El Dorad	o County - 2021 Contributions			
Product Name of Plan	t PPO PRISM Blue Shield PPO \$200 (Actives & Early Retirees) 451			
Number of Subscribers Group Number				
Tier	UW Base Rate	BCC Fee	Total	
Single Two Party	\$1,263.25 \$2,276.25	\$0.50 \$0.50	\$1,263.75 \$2,276.75	
Family	\$3,164.25	\$0.50	\$3,164.75	
Product		PPO	(laran)	
Name of Plan Number of Subscribers		PRISM Blue Shield ABHP \$1400 (Actives & Early Retirees) 95		
Group Number	W0052143 PPOX0002,X0007 UW Base Rate BCC Fee Total			
Tier Single	UW Base Rate \$969.25	\$0.50	\$969.75	
Two Party Family	\$1,747.25 \$2,428.25	\$0.50 \$0.50	\$1,747.75 \$2,428.75	
Product		PPO		
Name of Plan	PRISM Blue Shield Bronze Plan ABHP \$2000 (Actives & Early Retirees)			
Number of Subscribers Group Number	W0052143 PP	29 OX0006, PPOX0008		
Tier Single	UW Base Rate \$872.25	BCC Fee \$0.50	Total \$872.75	
Two Party	\$1,574.25	\$0.50	\$1,574.75	
Family	\$2,186.25	\$0.50	\$2,186.75	
Product Name of Plan	PRISM Kaiser HMO	HMO (Actives & Early Retirees)	<u> </u>	
Number of Subscribers Group Number		883 34936-0000		
Tier	Kaiser Base Rate	BCC Fee	Total	
Single Two Party	\$806.25 \$1,596.25	\$0.50 \$0.50	\$806.75 \$1,596.75	
Family	\$2,248.25	\$0.50	\$2,248.75	
Split Rates Unassigned Medicare 65+ Per Member: Missing A&B, or have B on	\$2,098.25	\$0.50	\$2,098.75	
Unassigned Medicare 65+ Per Member: Missing B only	\$1,660.25	\$0.50	\$1,660.75	
Product Name of Plan		HMO	Airean)	
Number of Subscribers	PRISM Kaiser HMO \$1400	31	urees)	
Group Number	Kaiser Base Rate	6-2, 34936-3 BCC Fee	Total	
Single	\$664.25	\$0.50	\$664.75	
Two Party Family	\$1,307.25 \$1,840.25	\$0.50 \$0.50	\$1,307.75 \$1,840.75	
Split Rates Unassigned Medicare 65+ Per Member: Missing A&B, or have B on	\$2,294.25	\$0.50	\$2,294.75	
Unassigned Medicare 65+ Per Member: Missing B only	\$1,855.25	\$0.50	\$1,855.75	
Product		O - KPSA		
Name of Plan Number of Subscribers	PRISM Kaiser HMO (Medicare Retirees) 146			
Group Number	Group Contributions 34	936-0001		
Tier Single	Kaiser Base Rate \$449.25	BCC Fee \$0.50	Total \$449.75	
2 Party (Both Medicare)	\$881.25	\$0.50	\$881.75	
2 Party (1 Medicare + 1 Without) Family (1 Medicare + 2 Without)	\$1,256.00 \$1,891.00	\$0.50 \$0.50	\$1,256.50 \$1,891.50	
Family (2 Medicare + 1 Without) Combo Rates	\$1,553.00	\$0.50	\$1,553.50	
Sub (M) Sub (M)+Spouse (Non-M)	\$449.25 \$1,256.00	\$0.50 \$0.50	\$449.75 \$1,256.50	
Sub (Non-M)+Spouse (M)	\$1,256.00	\$0.50	\$1,256.50	
Sub (M)+Spouse (M) Sub (M)+Child (Non-M)	\$881.25 \$1,256.00	\$0.50 \$0.50	\$881.75 \$1,256.50	
Sub (M)+Children (Non-M) Sub (M)+Spouse (M)+Child (Non-M)	\$1,891.00 \$1,533.00	\$0.50 \$0.50	\$1,891.50	
Sub (M)+Spouse (Non-M)+Child (Non-M)			\$1.533.50	
	\$1,891.00 \$1,891.00	\$0.50	\$1,533.50 \$1,891.50	
Sub (Non-M)+Spouse (M)+Child (Non-M) Sub (M)+Spouse (M)+Children (Non-M)	\$1,891.00 \$1,533.00	\$0.50 \$0.50 \$0.50	\$1,891.50 \$1,891.50 \$1,533.50	
	\$1,891.00	\$0.50 \$0.50	\$1,891.50 \$1,891.50	
