| El Dorado Co  | unty - 2022 Contributions  |  |  |  |  |
|---|--|--|--|--|--|
| Product<br>Name of Plan   | n PRISM Blue Shield PPO \$200 (Actives & Early Retirees)                 |  |  |  |  |
| Number of Subscribers Group Number  | W0052  | 143 PPOX0001   |  |  |  |
| Tier  | UW Base Rate   | BCC Fee  | Total  |  |  |
| Single<br>Two Party   | \$1,204.00<br>\$2,169.00   | \$0.50<br>\$0.50   | \$1,204.50<br>\$2,169.50                                 |  |  |
| Family  | \$3,016.00   | \$0.50   | \$3,016.50   |  |  |
| Product   | DDICM Dive Chiefe ADUD   | PPO  | ireas)   |  |  |
| Name of Plan<br>Number of Subscribers   | PRISM Blue Shield ABHP \$1400 (Actives & Early Retirees)                 |  |  |  |  |
| Group Number  | W0052143 PPOX0002,X0007  |  |  |  |  |
| Tier<br>Single  | S924.00  | BCC Fee<br>\$0.50  | Total<br>\$924.50  |  |  |
| Two Party Family  | \$1,665.00<br>\$2,314.00   | \$0.50<br>\$0.50   | \$1,665.50<br>\$2,314.50                                 |  |  |
| Product   |  |  |  |  |  |
| Name of Plan  | PPO PRISM Blue Shield Bronze Plan ABHP \$2000 (Actives & Early Retirees) |  |  |  |  |
| Number of Subscribers Group Number  | W0052143 PPOX0006, PPOX0008  |  |  |  |  |
| Tier  | UW Base Rate   | BCC Fee  | Total  |  |  |
| Single<br>Two Party   | \$831.00<br>\$1,500.00   | \$0.50<br>\$0.50   | \$831.50<br>\$1,500.50                                   |  |  |
| Family  | \$2,083.00   | \$0.50   | \$2,083.50   |  |  |
| Product   | НМО  |  |  |  |  |
| Name of Plan Number of Subscribers  | PRISM Kaiser HMC   | (Actives & Early Retirees)   |  |  |  |
| Group Number  | 34936-0000   |  |  |  |  |
| Tier Single   | Kaiser Base Rate<br>\$808.00   | BCC Fee<br>\$0.50  | Total<br>\$808.50  |  |  |
| Two Party   | \$1,599.00   | \$0.50   | \$1,599.50   |  |  |
| Family Split Rates  | \$2,253.00   | \$0.50   | \$2,253.50   |  |  |
| Unassigned Medicare 65+ Per Member: Missing A&B, or have B only Unassigned Medicare 65+ Per Member: Missing B only  | \$2,102.00<br>\$1,664.00   | \$0.50<br>\$0.50   | \$2,102.50<br>\$1,664.50                                 |  |  |
| Product   | ,===   | нмо  | Ţ.,,±1.00  |  |  |
| Name of Plan  | PRISM Kaiser HMO \$1400  | ABHP (Actives & Early Ret  | irees)   |  |  |
| Number of Subscribers<br>Group Number   | 34936-2, 34936-3   |  |  |  |  |
| Tier  | Kaiser Base Rate   | BCC Fee  | Total  |  |  |
| Single<br>Two Party   | \$666.00<br>\$1,310.00   | \$0.50<br>\$0.50   | \$666.50<br>\$1,310.50                                   |  |  |
| Family  | \$1,844.00   | \$0.50   | \$1,844.50   |  |  |
| Split Rates Unassigned Medicare 65+ Per Member: Missing A&B, or have B only   | \$2,299.00   | \$0.50   | \$2,299.50   |  |  |
| Unassigned Medicare 65+ Per Member: Missing B only  | \$1,859.00   | \$0.50   | \$1,859.50   |  |  |
| Product<br>Name of Plan   |  | - KPSA - Low   |  |  |  |
| Number of Subscribers   | PRISM Kaiser HMO (Medicare Retirees)                                     |  |  |  |  |
| Group Number Gr   | oup Contributions  | 4936-0001  |  |  |  |
| Tier Single   | Kaiser Base Rate<br>\$428.00   | BCC Fee<br>\$0.50  | Total<br>\$428.50  |  |  |
| 2 Party   | \$841.00   | \$0.50   | \$841.50   |  |  |
| 2 Party (1 Medicare + 1 Without) Family (1 Medicare + 2 Without)  | \$1,072.00<br>\$1,606.00   | \$0.50<br>\$0.50   | \$1,072.50<br>\$1,606.50                                 |  |  |
| Family (2 Medicare + 1 Without)   | \$1,375.00   | \$0.50   | \$1,375.50   |  |  |
| Product<br>Name of Plan   | HMO - KPSA - High PRISM Kaiser HMO (Medicare Retirees)                   |  |  |  |  |
| Number of Subscribers Group Number  | 34936-0001   |  |  |  |  |
|   | oup Contributions  |  |  |  |  |
| Tier Single   | Kaiser Base Rate<br>\$431.00   | BCC Fee<br>\$0.50  | Total<br>\$431.50  |  |  |
| 2 Party   | \$846.00   | \$0.50   | \$846.50   |  |  |
| 2 Party (1 Medicare + 1 Without) Family (1 Medicare + 2 Without)  | \$1,239.00<br>\$1,876.00   | \$0.50<br>\$0.50   | \$1,239.50<br>\$1,876.50                                 |  |  |
| Family (2 Medicare + 1 Without)   | \$1,500.00   | \$0.50   | \$1,500.50   |  |  |
| Product<br>Name of Plan   | PPO  |  |  |  |  |
| Number of Subscribers   | UHC Group Retiree  |  |  |  |  |
| Group Number  |  | H2001  | T-4-1  |  |  |
