El	Dorado County - 2020 Contributions					
Product Name of Plan	PPO	s & Early Retirees)				
Number of Subscribers	437					
Group Number	W0052143 PPOX0001 UW Base Rate WT Fee Total					
Single Two Party	\$1,221.89 \$2,201.26	\$0.50 \$0.50	\$1,222.39 \$2,201.76			
Family	\$2,201.26 \$3,059.88	\$0.50	\$2,201.76 \$3,060.38			
Product	PPO					
Name of Plan Number of Subscribers	CSAC Blue Shield ABHP \$1400 (Activ 100					
Group Number	W0052143 PPOX0002,	-				
Tier Single	UW Base Rate \$937.06	WT Fee \$0.50	Total \$937.56			
Two Party Family	\$1,689.38 \$2,347.80	\$0.50 \$0.50	\$1,689.88 \$2,348.30			
		\$0.50	92,040.00			
Product Name of Plan	PPO CSAC Blue Shield Bronze Plan ABHP \$2000	(Actives & Early Retiree	es)			
Number of Subscribers Group Number	24 W0052143 PPOX0006, PP					
Tier	UW Base Rate	WT Fee	Total			
Single Two Party	\$843.14 \$1,522.20	\$0.50 \$0.50	\$843.64 \$1,522.70			
Family	\$2,114.57	\$0.50	\$2,115.07			
Product	НМО					
Name of Plan Number of Subscribers	CSAC Kaiser HMO (Actives & E 873	arly Retirees)				
Group Number	34936-0000					
Fier Single	Kaiser Base Rate \$755.00	WT Fee \$0.50	Total \$755.50			
Fundamental Sector Sect	\$1,494.00 \$2,105.00	\$0.50 \$0.50	\$1,494.50 \$2,105.50			
		ψ υ. υυ	ψ£,100.00			
Product Name of Plan	Kaiser HMO \$1400 ABHP (Actives	HMO Kaiser HMO \$1400 ABHP (Actives & Early Retirees)				
Number of Subscribers Group Number	39 34936-2, 34936-3	39				
Tier	Kaiser Base Rate	WT Fee	Total			
Single Two Party	\$622.00 \$1,224.00	\$0.50 \$0.50	\$622.50 \$1,224.50			
Family	\$1,723.00	\$0.50	\$1,723.50			
Product	HMO - KPSA					
Name of Plan Number of Subscribers	CSAC Kaiser HMO (Medicar 137	re Retirees)				
Group Number	34936-0001					
lier lier lier lier lier lier lier lier	Group Contributions Kaiser Base Rate	WT Fee	Total			
Single ? Party (Both Medicare)		\$0.50 \$0.50	\$0.50 \$0.50			
2 Party (1 Medicare + 1 Without) Family (1 Medicare + 2 Without)		\$0.50 \$0.50	\$0.50 \$0.50			
Family (2 Medicare + 1 Without)		\$0.50	\$0.50			
Combo Rates Sub (M)		\$0.50	\$0.50			
Sub (M)+Spouse (Non-M) Sub (Non-M)+Spouse (M)		\$0.50 \$0.50	\$0.50 \$0.50			
Sub (M)+Spouse (M) Sub (M)+Child (Non-M)		\$0.50 \$0.50	\$0.50 \$0.50			
Sub (M)+Children (Non-M)		\$0.50	\$0.50			
Sub (M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (Non-M)+Child (Non-M)		\$0.50 \$0.50	\$0.50 \$0.50			
Sub (Non-M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (M)+Children (Non-M)		\$0.50 \$0.50	\$0.50 \$0.50			
Sub (M)+Spouse (Non-M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M)		\$0.50 \$0.50	\$0.50 \$0.50			
		\$0.50	\$0.50			
Product Name of Plan	PPO UHC Group Retire	e				
Number of Subscribers Group Number	174 H2001					
lier .	UHC Base Rate EDC Admin Fee	WT Fee	Total			
PMPM	\$473.52 \$14.30	\$6.75	\$494.57			
Product	Dental					
Name of Plan Number of Subscribers	Delta Dental PPO 1693					
Name of Plan Number of Subscribers Group Number	Delta Dental PPO 1693 353					