Sub (M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (Non-M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M)	\$1,891.00 \$1,533.00 \$1,891.00	\$0.50 \$0.50 \$0.50 \$0.50 \$0.50	\$1,891.50 \$1,891.50 \$1,533.50 \$1,891.50	
Sub (M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (Non-M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Product Name of Plan	\$1,891.00 \$1,533.00 \$1,891.00 \$1,891.00	\$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50	\$1,891.50 \$1,891.50 \$1,533.50 \$1,891.50	
Sub (M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (Non-M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Product	\$1,891.00 \$1,533.00 \$1,891.00 \$1,891.00	\$0.50 \$0.50 \$0.50 \$0.50 \$0.50	\$1,891.50 \$1,891.50 \$1,533.50 \$1,891.50	
Sub (M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (Non-M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Product Name of Plan Number of Subscribers Group Number	\$1,891.00 \$1,533.00 \$1,891.00 \$1,891.00 UHC G	\$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 PPO roup Retiree 189 H2001 BCC Fee	\$1,891.50 \$1,891.50 \$1,533.50 \$1,891.50 \$1,891.50	
Sub (M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (Non-M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Product Name of Plan Number of Subscribers Group Number Tier PMPM	\$1,891.00 \$1,533.00 \$1,891.00 \$1,891.00 UHC G	\$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 PPO Group Retiree 189 BCC Fee \$7.50	\$1,891.50 \$1,891.50 \$1,533.50 \$1,891.50 \$1,891.50	
Sub (M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (Non-M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Product Name of Plan Number of Subscribers Group Number Tier PMPM Product Name of Plan Product Name of Plan Product Name of Plan	\$1,891.00 \$1,533.00 \$1,891.00 \$1,891.00 UHC G	\$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 PPO proup Retiree 189 H2001 BCC Fee \$7.50 Dental	\$1,891.50 \$1,891.50 \$1,533.50 \$1,891.50 \$1,891.50	
Sub (M)+Spouse (M)+Children (Non-M) Sub (Non-M)+Spouse (Non-M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Product Name of Plan Number of Subscribers Group Number Tier PMPM Product	\$1,891.00 \$1,533.00 \$1,891.00 \$1,891.00 UHC G	\$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 PPO proup Retiree 189 H2001 BCC Fee \$7.50 Solution of the control of the contr	\$1,891.50 \$1,891.50 \$1,533.50 \$1,891.50 \$1,891.50	
Sub (M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (Non-M)+Children (Non-M) Sub (Non-M)+Spouse (Non-M)+Child (Non-M) Product Name of Plan Number of Subscribers Group Number Tier PMPM Product Name of Plan Number of Subscribers Group Number Tier PMPM Product Name of Plan Number of Subscribers Group Number Tier	\$1,891.00 \$1,533.00 \$1,891.00 \$1,891.00 UHC G	\$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 PPO roup Retiree 189 H2001 BCC Fee \$7.50 Dental lelta Dantal PPO 1667 353	\$1,891.50 \$1,891.50 \$1,533.50 \$1,891.50 \$1,891.50 Total \$452.61	
