

El Dorado County - 2020 Contributions				
Product	PPO			
Name of Plan	CSAC Blue Shield PPO \$200 (Actives & Early Retirees)			
Number of Subscribers	437			
Group Number	W0052143 PPOX0001			
Tier	UW Base Rate	WT Fee	Total	
Single	\$1,221.89	\$0.50	\$1,222.39	
Two Party	\$2,201.26	\$0.50	\$2,201.76	
Family	\$3,059.88	\$0.50	\$3,060.38	
Product	PPO			
Name of Plan	CSAC Blue Shield ABHP \$1400 (Actives & Early Retirees)			
Number of Subscribers	100			
Group Number	W0052143 PPOX0002,X0007			
Tier	UW Base Rate	WT Fee	Total	
Single	\$937.06	\$0.50	\$937.56	
Two Party	\$1,689.38	\$0.50	\$1,689.88	
Family	\$2,347.80	\$0.50	\$2,348.30	
Product	PPO			
Name of Plan	CSAC Blue Shield Bronze Plan ABHP \$2000 (Actives & Early Retirees)			
Number of Subscribers	24			
Group Number	W0052143 PPOX0006, PPOX0008			
Tier	UW Base Rate	WT Fee	Total	
Single	\$843.14	\$0.50	\$843.64	
Two Party	\$1,522.20	\$0.50	\$1,522.70	
Family	\$2,114.57	\$0.50	\$2,115.07	
Product	HMO			
Name of Plan	CSAC Kaiser HMO (Actives & Early Retirees)			
Number of Subscribers	873			
Group Number	34936-0000			
Tier	Kaiser Base Rate	WT Fee	Total	
Single	\$755.00	\$0.50	\$755.50	
Two Party	\$1,494.00	\$0.50	\$1,494.50	
Family	\$2,105.00	\$0.50	\$2,105.50	
Product	HMO			
Name of Plan	Kaiser HMO \$1400 ABHP (Actives & Early Retirees)			
Number of Subscribers	39			
Group Number	34936-2, 34936-3			
Tier	Kaiser Base Rate	WT Fee	Total	
Single	\$622.00	\$0.50	\$622.50	
Two Party	\$1,224.00	\$0.50	\$1,224.50	
Family	\$1,723.00	\$0.50	\$1,723.50	
Product	HMO - KPSA			
Name of Plan	CSAC Kaiser HMO (Medicare Retirees)			
Number of Subscribers	137			
Group Number	34936-0001			
Group Contributions				
Tier	Kaiser Base Rate	WT Fee	Total	
Single		\$0.50	\$0.50	
2 Party (Both Medicare)		\$0.50	\$0.50	
2 Party (1 Medicare + 1 Without)		\$0.50	\$0.50	
Family (1 Medicare + 2 Without)		\$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)		\$0.50	\$0.50	
Sub (Non-M)+Spouse (M)		\$0.50	\$0.50	
Sub (M)+Spouse (M)		\$0.50	\$0.50	
Sub (M)+Child (Non-M)		\$0.50	\$0.50	
Sub (M)+Children (Non-M)		\$0.50	\$0.50	
Sub (M)+Spouse (M)+Child (Non-M)		\$0.50	\$0.50	
Sub (M)+Spouse (Non-M)+Child (Non-M)		\$0.50	\$0.50	
Sub (Non-M)+Spouse (M)+Child (Non-M)		\$0.50	\$0.50	
Sub (M)+Spouse (M)+Children (Non-M)		\$0.50	\$0.50	
Sub (M)+Spouse (Non-M)+Children (Non-M)		\$0.50	\$0.50	
Sub (Non-M)+Spouse (M)+Child (Non-M)		\$0.50	\$0.50	
Product	PPO			
Name of Plan	UHC Group Retiree			
Number of Subscribers	174			
Group Number	H2001			
Tier	UHC Base Rate	EDC Admin Fee	WT Fee	Total
PMPM	\$473.52	\$14.30	\$6.75	\$494.57
Product	Dental			
Name of Plan	Delta Dental PPO			
Number of Subscribers	1693			
Group Number	353			
Tier	Delta Base Rate (ASO)	Total		
Single	\$51.79	\$51.79		
Two Party	\$93.22	\$93.22		
Family	\$129.47	\$129.47		
ADMIN COST				
PBIA	\$0.35	PEPM		
Program Management Fee	\$1.00	PEPM		
Dental	7.20%	of claims		
Product	Vision			
Name of Plan	CSAC EIA VSP (All Others)			
Number of Subscribers	1509			
Group Number	00112374-0001			
Tier	VSP Base Rate (ASO)	Total		
Single	\$4.49	\$4.49		
Two Party	\$8.97	\$8.97		
Family	\$14.44	\$14.44		
ADMIN COST				
PBIA	\$0.35	PEPM		
Program Management Fee	\$0.00	PEPM		
Dental	9.00%	of claims		
Product	Vision			
Name of Plan	CSAC EIA VSP (Sheriffs)			
Number of Subscribers	148			
Group Number	00112374-0003			
Tier	VSP Base Rate (ASO)	Total		
Single	\$3.80	\$3.80		
Two Party	\$7.59	\$7.59		
Family	\$12.23	\$12.23		
ADMIN COST				
PBIA	\$0.35	PEPM		

Program Management Fee	\$0.00	PEPM	
Dental	9.00%	of claims	
Product	EAP		
Name of Plan	MHN EAP		
Number of Subscribers	1729		
Group Number	6178		
Tier	MHN Base Rate	Total	
Composite Rate	\$5.17	\$5.17	
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	
Composite (per \$1000 of benefit)	\$0.11	\$0.02	
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	1515		
Group Number	10182352		
Tier	Lincoln LTD Rate	Total	
Composite (per \$100 of salary)	\$0.225	\$0.225	