

**LEGACY GROUP
FUNDING AND CONTRIBUTION LEVELS
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Contribution
<i>San Dimas Community Hospital - Client ID H3170</i>						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	111	\$671.00	\$616.83	\$54.17
		EE & Spouse	24	\$1,409.16	\$1,271.75	\$137.41
		EE & Child(ren)	44	\$1,268.22	\$1,155.79	\$112.43
		EE & Family	23	\$2,113.73	\$1,832.66	\$281.07
		Estimated Monthly Premium	202	\$212,718	\$191,996	\$20,722
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	11	\$518.77	\$405.57	\$113.20
		EE & Spouse	2	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	4	\$933.80	\$732.58	\$201.22
		EE & Family	4	\$1,556.37	\$1,154.78	\$401.59
		Estimated Monthly Premium	21	\$17,742	\$13,604	\$4,138
Total Medical Monthly		Total Medical Employees	223	\$230,461	\$205,600	\$24,861
Total Medical Annual				\$2,765,527	\$2,467,200	\$298,328
<i>Bio-Medical Services - Client ID H3130</i>						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	217	\$671.00	\$616.83	\$54.17
		EE & Spouse	34	\$1,409.16	\$1,271.75	\$137.41
		EE & Child(ren)	47	\$1,268.22	\$1,155.79	\$112.43
		EE & Family	40	\$2,113.73	\$1,832.66	\$281.07
		Estimated Monthly Premium	338	\$337,674	\$304,720	\$32,954
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	18	\$518.77	\$405.57	\$113.20
		EE & Spouse	1	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	4	\$933.80	\$732.58	\$201.22
		EE & Family	1	\$1,556.37	\$1,154.78	\$401.59
		Estimated Monthly Premium	24	\$15,667	\$12,182	\$3,485
Total Medical Monthly		Total Medical Employees	362	\$353,341	\$316,902	\$36,439
Total Medical Annual				\$4,240,092	\$3,802,825	\$437,267
<i>Chino Valley Medical Center - Client ID H3100</i>						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	146	\$671.00	\$671.00	\$0.00
		EE & Spouse	19	\$1,409.16	\$1,296.59	\$112.57
		EE & Child(ren)	25	\$1,268.22	\$1,166.90	\$101.32
		EE & Family	11	\$2,113.73	\$1,944.87	\$168.86
		Estimated Monthly Premium	201	\$179,697	\$173,167	\$6,529
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	12	\$518.77	\$416.98	\$101.79
		EE & Spouse	1	\$1,037.57	\$799.78	\$237.79
		EE & Child(ren)	0	\$933.80	\$735.24	\$198.56
		EE & Family	0	\$1,556.37	\$1,160.09	\$396.28
		Estimated Monthly Premium	13	\$7,263	\$5,804	\$1,459
Total Medical Monthly		Total Medical Employees	214	\$186,959	\$178,971	\$7,989
Total Medical Annual				\$2,243,513	\$2,147,650	\$95,863

**LEGACY GROUP
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YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Contribution
<i>Chino Valley Medical Center RNs - Client ID H3300</i>						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	41	\$671.00	\$671.00	\$0.00
		EE & Spouse	7	\$1,409.16	\$1,296.59	\$112.57
		EE & Child(ren)	9	\$1,268.22	\$1,166.90	\$101.32
		EE & Family	8	<u>\$2,113.73</u>	<u>\$1,944.87</u>	<u>\$168.86</u>
		Estimated Monthly Premium	65	\$65,699	\$62,648	\$3,051
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	3	\$518.77	\$416.98	\$101.79
		EE & Spouse	0	\$1,037.57	\$799.78	\$237.79
		EE & Child(ren)	1	\$933.80	\$735.24	\$198.56
		EE & Family	2	<u>\$1,556.37</u>	<u>\$1,160.09</u>	<u>\$396.28</u>
		Estimated Monthly Premium	6	\$5,603	\$4,306	\$1,296
Total Medical Monthly		Total Medical Employees	71	\$71,302	\$66,955	\$4,347
Total Medical Annual				\$855,621	\$803,455	\$52,167
<i>Desert Valley Hospital - Client ID H3140</i>						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	319	\$671.00	\$616.83	\$54.17
		EE & Spouse	50	\$1,409.16	\$1,271.75	\$137.41
		EE & Child(ren)	171	\$1,268.22	\$1,155.79	\$112.43
		EE & Family	85	<u>\$2,113.73</u>	<u>\$1,832.66</u>	<u>\$281.07</u>
		Estimated Monthly Premium	625	\$681,040	\$613,772	\$67,267
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	28	\$518.77	\$405.57	\$113.20
		EE & Spouse	2	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	10	\$933.80	\$732.58	\$201.22
		EE & Family	3	<u>\$1,556.37</u>	<u>\$1,154.78</u>	<u>\$401.59</u>
		Estimated Monthly Premium	43	\$30,608	\$23,739	\$6,869
Total Medical Monthly		Total Medical Employees	668	\$711,647	\$637,512	\$74,136
Total Medical Annual				\$8,539,770	\$7,650,141	\$889,629
<i>Desert Valley Medical Group - Client ID H3150</i>						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	89	\$671.00	\$616.83	\$54.17
		EE & Spouse	20	\$1,409.16	\$1,271.75	\$137.41
		EE & Child(ren)	40	\$1,268.22	\$1,155.79	\$112.43
		EE & Family	28	<u>\$2,113.73</u>	<u>\$1,832.66</u>	<u>\$281.07</u>
		Estimated Monthly Premium	177	\$197,815	\$177,879	\$19,936
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	1	\$518.77	\$405.57	\$113.20
		EE & Spouse	0	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	3	\$933.80	\$732.58	\$201.22
		EE & Family	3	<u>\$1,556.37</u>	<u>\$1,154.78</u>	<u>\$401.59</u>
		Estimated Monthly Premium	7	\$7,989	\$6,068	\$1,922
Total Medical Monthly		Total Medical Employees	184	\$205,805	\$183,947	\$21,858
Total Medical Annual				\$2,469,657	\$2,207,359	\$262,297