Sub (M)+Spouse (M)+Children (Non-M) Sub (Non-M)+Spouse (Non-M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Product Name of Plan Number of Subscribers Group Number Tier PMPM Product Name of Plan Number of Subscribers Group Number Tier Spouse (Non-M)+Spouse (Non-M)+Sp	\$1,891.00 \$1,533.00 \$1,891.00 \$1,891.00 \$1,891.00 UHC G UHC Base Rate \$445.11 PRISM Di Delta Base Rate (A	\$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 PPO roup Retiree 189 H2001 BCC Fee \$7.50 Dental lelta Dantal PPO 1667 353	\$1,891.50 \$1,891.50 \$1,533.50 \$1,891.50 \$1,891.50 \$1,891.50 \$1,891.50	
Sub (M)+Spouse (M)+Children (Non-M) Sub (Non-M)-Children (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Product Name of Plan Number of Subscribers Group Number Tier PMPM Product Name of Plan Number of Subscribers Group Number Tier Single Tier Single Two Party Family	\$1,891.00 \$1,533.00 \$1,891.00 \$1,891.00 UHC G	\$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 PPO roup Retiree 189 H2001 BCC Fee \$7.50 Dental lelta Dantal PPO 1667 353	\$1,891.50 \$1,891.50 \$1,533.50 \$1,891.50 \$1,891.50 Total \$452.61	
Sub (M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (Non-M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Product Name of Plan Number of Subscribers Group Number Tier PMPM Product Name of Plan Number of Subscribers Group Number Tier PMPM Product Name of Plan Number of Subscribers Group Number Tier Single Two Party Family ADMIN COST PBIA	\$1,891.00 \$1,593.00 \$1,891.00 \$1,891.00 \$1,891.00 UHC G UHC Base Rate \$445.11 PRISM D Delta Base Rate (A \$50.55 \$0.99 \$126.36 \$126.36 \$0.35	\$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 PPO roup Retiree 189 H2001 BCC Fee \$7.50 Dental lelta Dantal PPO 1667 353	\$1,891.50 \$1,891.50 \$1,533.50 \$1,891.50 \$1,891.50 \$1,891.50 \$1,891.50 \$1,891.50 \$1,891.50 \$1,891.50 \$1,891.50 \$1,891.50	
Sub (M)+Spouse (M)+Children (Non-M) Sub (Non-M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Product Name of Plan Number of Subscribers Group Number Tier PMPM Product Name of Plan Number of Subscribers Group Number Tier Single Tier S	\$1,891.00 \$1,533.00 \$1,891.00 \$1,891.00 UHC G UHC Base Rate \$445.11 PRISM D Delta Base Rate (A \$50.55 \$90.98 \$126.36	\$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 PPO roup Retiree 189 H2001 BCC Fee \$7.50 Dental lelta Dantal PPO 1667 353	\$1,891.50 \$1,831.50 \$1,533.50 \$1,533.50 \$1,891.50 \$1,891.50 Total \$452.61 Total \$50.55 \$90.98 \$126.36	
Sub (M)+Spouse (M)+Children (Non-M) Sub (Non-M)+Spouse (Non-M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Product Name of Plan Number of Subscribers Group Number PMPM Product Name of Plan Number of Subscribers Group Number Tier Single Two Party Family Family ADMIN COST PBIA Program Management Fee	\$1,891.00 \$1,891.00 \$1,891.00 \$1,891.00 \$1,891.00 UHC G UHC Base Rate \$445.11 PRISM Di Delta Base Rate (A \$50.55 \$90.98 \$126.36 \$0.35 \$1.00 7.00%	\$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 PPO roup Retiree 189 H2001 BCC Fee \$7.50 Dental lelta Dantal PPO 1667 353	\$1,891.50 \$1,891.50 \$1,533.50 \$1,891.50 \$1,891.50 \$1,891.50 \$1,891.50 Total \$452.61 Total \$452.61 PEPM PEPM	