| Tier PMPM   | UHC Base Rate<br>\$436.21  | <b>BCC Fee</b><br>\$7.50   | <b>Total</b><br>\$443.71                                 |  |  |
| Product   |  | Dental   |  |  |  |
| Name of Plan<br>Number of Subscribers   | Dental PRISM Delta Dental PPO  |  |  |  |  |
| Group Number  |  | 353  |  |  |  |
| Tier  | Delta Base Rate (ASO)  |  | Total  |  |  |
| Single<br>Two Party   | \$51.66<br>\$92.99   |  | \$51.66<br>\$92.99                                       |  |  |
| Family ADMIN COST   | \$129.15   |  | \$129.15   |  |  |
| BCC Program Management Fee  | \$0.60<br>\$1.00   |  | PEPM   |  |  |
|   | \$1.00 PEPM<br>6.70% of claim  |  |  |  |  |
|   |  |  |  |  |  |
| Dental Product  |  | Vision   |  |  |  |
| Dental  | PRISM V  | Vision<br>VSP (All Others)<br>1489   |  |  |  |
| Dental  Product  Name of Plan  Number of Subscribers  Group Number  | 001  | VSP (All Others)<br>1489<br>12374-0001   |  |  |  |
| Dental Product Name of Plan Number of Subscribers Group Number  | 001<br>VSP Base Rate (A  | VSP (All Others)<br>1489<br>12374-0001   | Total<br>\$4.17  |  |  |
| Dental  Product Name of Plan Number of Subscribers Group Number  Tier Single Two Party  | 001<br>VSP Base Rate (A<br>\$4.17<br>\$8.33                              | VSP (All Others)<br>1489<br>12374-0001   | \$4.17<br>\$8.33   |  |  |
| Dental  Product Name of Plan Number of Subscribers Group Number  Tier Single Two Party Family ADMIN COST  | 001<br>VSP Base Rate (A<br>\$4.17<br>\$6.33<br>\$13.42                   | VSP (All Others)<br>1489<br>12374-0001   | \$4.17<br>\$8.33<br>\$13.42                              |  |  |
| Dental  Product Name of Plan Number of Subscribers Group Number  Tier Single Two Party Family ADMIN COST BCC  | 001  VSP Base Rate (A  \$4.17  \$8.33  \$13.42  \$0.50  \$0.00           | VSP (All Others)<br>1489<br>12374-0001   | \$4.17<br>\$8.33   |  |  |
| Product   Name of Plan  | 001<br>VSP Base Rate (A<br>\$4.17<br>\$8.33<br>\$13.42<br>\$0.50         | VSP (All Others)<br>1489<br>12374-0001   | \$4.17<br>\$8.33<br>\$13.42<br>PEPM                      |  |  |
| Dental  Product  Name of Plan  Number of Subscribers  Group Number  Tier  Single  Two Party Family ADMIN COST BCC  Program Management Fee  Dental  Product  | 001  VSP Base Rate (A  \$4.17  \$8.83  \$13.42  \$0.50  \$0.00  8.50%    | VSP (All Others) 1489 12374-0001  SO)  Vision  | \$4.17<br>\$8.33<br>\$13.42<br>PEPM<br>PEPM              |  |  |
| Dental  Product Name of Plan Number of Subscribers Group Number  Tier Single Two Party Family ADMIN COST BCC Program Management Fee Dental  Product Name of Plan Number of Subscribers Number of Plan Number of Subscribers | 001  VSP Base Rate (A  \$4.17  \$8.833  \$13.42  \$0.50  \$0.00  \$5.50% | Vision Vi | \$4.17<br>\$8.33<br>\$13.42<br>PEPM<br>PEPM              |  |  |
| Dental  Product Name of Plan Number of Subscribers Group Number  Tier Single Two Party Family ADMIN COST BCC Program Management Fee Dental  Product Name of Plan Number of Subscribers Group Number                         | 001  VSP Base Rate (A \$4.17 \$8.83 \$13.42  \$0.50 \$0.00 8.50%  PRISM  | Vision VSP (Sheriffs) 15374-0001  Vision VSP (Sheriffs) 154 12374-0003   | \$4.17<br>\$8.33<br>\$13.42<br>PEPM<br>PEPM<br>of claims |  |  |
| Dental  Product Name of Plan Number of Subscribers Group Number  Tier Single Two Party Family ADMIN COST BCC Program Management Fee Dental  Product Name of Plan Number of Subscribers                                      | 001  VSP Base Rate (A  \$4.17  \$8.833  \$13.42  \$0.50  \$0.00  \$5.50% | Vision VSP (Sheriffs) 15374-0001  Vision VSP (Sheriffs) 154 12374-0003   | \$4.17<br>\$8.33<br>\$13.42<br>PEPM<br>PEPM              |  |  |

| Family                             | \$11.36                                     |                        | \$11.36   |           |  |
|------------------------------------|---|------------------------|-----------|-----------|--|
| ADMIN COST                         |   |                        |           |           |  |
| BCC                                | \$0.50                                      |                        |           | PEPM      |  |
| Program Management Fee             | \$0.00                                      |                        |           | PEPM      |  |
| Dental                             | 8.50% of claims                             |                        |           | of claims |  |
