

El Dorado County - 2019 Contributions				
Product		PPO		
Name of Plan		CSAC Blue Shield PPO 200 - 80/60 (Actives & Early Retirees)		
Number of Subscribers		445		
Group Number		W0052143 PPOX0001		
Tier	UW Base Rate	EBS Fee	MHN (MH/SA)	Total
Single	\$1,184.00	\$0.50	\$12.47	\$1,196.97
Two Party	\$2,133.00	\$0.50	\$23.34	\$2,156.84
Family	\$2,965.00	\$0.50	\$33.20	\$2,998.70
Product		PPO		
Name of Plan		CSAC Blue Shield Bronze Plan ABHP 2000 (Actives & Early Retirees)		
Number of Subscribers		23		
Group Number		W0052143 PPOX0006, PPOX0008		
Tier	UW Base Rate	EBS Fee	MHN (MH/SA)	Total
Single	\$817.00	\$0.50	\$12.47	\$829.97
Two Party	\$1,475.00	\$0.50	\$23.34	\$1,498.84
Family	\$2,049.00	\$0.50	\$33.20	\$2,082.70
Product		PPO		
Name of Plan		CSAC Blue Shield ABHP 1350 (Actives & Early Retirees)		
Number of Subscribers		112		
Group Number		W0052143 PPOX0002,X0007		
Tier	UW Base Rate	EBS Fee	MHN (MH/SA)	Total
Single	\$908.00	\$0.50	\$12.47	\$920.97
Two Party	\$1,637.00	\$0.50	\$23.34	\$1,660.84
Family	\$2,275.00	\$0.50	\$33.20	\$2,308.70
Product		HMO		
Name of Plan		CSAC Kaiser HMO (Actives & Early Retirees)		
Number of Subscribers		832		
Group Number		34936-0000		
Tier	Kaiser Base Rate	EBS Fee	Total	
Single	\$713.00	\$0.50	\$713.50	
Two Party	\$1,410.00	\$0.50	\$1,410.50	
Family	\$1,987.00	\$0.50	\$1,987.50	
Product		HMO		
Name of Plan		CSAC Kaiser HMO (Medicare Retirees)		
Number of Subscribers		120		
Group Number		34936-0001		
Group Contributions				
Tier	Kaiser Base Rate	EBS Fee	Total	
Single	\$445.00	\$0.50	\$445.50	
2 Party (Both Medicare)	\$873.00	\$0.50	\$873.50	
2 Party (1 Medicare + 1 Without)	\$1,158.00	\$0.50	\$1,158.50	
Family (1 Medicare + 2 Without)	\$1,719.00	\$0.50	\$1,719.50	
Family (2 Medicare + 1 Without)	\$1,450.00	\$0.50	\$1,450.50	
Combo Rates				
Sub (M)	\$445.00	\$0.50	\$445.50	
Sub (M)+Spouse (Non-M)	\$1,158.00	\$0.50	\$1,158.50	
Sub (Non-M)+Spouse (M)	\$1,158.00	\$0.50	\$1,158.50	
Sub (M)+Spouse (M)	\$873.00	\$0.50	\$873.50	
Sub (M)+Child (Non-M)	\$1,158.00	\$0.50	\$1,158.50	
Sub (M)+Children (Non-M)	\$1,719.00	\$0.50	\$1,719.50	
Sub (M)+Spouse (M)+Child (Non-M)	\$1,450.00	\$0.50	\$1,450.50	
Sub (M)+Spouse (Non-M)+Child (Non-M)	\$1,719.00	\$0.50	\$1,719.50	
Sub (Non-M)+Spouse (M)+Child (Non-M)	\$1,719.00	\$0.50	\$1,719.50	
Sub (M)+Spouse (M)+Children (Non-M)	\$1,450.00	\$0.50	\$1,450.50	
Sub (M)+Spouse (Non-M)+Children (Non-M)	\$1,719.00	\$0.50	\$1,719.50	
Sub (Non-M)+Spouse (M)+Child (Non-M)	\$1,719.00	\$0.50	\$1,719.50	
Product		HMO		
Name of Plan		Kaiser HMO \$1350 ABHP (Actives & Early Retirees)		
Number of Subscribers		36		
Group Number		34936-2, 34936-3		
Tier	Kaiser Base Rate	EBS Fee	Total	
Single	\$587.00	\$0.50	\$587.50	
Two Party	\$1,155.00	\$0.50	\$1,155.50	
Family	\$1,627.00	\$0.50	\$1,627.50	
Product		PPO		
Name of Plan		UHC Group Retiree		
Number of Subscribers		161		
Group Number		H2001		
Tier	UHC Base Rate	EBS Fee 1	EBS Fee 2	Total
PMPM	\$446.72	\$0.50	\$6.75	\$453.97
Product		Vision		
Name of Plan		CSAC EIAVSP (Sheriffs)		
Number of Subscribers		144		
Group Number		00112374-0003		
Tier	Cost of Claims	PBIA Billing & Eligibility Fee	EIA Self-Funded VSP Admin Fee	Total
Single	As billed monthly	\$0.85 PEPM	9% of claims	\$374

Two Party	As billed monthly	\$0.85 PEPM	9% of claims	\$7.47
Family	As billed monthly	\$0.85 PEPM	9% of claims	\$12.03
<i>Total includes: cost of claims as billed monthly, P/BIA billing & eligibility fee and the EIA self-funded VSP admin fee</i>				
Product	Vision			
Name of Plan	CSAC EIAVSP (All Others)			
Number of Subscribers	1484			
Group Number	00112374-0001			
Tier	Cost of Claims	P/BIA Billing & Eligibility Fee	EIA Self-Funded VSP Admin Fee	Total
Single	As billed monthly	\$0.85 PEPM	9% of claims	\$3.74
Two Party	As billed monthly	\$0.85 PEPM	9% of claims	\$7.47
Family	As billed monthly	\$0.85 PEPM	9% of claims	\$12.03
<i>Total includes: cost of claims as billed monthly, P/BIA billing & eligibility fee and the EIA self-funded VSP admin fee</i>				
Product	EAP			
Name of Plan	MHN EAP			
Number of Subscribers	1749			
Group Number	6178			
Tier	MHN Base Rate			Total
Composite Rate	\$5.17			\$5.17
Product	Dental			
Name of Plan	Delta Dental PPO			
Number of Subscribers	1665			
Group Number	353			
Tier	Cost of Claims	P/BIA Billing & Eligibility Fee	EIA Self-Funded VSP Admin Fee	Total
Single	As billed monthly	\$1.35 PEPM	7.2% of claims	\$54.28
Two Party	As billed monthly	\$1.35 PEPM	7.2% of claims	\$97.71
Family	As billed monthly	\$1.35 PEPM	7.2% of claims	\$135.71
<i>Total includes: cost of claims as billed monthly, P/BIA billing & eligibility fee and the EIA self-funded admin fee</i>				
Product	Life & Disability			
Name of Plan	Basic Life and AD&D			
Number of Subscribers	1549			
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	783 - Employees 417 - Spouses 251 - 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	1533			
Group Number	10182352			
Tier	Lincoln LTD Rate			Total
Composite (per \$100 of salary)	\$0.225			\$0.225