Sub (M)+Spouse (M)+Children (Non-M) Sub (Non-M)-Spouse (Non-M)-Children (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Product Name of Plan Number of Subscribers Group Number Tier PMPM Product Name of Plan Number of Subscribers Group Number Tier Single Tier Single Two Party Family ADMIN COST PBIA Program Management Fee Dental Product Name of Plan	\$1,891.00 \$1,593.00 \$1,891.00 \$1,891.00 \$1,891.00 UHC G UHC Base Rate \$445.11 PRISM D Delta Base Rate (A \$50.55 \$90.98 \$126.36 \$0.35 \$1.00 7.00%	\$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 \$0.50 PPO roup Retiree 189 H2001 BCC Fee \$7.50 Dental elta Dental PPO 1667 353 \$SO) Vision \$P (All Others)	\$1,891.50 \$1,831.50 \$1,533.50 \$1,891.50 \$1,891.50 \$1,891.50 Total \$452.61 Total \$50.55 \$90.98 \$126.36 PEPM PEPM	
Sub (M)+Spouse (M)+Children (Non-M) Sub (M)+Spouse (Non-M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Product Name of Plan Number of Subscribers Group Number Tier PMPM Product Name of Plan Number of Subscribers Group Number Tier Single Tier Single Tive Parly Family Family Family Family Forgram Management Fee Dental	\$1,891.00 \$1,593.00 \$1,891.00 \$1,891.00 \$1,891.00 UHC G UHC Base Rate \$445.11 PRISM D Delta Base Rate (A \$50.55 \$50.98 \$126.36 \$1.00 7.00% PRISM V	\$0.50 \$0.5	\$1,891.50 \$1,831.50 \$1,533.50 \$1,891.50 \$1,891.50 \$1,891.50 Total \$452.61 Total \$50.55 \$90.98 \$126.36 PEPM PEPM	
Sub (M)+Spouse (M)+Children (Non-M) Sub (Non-M)+Spouse (Non-M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Product Name of Plan Number of Subscribers Group Number Tier PMPM Product Name of Plan Number of Subscribers Group Number Tier Single Tier Single Two Party Family ADMIN COST PBIA Program Management Fee Dental Product Name of Plan Number of Subscribers Group Number Tier Single Two Party Family ADMIN COST PBIA Program Management Fee Dental Product Name of Plan Number of Subscribers Group Number Tier	\$1,891.00 \$1,891.00 \$1,891.00 \$1,891.00 UHC G UHC Base Rate \$445.11 PRISM Di Delta Base Rate (A \$50.55 \$90.99 \$126.36 \$0.35 \$1.00 7.00%	\$0.50 \$0.5	\$1,891.50 \$1,831.50 \$1,533.50 \$1,831.50 \$1,891.50 \$1,891.50 Total \$452.61 Total \$452.61 Feel of the properties of the	
Sub (M)+Spouse (M)+Children (Non-M) Sub (Non-M)+Spouse (Non-M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Product Name of Plan Number of Subscribers Group Number Tier PMPM Product Name of Plan Number of Subscribers Group Number Tier Single Two Party Family ADMIN COST PBIA Program Management Fee Dental Product Name of Plan Number of Subscribers Group Number Tier Single Two Party Family ADMIN COST PBIA Program Management Fee Dental Product Name of Plan Number of Subscribers Group Number	\$1,891.00 \$1,891.00 \$1,891.00 \$1,891.00 \$1,891.00 \$1,891.00 UHC G UHC Base Rate \$445.11 PRISM Do Delta Base Rate (A \$50.55 \$90.98 \$126.36 \$1.26.36 \$1.00 7.00% PRISM V OUTI	\$0.50 \$0.5	\$1,891.50 \$1,831.50 \$1,533.50 \$1,891.50 \$1,891.50 \$1,891.50 \$1,891.50 Total \$452.61 Total \$452.61 Fepm of claims Total \$4.03 \$4.03 \$8.05	
