El Dorado	o County - 2018	8 Con	tributions			
Product			PPC	ט		
Name of Plan	CSAC Blue Shield PPO 200 - 80/60 (Actives & Early Retirees)					
Number of Subscribers	461					
Group Number	r W0052143 PPOX0001					
Tier	UW Base Ra	te	EBS Fee	MHN (MH/SA)	1	Total
Single	\$1,156.00		\$0.50	\$9.46	9	\$1,165.96
Two Party	\$2,083.00		\$0.50	\$17.71	9	\$2,101.21
Family	\$2,895.00		\$0.50	\$25.19	97	\$2,920.69
Product			PPC			
Name of Plan						
Number of Subscribers	••					
Group Number			W0052143 PPOX0	006, PPOX0008		
Tier	UW Base Ra	te	EBS Fee	MHN (MH/SA)		Total
Single	\$ 7	'98.00	\$0.50	\$9.46		\$807.96
Two Party	\$ 1,4	40.00	\$0.50	\$17.71	:	\$1,458.21
Family	\$ 2,0	001.00	\$0.50	\$25.19		\$2,026.69
Product			PPC			
Name of Plan		CSAC B	Blue Shield ABHP 1350	· · ·	tirees)	
Number of Subscribers			107			
Group Number			W0052143 PPO	X0002,X0007		
Tier	UW Base Ra	te	EBS Fee	MHN (MH/SA)	T	Total
Single		87.00	\$0.50	\$9.46	1	\$896.96
Two Party		598.00	\$0.50	\$17.71		\$1,616.21
Family		221.00	\$0.50	\$25.19		\$2,246.69
	- j-					,_,_,_,
Product	t		HM	0		
Name of Plan	1	C	SAC Kaiser HMO (Acti	ves & Early Retirees)	
Number of Subscribers	5		850			
Group Number	r		34936-	0000		
Ti	Kalaan Daas D	-4-	FDO F			Total
Tier	Kaiser Base R		EBS Fee			
Single Two Party		80.00 844.00	\$0.50 \$0.50			\$680.50 \$1,344.50
Family		395.00	\$0.50			\$1,895.50
i anny	ψ 1,0	55.00	ψ0.50	-	,	1,035.50
Product	t		HM	0		
Name of Plan	CSAC Kaiser HMO (Medicare Retirees)					
Number of Subscribers	119					
Group Number						
	Group Contribu	tions				
Tier	Kaiser Base R	late	EBS Fee			Total
Single	\$ 4	33.00	\$0.50	-	\$	433.50
2 Party (Both Medicare)	\$8	351.00	\$0.50	-	\$	851.50
2 Party (1 Medicare + 1 Without)		13.00	\$0.50	-	\$	1,113.50
Family (1 Medicare + 2 Without)		648.00	\$0.50	-	\$	1,648.50
Family (2 Medicare + 1 Without)	\$ 1,4	02.00	\$0.50	-	\$	1,402.50
Combo Rates	1.				1.2	
		33.00	\$0.50	-	\$	433.50
Sub (M)						1,113.50
Sub (M)+Spouse (Non-M)		13.00	\$0.50	-	\$	
Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M)	\$ 1,1	13.00	\$0.50 \$0.50	-	\$	1,113.50
Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M) Sub (M)+Spouse (M)	\$ 1,1 \$ 8	13.00 351.00	\$0.50 \$0.50 \$0.50	-	\$ \$	851.50
Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M)	\$ 1,1 \$ 8 \$ 1,1	13.00 351.00 13.00	\$0.50 \$0.50 \$0.50 \$0.50		\$ \$ \$	851.50 1,113.50
Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M) Sub (M)+Children (Non-M)	\$ 1,1 \$ 8 \$ 1,1 \$ 1,6	13.00 351.00 13.00 648.00	\$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50		\$ \$ \$ \$	851.50 1,113.50 1,648.50
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Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M) Sub (M)+Spouse (M) Sub (M)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (Non-M)+Child (Non-M)	\$ 1,1 \$ 8 \$ 1,1 \$ 1,6 \$ 1,4 \$ 1,6	13.00 351.00 13.00 648.00 102.00 648.00	\$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50	- - - - - -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	851.50 1,113.50 1,648.50 1,402.50 1,648.50
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Product	PPO					
Name of Plan		UHC Group	o Retiree			
Number of Subscribers	129					
Group Number	H2001					
Tier	UHC Base Rate	EBS Fee 1	EBS Fee 2	Total		
РМРМ	\$455.83	\$0.50	\$ 6.75	\$463.08		
Product	Vision					
Name of Plan	CSAC EIAVSP (Sherriffs)					
Number of Subscribers		13				
Group Number	00112374-0003					
		PBIA Billing &	EIA Self-Funded			
Tier	Cost of Claims	Eligibility Fee	VSP Admin Fee	Total		
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		
Total includes: cost of claims as billed monthly, PBIA billing & eligibility	fee and the EIA self-fund	ded VSP admin fee				
Product		Visi				
Name of Plan		CSAC EIAVSP				
Number of Subscribers						
Group Number	1403 00112374-0001					
		PBIA Billing &	EIA Self-Funded			
Tier	Cost of Claims	Eligibility Fee	VSP Admin Fee	Total		
Single	As billed monthly As billed monthly	\$0.35 PEPM	9% of claims 9% of claims	\$4.58		
Two Party Family	As billed monthly As billed monthly	\$0.35 PEPM \$0.35 PEPM	9% of claims 9% of claims	\$9.16 \$14.75		
Total includes: cost of claims as billed monthly, PBIA billing & eligibility			3 /0 OF CIAITIS	\$14.75		
Product	EAP					
Name of Plan	MHN EAP					
Number of Subscribers	1731					
Group Number	6178					
Tier	MHN Base Rate			Total		
				6-		
Composite Rate	\$5.44	-	-	\$5.44		
	\$5.44	-	-	\$ 5.44		
Product	\$5.44	- Den		\$ 5.44		
Product Name of Plan	\$5.44	Delta Den	tal PPO	\$ 5.44		
Product Name of Plan Number of Subscribers	\$5.44	Delta Den 157	tal PPO 5	φ υ.44		
Product Name of Plan	\$5.44 	Delta Den	tal PPO 5	3 3.44		
Product Name of Plan Number of Subscribers	\$5.44 	Delta Den 157	tal PPO 5	\$ 3.44		
Product Name of Plan Number of Subscribers	\$5.44 Cost of Claims	Delta Den 157 355	tal PPO 5 3	55.44 Total		
Product Name of Plan Number of Subscribers Group Number		Delta Den 157 353 PBIA Billing &	tal PPO 5 3 EIA Self-Funded			
Product Name of Plan Number of Subscribers Group Number	Cost of Claims	Delta Den 157 353 PBIA Billing & Eligibility Fee	tal PPO 5 3 EIA Self-Funded VSP Admin Fee	Total		