

# Master Rate Sheet

Product		PPO		
Name of Plan		CSAC Blue Shield PPO 200 - 80/60 (Actives & Early Retirees)		
Number of Subscribers		456		
Group Number		W0052143 PPOX0001		
Tier	UW Base Rate	EBS Fee	MHN (MH/SA)	Total
Single	\$1,141.00	\$0.50	\$8.96	\$1,150.46
Two Party	\$2,056.00	\$0.50	\$16.77	\$2,073.27
Family	\$2,857.00	\$0.50	\$23.85	\$2,881.35
Product		PPO		
Name of Plan		CSAC Blue Shield Bronze Plan ABHP 2000		
Number of Subscribers		12		
Group Number		W0052143 PPOX0006, PPOX0008		
Tier	UW Base Rate	EBS Fee	MHN (MH/SA)	Total
Single	\$ 788.00	\$0.50	\$8.96	\$797.46
Two Party	\$ 1,421.00	\$0.50	\$16.77	\$1,438.27
Family	\$ 1,975.00	\$0.50	\$23.85	\$1,999.35
Product		PPO		
Name of Plan		CSAC Blue Shield ABHP 1300		
Number of Subscribers		99		
Group Number		W0052143 PPOX0002,X0007		
Tier	UW Base Rate	EBS Fee	MHN (MH/SA)	Total
Single	\$ 875.00	\$0.50	\$8.96	\$884.46
Two Party	\$ 1,577.00	\$0.50	\$16.77	\$1,594.27
Family	\$ 2,192.00	\$0.50	\$23.85	\$2,216.35
Product		HMO		
Name of Plan		Kaiser HMO (Actives & Early Retirees)		
Number of Subscribers		798		
Group Number		34936-0000		
Tier	Kaiser Base Rate	EBS Fee	Chiro	Total
Single	\$ 641.84	\$0.50	Bundled with Medical	\$642.34
Two Party	\$ 1,268.35	\$0.50	Bundled with Medical	\$1,268.85
Family	\$ 1,788.35	\$0.50	Bundled with Medical	\$1,788.85
Product		HMO		
Name of Plan		Kaiser HMO (Medicare Retirees)		
Number of Subscribers		83		
Group Number		34936-0001		
Group Contributions				
Tier	Kaiser Base Rate	EBS Fee	Chiro	Total
Single	\$ 424.64	\$0.50	Bundled with Medical	\$425.14
2 Party (Both Medicare)	\$ 834.03	\$0.50	Bundled with Medical	\$834.53
2 Party (1 Medicare + 1 Without)	\$ 1,066.00	\$0.50	Bundled with Medical	\$1,066.50
Family (1 Medicare + 2 Without)	\$ 1,571.00	\$0.50	Bundled with Medical	\$1,571.50
Family (2 Medicare + 1 Without)	\$ 1,354.00	\$0.50	Bundled with Medical	\$1,354.50
Combo Rates				
Sub (M)	\$ 424.64	\$0.50	Bundled with Medical	\$ 425.14
Sub (M)+Spouse (Non-M)	\$ 1,066.00	\$0.50	Bundled with Medical	\$ 1,066.50
Sub (Non-M)+Spouse (M)	\$ 1,066.00	\$0.50	Bundled with Medical	\$ 1,066.50
Sub (M)+Spouse (M)	\$ 834.03	\$0.50	Bundled with Medical	\$ 834.53
Sub (M)+Child (Non-M)	\$ 1,066.00	\$0.50	Bundled with Medical	\$ 1,066.50
Sub (M)+Children (Non-M)	\$ 1,571.00	\$0.50	Bundled with Medical	\$ 1,571.50
Sub (M)+Spouse (M)+Child (Non-M)	\$ 1,354.00	\$0.50	Bundled with Medical	\$ 1,354.50
Sub (M)+Spouse (Non-M)+Child (Non-M)	\$ 1,571.00	\$0.50	Bundled with Medical	\$ 1,571.50
Sub (Non-M)+Spouse (M)+Child (Non-M)	\$ 1,571.00	\$0.50	Bundled with Medical	\$ 1,571.50
Sub (M)+Spouse (M)+Children (Non-M)	\$ 1,354.00	\$0.50	Bundled with Medical	\$ 1,354.50
Sub (M)+Spouse (Non-M)+Children (Non-M)	\$ 1,571.00	\$0.50	Bundled with Medical	\$ 1,571.50
Sub (Non-M)+Spouse (M)+Child (Non-M)	\$ 1,571.00	\$0.50	Bundled with Medical	\$ 1,571.50
Product		HMO		
Name of Plan		Kaiser HMO \$1300 HDHP (Actives & Early Retirees)		
Number of Subscribers		29		
Group Number		34936-2, 34936-3		
Tier	Kaiser Base Rate	EBS Fee	Chiro	Total
Single	\$ 526.99	\$0.50	Bundled with Medical	\$527.49
Two Party	\$ 1,038.71	\$0.50	Bundled with Medical	\$1,039.21
Family	\$ 1,463.44	\$0.50	Bundled with Medical	\$1,463.94

