCC Fee	\$1,520.50	
2 Party (1 Medicare + 1 Without) Family (1 Medicare + 2 Without) Family (2 Medicare + 1 Without) Product Name of Plan Number of Subscribers Group Number Tier Single	\$1,880.00 \$1,520.00 HMO PRISM Kaiser HI 34 Group Contributions Kaiser Base Rate \$442.00	\$0.50 - KPSA - High MO (Medicare Retirees) 1936-0001 BCC Fee \$0.50	\$1,520.50 Total \$442.50	
Family (2 Medicare + 1 Without) Product Name of Plan Number of Subscribers	\$1,880.00 \$1,520.00 HMO PRISM Kaiser HI 34 Group Contributions Kaiser Base Rate	\$0.50 - KPSA - High MO (Medicare Retirees) 1936-0001 BCC Fee	\$1,520.50	

	¢1.000.00		¢0.50	¢1.000 F0
Family (2 Medicare + 1 Without)	\$1,666.00		\$0.50	\$1,666.50
Product	PPO			
Name of Plan	UHC Group Retiree			
Number of Subscribers				
Group Number			001	
Tier	UHC Base R	ate	BCC Fee	Total
РМРМ	\$465.00		\$7.50	\$472.50
Product		De	ntal	
Name of Plan			a Dental PPO	
Number of Subscribers				
Group Number		3	53	
Tier	D	elta Base Rate (ASO)		Total
Single		\$47.50		\$47.50
Two Party	\$85.50		\$85.50	
Family		\$118.75		\$118.75
ADMIN COST BCC		\$0.75		PEPM
Program Management Fee		\$1.00		PEPM
Delta		6.70%		of claims
Product			sion	
Name of Plan			(All Others)	
Number of Subscribers Group Number			189 74-0001	
Tier Single	N	/SP Base Rate (ASO) \$4.50		Total \$4.50
Single Two Party		\$4.50		\$4.50
Family		\$14.46		\$14.46
ADMIN COST		·		
BCC	\$0.65		PEPM	
Program Management Fee		\$0.00		PEPM
VSP		8.50%		of claims
Product		Vis	sion	
Name of Plan	PRISM VSP (Sheriffs)			
Number of Subscribers	154			
Group Number		001123	74-0003	
Tier	VSP Base Rate (ASO)		Total	
Single	\$3.81		\$3.81	
Two Party	\$7.60		\$7.60	
Family ADMIN COST	\$12.24		\$12.24	
BCC	\$0.65		PEPM	
Program Management Fee	\$0.00		PEPM	
VSP	8.50%		of claims	
Product Name of Plan	EAP Concern EAP			
Number of Subscribers		Conce		
Group Number				
Tier	Concern Base Rate		Total	
Composite Rate	\$3.39		\$3.39	
Product			isability	
Name of Plan Number of Subscribers	Basic Life and AD&D		Basic Life and AD&D	
Group Number	10182351			
	Lincoln Life Rate Lincoln AD&D Rate		Total	
Tier Composite (per \$1000 of benefit)	\$0.11		0.02	Total \$0.13
	ŶÛ.TT	\$ 	0.02	\$0.13
Product		Life & D	isability	
rioduce	Voluntary Life			
Name of Plan		Employees		
Name of Plan				
		Spo	uses	
Name of Plan Number of Subscribers		Spo Chil	uses dren	
Name of Plan Number of Subscribers Group Number		Spo Chil 4000010	uses dren 00017503	
Name of Plan Number of Subscribers Group Number Age Banded Rates	Lincoln Employ	Spo Chil 4000010 Lincoln Unis	uses dren 00017503 moker Rates	iouse Rates
Name of Plan Number of Subscribers	Lincoln Employe \$0.040	Spo Chil 4000010 Lincoln Unis	uses dren 00017503 moker Rates Lincoln Sp	ouse Rates 040

Composite (per \$100 of salary)	\$0.260		\$0.260	
Tier	Lincoln LTD Rate		Total	
Group Number	101823	10182352		
Number of Subscribers				
Name of Plan	Long Term D	Long Term Disability		
Product	Life & Disa	Life & Disability		
Monthly Premium (per \$10,000)	\$2.000	\$2.000		
Dependent Child(ren) Rate		, ,		
Age 75 and Over	\$2.500	N/A		
Age 70-74	\$2.500	\$2.500		
Age 65-69	\$1.170	\$1.170		
Age 60-64	\$0.630	\$0.630		
Age 55-59	\$0.600	\$0.600		
Age 50-54	\$0.380	\$0.380		
Age 45-49	\$0.210	\$0.210		
Age 40-44	\$0.130	\$0.130		
Age 35-39	\$0.080	\$0.080		
Age 30-34	\$0.060	\$0.06	50	