Sub (M)+Spouse (M)+Children (Non-M) Sub (Non-M)-Spouse (Non-M)-Children (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Product Name of Plan Number of Subscribers Group Number Tier PMPM Product Name of Plan Number of Subscribers Group Number Tier Single Two Party Family ADMIN COST Peduct Name of Plan Number of Subscribers Group Number Tier Single Program Management Fee Dental Product Name of Plan Number of Subscribers Group Number	\$1,891.00 \$1,891.00 \$1,891.00 \$1,891.00 \$1,891.00 \$1,891.00 UHC G UHC Base Rate \$445.11 PRISM Do Delta Base Rate (A \$50.55 \$0.09 \$126.36 \$0.35 \$1.00 7.00% PRISM V OO11 VSP Base Rate (A \$4.03 \$8.05 \$12.96	\$0.50 \$0.5	\$1,891.50 \$1,891.50	
Sub (M)+Spouse (M)+Children (Non-M) Sub (Non-M)+Spouse (Non-M)+Children (Non-M) Sub (Non-M)+Spouse (M)+Child (Non-M) Product Name of Plan Number of Subscribers Group Number Tier PMPM Product Name of Plan Number of Subscribers Group Number Tier Single Tier Single Tier PROMINION Product Name of Plan Number of Subscribers Group Number Tier Single Tier Single Tier Product Name of Plan Number of Subscribers Group Number Tier Single Two Party Family	\$1,891.00 \$1,891.00 \$1,891.00 \$1,891.00 \$1,891.00 \$1,891.00 UHC G UHC Base Rate \$445.11 PRISM Do Delta Base Rate (A \$50.55 \$90.98 \$126.36 \$1.26.36 \$1.00 7.00% PRISM V OUTI	\$0.50 \$0.5	\$1,891.50 \$1,831.50 \$1,533.50 \$1,891.50 \$1,891.50 \$1,891.50 \$1,891.50 Total \$452.61 Total \$452.61 Fepm of claims Total \$4.03 \$4.03 \$8.05	

Product		Visi			
Name of Plan Number of Subscribers	PRISM VSP (Sheriffs)				
Number of Subscribers Group Number	154 00112374-0003				
Tier		VSP Base Rate (ASO)		Total	
Single		\$3.41		\$3.41	
Two Party Family		\$6.81 \$10.97		\$6.81 \$10.97	
ADMIN COST		\$10.97		\$10.97	
PBIA		\$0.35		PEPM	
Program Management Fee	\$0.35 \$0.00			PEPM	
Dental	9.00%		of claims		
Product	EAP				
Name of Plan	MHN EAP				
Number of Subscribers	1489 6178				
Group Number		61	78		
Tier		MHN Base Rate		Total	
Composite Rate		\$5.17		\$5.17	
ompone rate		ψ0.17		ψ0.17	
Product		Life & Disability			
Name of Plan					
Number of Subscribers	Basic Life and AD&D 1489				
Group Number	1489 10182351				
Tier	Lincoln Life Rate			Total	
Composite (per \$1000 of benefit)	\$0.11		1.02	\$0.13	
Composite (per \$1000 or benefit)	ψ0.11	ĢC.	.02	ψ0.10	
Product	Life & Disability				
Name of Plan	Voluntary Life				
Number of Subscribers	694 - Employees				
	359 - Spouses				
		258 - CI			
Group Number	40000100017503				
Age Banded Rates		Lincoln Unis			
Rates per \$1,000	Lincoln Emp		Lincoln Spouse Rates		
Under Age 25	\$0.0		\$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	ψ <u>Σ</u> .ο		147		
Monthly Premium (per \$10,000)	\$2.000		\$2.000		
Product	Life & Disability Long Term Disability				
Name of Plan Number of Subscribers		Long Term			
Number of Subscribers Group Number		141			
			LUUL		
Tier	Lincoln LTD Rate Total				
Composite (per \$100 of salary)		\$0.260		\$0.260	