# Master Rate Sheet

<b>Product</b>		<b>PPO</b>		
<b>Name of Plan</b>		<b>UHC Group Retiree</b>		
<b>Number of Subscribers</b>		<b>129</b>		
<b>Group Number</b>		<b>H2001</b>		
<b>Tier</b>	<b>UHC Base Rate</b>	<b>EBS Fee 1</b>	<b>EBS Fee 2</b>	<b>Total</b>
PMPM	\$395.83	\$0.50	\$6.75	\$403.08
<b>Product</b>		<b>Vision</b>		
<b>Name of Plan</b>		<b>CSAC EIA VSP (Sheriffs)</b>		
<b>Number of Subscribers</b>		<b>138</b>		
<b>Group Number</b>		<b>00112374-0003</b>		
<b>Tier</b>	<b>Cost of Claims</b>	<b>PBIA Billing &amp; Eligibility Fee</b>	<b>EIA Self-Funded VSP Admin Fee</b>	<b>Total</b>
Single	As billed monthly	\$0.35 PEPM	9% of claims	\$4.58
Two Party	As billed monthly	\$0.35 PEPM	9% of claims	\$9.16
Family	As billed monthly	\$0.35 PEPM	9% of claims	\$14.75
<i>Total includes: cost of claims as billed monthly, PBIA billing &amp; eligibility fee and the EIA self-funded VSP admin fee</i>				
<b>Product</b>		<b>Vision</b>		
<b>Name of Plan</b>		<b>CSAC EIA VSP (All Others)</b>		
<b>Number of Subscribers</b>		<b>1403</b>		
<b>Group Number</b>		<b>00112374-0001</b>		
<b>Tier</b>	<b>Cost of Claims</b>	<b>PBIA Billing &amp; Eligibility Fee</b>	<b>EIA Self-Funded VSP Admin Fee</b>	<b>Total</b>
Single	As billed monthly	\$0.35 PEPM	9% of claims	\$4.58
Two Party	As billed monthly	\$0.35 PEPM	9% of claims	\$9.16
Family	As billed monthly	\$0.35 PEPM	9% of claims	\$14.75
<i>Total includes: cost of claims as billed monthly, PBIA billing &amp; eligibility fee and the EIA self-funded VSP admin fee</i>				
<b>Product</b>		<b>EAP</b>		
<b>Name of Plan</b>		<b>MHN EAP</b>		
<b>Number of Subscribers</b>		<b>1731</b>		
<b>Group Number</b>		<b>6178</b>		
<b>Tier</b>	<b>MHN Base Rate</b>		<b>EBS Fee</b>	<b>Total</b>
Composite Rate	\$5.44	-	-	\$5.44
<b>Product</b>		<b>Dental</b>		
<b>Name of Plan</b>		<b>Delta Dental PPO</b>		
<b>Number of Subscribers</b>		<b>1575</b>		
<b>Group Number</b>		<b>353</b>		
<b>Tier</b>	<b>Cost of Claims</b>	<b>PBIA Billing &amp; Eligibility Fee</b>	<b>EIA Self-Funded VSP Admin Fee</b>	<b>Total</b>
Single	As billed monthly	\$0.85 PEPM	7.2% of claims	\$ 54.28
Two Party	As billed monthly	\$0.85 PEPM	7.2% of claims	\$ 97.71
Family	As billed monthly	\$0.85 PEPM	7.2% of claims	\$ 135.71
<i>Total includes: cost of claims as billed monthly, PBIA billing &amp; eligibility fee and the EIA self-funded admin fee</i>				