Name of Plan Number of Subscribers Group Number	Delta Dental PPO 1693 353 Delta Base Rate (ASO) \$51.79	· · · · · · · · · · · · · · · · · · ·	Total \$51.79			
Name of Plan Number of Subscribers Group Number lier Single Wo Party	Delta Dental PPO 1693 353 Delta Base Rate (ASO)					
Name of Plan Number of Subscribers Group Number Single wo Party amily ADMIN COST	Delta Dental PPO 1693 353 Delta Base Rate (ASO) \$51.22 \$129.47		\$51.79 \$93.22 \$129.47			
Name of Plan Number of Subscribers Group Number Single we Party arnily DMIN COST BIA Orgram Management Fee	Delta Dental P093 1693 353 Delta Base Rate (ASO) \$93.22 \$129.47 \$0.35 \$1.00		\$51.79 \$93.22 \$129.47 PEPM PEPM			
Name of Plan Number of Subscribers Group Number ingle wo Party John COST BIA Orgram Management Fee Pental	Delta Dental PPO 1693 353 Delta Base Rate (ASO) \$51.79 \$93.22 \$129.47 \$0.35 \$1.00 7.20%		\$51.79 \$93.22 \$129.47 PEPM			
Name of Plan Number of Subscribers Group Number ingle wo Party amily DMIN COST PBIA Program Management Fee Jental Product	Delta Dental PPO 1693 363 Delta Base Rate (ASO) \$51.79 \$33.22 \$129.47 \$0.35 \$1.00 7.20% Vision	, hers)	\$51.79 \$93.22 \$129.47 PEPM PEPM			
Name of Plan Number of Subscribers Group Number ingle wo Party amily DMIN COST PBIA Torgram Management Fee Dental Product Name of Plan Number of Subscribers	Delta Dental PPO 1693 353 Delta Base Rate (ASO) \$639 \$93.22 \$129.47 \$0.35 \$1.00 7.20% Vision CSAC EIA VSP (AII Ot 1509	hers)	\$51.79 \$93.22 \$129.47 PEPM PEPM			
Name of Plan Number of Subscribers Group Number ingle wo Party arnily DMIN COST BIA Program Management Fee Pental Product Name of Plan Number of Subscribers Group Number	Delta Dental PPO 1693 353 Delta Base Rate (ASO) \$51.79 \$93.22 \$129.47 \$0.35 \$1.00 7.20% Vision CSAC EIA VSP (AII OC 1509 00112374-0001	hers)	\$51.79 \$93.22 \$129.47 PEPM of claims			
Name of Plan Number of Subscribers Group Number ingle wo Party amily DMIN COST BIA Torgram Management Fee Pental Product Name of Plan Number of Subscribers Group Number	Delta Dental PPO 1693 353 Delta Base Rate (ASO) \$51.79 \$93.22 \$129.47 \$0.35 \$1.00 7.20% Vision CSAC EIA VSP (All Ot 1509 00112374-0001 VSP Base Rate (ASO) \$4.9	hers)	\$51.79 \$93.22 \$129.47 PEPM of claims Total \$4.49			
Name of Plan Number of Subscribers Group Number Ier ingle wo Party arnily DMIN COST DIMIN COST DIMIN COST Dental Product Product Name of Plan Number of Subscribers Group Number Ier ingle wo Party arnily	Delta Dental PPO 1693 353 Delta Base Rate (ASO) \$51.79 \$93.22 \$129.47 \$0.35 \$1.00 7.20% Vision CSAC EIA VSP (AII OT 1509 00112374-0001 VSP Base Rate (ASO)	hers)	\$51.79 \$93.22 \$129.47 PEPM of claims			
Name of Plan Number of Subscribers Group Number ingle wo Party amily DMIN COST BIA Program Management Fee Pental Product Name of Plan Number of Subscribers Group Number Tier Single wo Party wo Party amily Number OST	Delta Dental PPO 1693 363 Delta Base Rate (ASO) \$51.79 \$33.22 \$129.47 \$100 7.20% Vision CSAC EIA VSP (AII OC 1509 00112374-0001 VSP Base Rate (ASO) \$4.49 \$8.97 \$14.44	hers)	\$51.79 \$93.22 \$129.47 PEPM of claims Total \$4.49 \$8.97 \$14.44			