LEGACY GROUP
FUNDING AND CONTRIBUTION LEVELS
YEAR 2020 BENEFIT RENEWALS

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Contribution
<i>Huntington Beach Hospital - Client ID H3210</i>						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	161	\$671.00	\$616.83	\$54.17
		EE & Spouse	17	\$1,409.16	\$1,271.75	\$137.41
		EE & Child(ren)	42	\$1,268.22	\$1,155.79	\$112.43
		EE & Family	21	\$2,113.73	\$1,832.66	\$281.07
		Estimated Monthly Premium	241	\$229,640	\$207,958	\$21,682
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	33	\$518.77	\$405.57	\$113.20
		EE & Spouse	4	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	3	\$933.80	\$732.58	\$201.22
		EE & Family	3	\$1,556.37	\$1,154.78	\$401.59
		Estimated Monthly Premium	43	\$28,740	\$22,232	\$6,508
Total Medical Monthly		Total Medical Employees	284	\$258,380	\$230,191	\$28,190
Total Medical Annual				\$3,100,566	\$2,762,288	\$338,278
<i>La Palma Intercommunity Hospital - Client ID H3200</i>						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	147	\$671.00	\$616.83	\$54.17
		EE & Spouse	29	\$1,409.16	\$1,271.75	\$137.41
		EE & Child(ren)	30	\$1,268.22	\$1,155.79	\$112.43
		EE & Family	22	\$2,113.73	\$1,832.66	\$281.07
		Estimated Monthly Premium	228	\$224,051	\$202,547	\$21,504
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	16	\$518.77	\$405.57	\$113.20
		EE & Spouse	2	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	2	\$933.80	\$732.58	\$201.22
		EE & Family	3	\$1,556.37	\$1,154.78	\$401.59
		Estimated Monthly Premium	23	\$16,912	\$13,012	\$3,900
Total Medical Monthly		Total Medical Employees	251	\$240,963	\$215,559	\$25,405
Total Medical Annual				\$2,891,562	\$2,586,705	\$304,856