| Product                            |   |                        |           |           |  |
| Name of Plan                       | EAP   |                        |           |           |  |
| Number of Subscribers              | MHN EAP                                     |                        |           |           |  |
| Rumber of Subscribers Group Number | 4199  |                        |           |           |  |
| Group Number                       | 6178  |                        |           |           |  |
| Tier                               | MHN Base Rate Total                         |                        |           | Total     |  |
| Composite Rate                     | \$5.17 \$5.17                               |                        |           | \$5.17    |  |
|                                    |   |                        |           |           |  |
| Product                            |   | Life & D               | isability |           |  |
| Name of Plan                       |   | Basic Life and AD&D    |           |           |  |
| Number of Subscribers              |   |                        |           |           |  |
| Group Number                       | 10182351                                    |                        |           |           |  |
| Tier                               | Lincoln Life Rate                           | Lincoln                | AD&D Rate | Total     |  |
| Composite (per \$1000 of benefit)  | \$0.11                                      |                        | 0.02      | \$0.13    |  |
| Composite (per \$1000 or berteilt) | \$0.11                                      | 3                      | 0.02      | \$0.13    |  |
| Product                            | Life & Disability                           |                        |           |           |  |
| Name of Plan                       | Voluntary Life                              |                        |           |           |  |
|                                    | Employees                                   |                        |           |           |  |
| Number of Subscribers              | Spouses                                     |                        |           |           |  |
|                                    | Children                                    |                        |           |           |  |
| Group Number                       | 40000100017503                              |                        |           |           |  |
| Age Banded Rates                   | Lincoln Unismoker Rates                     |                        |           |           |  |
| Rates per \$1,000                  | Lincoln Employee Rates Lincoln Spouse Rates |                        | use Rates |           |  |
| Under Age 25                       | \$0.040 \$0.040                             |                        |           |           |  |
| Age 25-29                          | \$0.040                                     |                        | \$0.0     | \$0.040   |  |
| Age 30-34                          | \$0.060                                     |                        | \$0.0     | \$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          | \$2,000                                     |                        | 00        |           |  |
| Monthly Premium (per \$10,000)     | \$2.0                                       | UU                     | \$2.0     | UU        |  |
| Product                            | Life & Disability                           |                        |           |           |  |
| Name of Plan                       |   | Long Term Disability   |           |           |  |
| Number of Subscribers              |   |                        |           |           |  |
| Group Number                       |   | 10182352               |           |           |  |
| Tier                               |   | Lincoln LTD Rate Total |           |           |  |
| Composite (per \$100 of salary)    |   |                        | \$0.260   |           |  |
| Composite (por 4100 or calary)     | \$0.260 \$0.260                             |                        |           |           |  |