Name of Plan Number of Subscribers Group Number inge wo Party armily NoMIN COST Pental Program Management Fee Product Name of Plan Number of Subscribers Group Number fier Single Wo Party armily NoMIN COST BiA Yanga Management Fee Product Name of Plan Number of Subscribers Group Number Fier Single Wo Party armily NoMIN COST BiA	Delta Dental PPO 1693 363 Delta Base Rate (ASO) \$61.79 \$93.22 \$129.47 \$0.35 \$1.00 7.20% Vision CSAC EIA VSP (AII OC 1509 00112374-0001 VSP Base Rate (ASO) \$4.49 \$8.97 \$14.44 \$0.35 \$0.00	hers)	\$51.79 \$93.22 \$129.47 PEPM PEPM of claims Total \$4.49 \$8.97 \$14.44 PEPM PEPM			
Name of Plan Number of Subscribers Group Number Iter Single Wo Party Amily ApMIN COST PBIA Product Name of Plan Product Name of Plan Number of Subscribers Group Number Tier Single Wo Party amily Number of Subscribers Group Number Product Name of Plan Number of Subscribers Group Number Product Name of Plan Number of Subscribers Group Number Party ADMIN COST PBIA Pogram Management Fee Pental	Delta Dental PPO 1633 353 Delta Base Rate (ASO) \$51.79 \$93.22 \$129.47 \$0.35 \$1.00 7.20% Vision CSAC EIA VSP (AII Ot 1509 00112374-0001 VSP Base Rate (ASO) \$4.49 \$8.97 \$14.44 \$0.35 \$0.00 \$0.00 \$0.00 \$0.00	hers)	\$51.79 \$93.22 \$129.47 PEPM of claims Totai \$4.49 \$8.97 \$14.44 PEPM			
Name of Plan Number of Subscribers Group Number Iter Single Wo Party Togram Management Fee Tier Single Sing	Delta Dental PPO 1693 353 Delta Base Rate (ASO) \$51.79 \$93.22 \$129.47 \$0.35 \$1.00 7.20% Vision CSAC EIA VSP (All Ot 1509 00112374-001 VSP Base Rate (ASO) \$4.49 \$8.97 \$14.44 \$0.35 \$0.00 9.00% Vision Vision		\$51.79 \$93.22 \$129.47 PEPM PEPM of claims			
Name of Plan Number of Subscribers Group Number Iier Single Wo Party BIA Orgram Management Fee Dental Product Name of Plan Number of Subscribers Group Number Fier Single Monostr Party Group Number Plan Number of Subscribers Product Name of Plan Number of Plan Product Name of Plan Number of Subscribers Product Name of Plan Product Name of Plan Product Name of Plan Product Plan Product Plan Product Name of Plan Product Name of Plan Product Plan Product Name of Plan Product Plan Product Plan Product Name of Plan Product Plan Product Name of Plan Product Plan Product Name of Plan Product Plan Product Plan Product Name of Plan Product Plan Product Name of Plan Product Plan Plan Product Plan Plan Plan Plan Plan Plan Plan Plan	Delta Dental PPO 1693 353 Delta Base Rate (ASO) \$51.79 \$93.22 \$129.47 \$0.35 \$1.00 7.20% Vision CSAC EIA VSP (AII OT 1509 00112374-001 VSP Base Rate (ASO) \$4.49 \$8.97 \$14.44 \$0.35 \$0.00 9.00% Vision CSAC ELA VSP (Sher 148		\$51.79 \$93.22 \$129.47 PEPM PEPM of claims Total \$4.49 \$8.97 \$14.44 PEPM PEPM			