**LEGACY GROUP
FUNDING AND CONTRIBUTION LEVELS
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Contribution
Montclair Hospital Medical Center - Client ID H3160						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	98	\$671.00	\$616.83	\$54.17
		EE & Spouse	17	\$1,409.16	\$1,271.75	\$137.41
		EE & Child(ren)	17	\$1,268.22	\$1,155.79	\$112.43
		EE & Family	24	<u>\$2,113.73</u>	<u>\$1,832.66</u>	<u>\$281.07</u>
		Estimated Monthly Premium	156	\$162,003	\$145,701	\$16,302
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	18	\$518.77	\$405.57	\$113.20
		EE & Spouse	3	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	4	\$933.80	\$732.58	\$201.22
		EE & Family	1	<u>\$1,556.37</u>	<u>\$1,154.78</u>	<u>\$401.59</u>
		Estimated Monthly Premium	26	\$17,742	\$13,775	\$3,967
Total Medical Monthly		Total Medical Employees	182	\$179,745	\$159,476	\$20,269
Total Medical Annual				\$2,156,941	\$1,913,718	\$243,224
Premiere Healthcare Staffing - Client ID H3115						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	4	\$671.00	\$616.83	\$54.17
		EE & Spouse	0	\$1,409.16	\$1,271.75	\$137.41
		EE & Child(ren)	1	\$1,268.22	\$1,155.79	\$112.43
		EE & Family	1	<u>\$2,113.73</u>	<u>\$1,832.66</u>	<u>\$281.07</u>
		Estimated Monthly Premium	6	\$6,066	\$5,456	\$610
Total Medical Monthly		Total Medical Employees	6	\$6,066	\$5,456	\$610
Total Medical Annual				\$72,791	\$65,469	\$7,322
Prime Management Services - Client ID H3110						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	756	\$671.00	\$616.83	\$54.17
		EE & Spouse	107	\$1,409.16	\$1,271.75	\$137.41
		EE & Child(ren)	217	\$1,268.22	\$1,155.79	\$112.43
		EE & Family	169	<u>\$2,113.73</u>	<u>\$1,832.66</u>	<u>\$281.07</u>
		Estimated Monthly Premium	1,249	\$1,290,480	\$1,162,927	\$127,554
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	34	\$518.77	\$405.57	\$113.20
		EE & Spouse	4	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	11	\$933.80	\$732.58	\$201.22
		EE & Family	14	<u>\$1,556.37</u>	<u>\$1,154.78</u>	<u>\$401.59</u>
		Estimated Monthly Premium	63	\$53,849	\$41,201	\$12,648
Total Medical Monthly		Total Medical Employees	1,312	\$1,344,330	\$1,204,128	\$140,202
Total Medical Annual				\$16,131,956	\$14,449,533	\$1,682,423
Paradise Valley Hospital - Client ID H3230						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	329	\$671.00	\$616.83	\$54.17
		EE & Spouse	57	\$1,409.16	\$1,271.75	\$137.41
		EE & Child(ren)	59	\$1,268.22	\$1,155.79	\$112.43
		EE & Family	38	<u>\$2,113.73</u>	<u>\$1,832.66</u>	<u>\$281.07</u>
		Estimated Monthly Premium	483	\$456,228	\$413,260	\$42,968

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YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Contribution
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	26	\$518.77	\$416.98	\$101.79
		EE & Spouse	8	\$1,037.57	\$799.78	\$237.79
		EE & Child(ren)	9	\$933.80	\$735.24	\$198.56
		EE & Family	3	\$1,556.37	\$1,160.09	\$396.28
		Estimated Monthly Premium	46	\$34,862	\$27,337	\$7,525
Total Medical Monthly		Total Medical Employees	529	\$491,090	\$440,597	\$50,493
Total Medical Annual				\$5,893,077	\$5,287,160	\$605,917

**LEGACY GROUP
FUNDING AND CONTRIBUTION LEVELS
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Contribution
Paradise Valley Medical Group - Client ID H3240						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	2	\$671.00	\$616.83	\$54.17
		EE & Spouse	0	\$1,409.16	\$1,271.75	\$137.41
		EE & Child(ren)	0	\$1,268.22	\$1,155.79	\$112.43
		EE & Family	2	<u>\$2,113.73</u>	<u>\$1,832.66</u>	<u>\$281.07</u>
		Estimated Monthly Premium	4	\$5,569	\$4,899	\$670
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	0	\$518.77	\$416.98	\$101.79
		EE & Spouse	0	\$1,037.57	\$799.78	\$237.79
		EE & Child(ren)	0	\$933.80	\$735.24	\$198.56
		EE & Family	0	<u>\$1,556.37</u>	<u>\$1,160.09</u>	<u>\$396.28</u>
		Estimated Monthly Premium	0	\$0	\$0	\$0
Total Medical Monthly		Total Medical Employees	4	\$5,569	\$4,899	\$670
Total Medical Annual				\$66,834	\$58,788	\$8,046
Sherman Oaks Hospital - Client ID H3180						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	198	\$671.00	\$616.83	\$54.17
		EE & Spouse	54	\$1,409.16	\$1,271.75	\$137.41
		EE & Child(ren)	40	\$1,268.22	\$1,155.79	\$112.43
		EE & Family	38	<u>\$2,113.73</u>	<u>\$1,832.66</u>	<u>\$281.07</u>
		Estimated Monthly Premium	330	\$340,003	\$306,680	\$33,324
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	30	\$518.77	\$405.57	\$113.20
		EE & Spouse	4	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	3	\$933.80	\$732.58	\$201.22
		EE & Family	3	<u>\$1,556.37</u>	<u>\$1,154.78</u>	<u>\$401.59</u>
		Estimated Monthly Premium	40	\$27,184	\$21,016	\$6,168
Total Medical Monthly		Total Medical Employees	370	\$367,187	\$327,695	\$39,492
Total Medical Annual				\$4,406,245	\$3,932,341	\$473,904
Sherman Oaks Medical Group - Client ID H3190						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	0	\$671.00	\$616.83	\$54.17
		EE & Spouse	0	\$1,409.16	\$1,271.75	\$137.41
		EE & Child(ren)	0	\$1,268.22	\$1,155.79	\$112.43
		EE & Family	0	<u>\$2,113.73</u>	<u>\$1,832.66</u>	<u>\$281.07</u>
		Estimated Monthly Premium	0	\$0	\$0	\$0
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	0	\$518.77	\$405.57	\$113.20
		EE & Spouse	0	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	0	\$933.80	\$732.58	\$201.22
		EE & Family	0	<u>\$1,556.37</u>	<u>\$1,154.78</u>	<u>\$401.59</u>
		Estimated Monthly Premium	0	\$0	\$0	\$0
Total Medical Monthly		Total Medical Employees	0	\$0	\$0	\$0
Total Medical Annual				\$0	\$0	\$0