Name of Plan Number of Subscribers Group Number Iler Ingle Wo Party Togram Management Fee Product Name of Plan Number of Subscribers Product Name of Plan Number of Subscribers Product Product Name of Plan Number of Subscribers Product Product Product Name of Plan Number of Subscribers Product Name of Plan Product Pro	Delta Dental PPO 1693 353 263 264 264 264 265 265 265 265 265 265 265 265 265 265		\$51.79 \$93.22 \$129.47 PEPM of claims Total \$4.49 \$8.97 \$14.44 PEPM of claims			
Name of Plan Number of Subscribers Group Number Single Two Party Family SMMN COST PBIA Product Name of Plan Product Number of Subscribers Group Number Tier Single Ywo Party Group Number Tier Single Poduct Appli(N COST Pann Number of Subscribers Group Number Tier Single Poduct Name of Plan Pann Number of Subscribers Group Number Tier Single Froduct Number of Subscribers Group Number Tier Single	Delta Dental PP0 1693 353 Delta Base Rate (ASO) \$51.79 \$93.22 \$129.47 \$0.35 \$1.00 7.20% Vision CSAC EIA VSP (AII OL 1509 00112374-0001 VSP Base Rate (ASO) \$4.49 \$8.97 \$14.44 \$0.35 \$0.35 \$0.00 9.00% Vision CSAC EIA VSP (Second \$1.00 \$1.0		\$51.79 \$93.22 \$129.47 PEPM PEPM of claims Total \$4.49 \$8.97 \$14.44 PEPM of claims			
Name of Plan Number of Subscribers Group Number Single Two Party Family ADMIN COST Porduct Name of Plan Product Number of Subscribers Group Number Tier Single Two Party Family ADMIN COST Poduct Name of Plan Number of Subscribers Group Number Tier Single Two Party Family ADMIN COST PeltA Program Management Fee Dental Product Name of Plan Product Name of Plan	Delta Dental PPO 1633 353 Delta Base Rate (ASO) \$51.79 \$93.22 \$129.47 \$0.35 \$1.00 7.20% Vision CSAC EIA VSP (AII OL 1509 00112374-0001 VSP Base Rate (ASO) \$4.49 \$8.97 \$14.44 \$0.35 \$0.35 \$0.00 9.00% Vision CSAC EIA VSP (Sher 148 00112374-003 VSP Base Rate (ASO) VSP Base Rate (ASO)		\$51.79 \$93.22 \$129.47 PEPM PEPM of claims Total \$4.49 \$8.97 \$14.44 PEPM of claims			

Program Management Fee		\$0	.00		PEPM	
Dental	9.00% of claims			of claims		
Product			EAP			
Name of Plan	MHN EAP					
Number of Subscribers	1729					
Group Number			6178			
Tier	MHN Base Rate Total			Total		
Composite Rate	\$5.17 \$5.			\$5.17		
Product			Life & Disability			
Name of Plan			Basic Life and AD&D			
Number of Subscribers			1549			
Group Number		10182351				
		1				
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					
Nulle of Flan	TRAILE OF TRAIL					
Number of Subscribers	417 - Spouses					
	251 - Children					
Group Number	40000100017503					
Age Banded Rates		L	incoln 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		1			
Dependent Child(ren) Rate	6 0 0	~~				
Monthly Premium (per \$10,000)	\$2.0	00		\$2.000		
Product			Life & Disability			
Name of Plan	Line & Disability					
Number of Subscribers		1515				
Group Number			10182352			
T. T. P						
Ties						
Tier Composite (per \$100 of salary)					Total \$0.225	