**LEGACY GROUP
FUNDING AND CONTRIBUTION LEVELS
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Contribution
<i>West Anaheim Medical Center - Client ID H3220</i>						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	421	\$671.00	\$671.00	\$0.00
		EE & Spouse	42	\$1,409.16	\$1,295.86	\$113.30
		EE & Child(ren)	84	\$1,268.22	\$1,175.52	\$92.70
		EE & Family	83	\$2,113.73	\$1,881.97	\$231.76
		Estimated Monthly Premium	630	\$623,646	\$591,864	\$31,781
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	60	\$518.77	\$416.98	\$101.79
		EE & Spouse	3	\$1,037.57	\$799.78	\$237.79
		EE & Child(ren)	6	\$933.80	\$735.24	\$198.56
		EE & Family	8	\$1,556.37	\$1,160.09	\$396.28
		Estimated Monthly Premium	77	\$52,293	\$41,110	\$11,182
Total Medical Monthly		Total Medical Employees	707	\$675,938	\$632,975	\$42,964
Total Medical Annual				\$8,111,262	\$7,595,695	\$515,566
<i>Shasta Regional Medical Center - Client ID H3280</i>						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	295	\$671.00	\$671.00	\$0.00
		EE & Spouse	94	\$1,409.16	\$1,284.24	\$124.92
		EE & Child(ren)	107	\$1,268.22	\$1,166.01	\$102.21
		EE & Family	106	\$2,113.73	\$1,858.21	\$255.52
		Estimated Monthly Premium	602	\$690,161	\$640,397	\$49,764
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	21	\$518.77	\$416.98	\$101.79
		EE & Spouse	2	\$1,037.57	\$799.78	\$237.79
		EE & Child(ren)	6	\$933.80	\$735.24	\$198.56
		EE & Family	7	\$1,556.37	\$1,160.09	\$396.28
		Estimated Monthly Premium	36	\$29,467	\$22,888	\$6,578
Total Medical Monthly		Total Medical Employees	638	\$719,628	\$663,285	\$56,343
Total Medical Annual				\$8,635,532	\$7,959,421	\$676,111
<i>Shasta Medical Group - Client ID H3285</i>						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	14	\$671.00	\$671.00	\$0.00
		EE & Spouse	4	\$1,409.16	\$1,284.24	\$124.92
		EE & Child(ren)	7	\$1,268.22	\$1,166.01	\$102.21
		EE & Family	3	\$2,113.73	\$1,858.21	\$255.52
		Estimated Monthly Premium	28	\$30,249	\$28,268	\$1,982
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	0	\$518.77	\$416.98	\$101.79
		EE & Spouse	0	\$1,037.57	\$799.78	\$237.79
		EE & Child(ren)	0	\$933.80	\$735.24	\$198.56
		EE & Family	0	\$1,556.37	\$1,160.09	\$396.28
		Estimated Monthly Premium	0	\$0	\$0	\$0
Total Medical Monthly		Total Medical Employees	28	\$30,249	\$28,268	\$1,982
Total Medical Annual				\$362,992	\$339,212	\$23,781

**LEGACY GROUP
FUNDING AND CONTRIBUTION LEVELS
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Contribution
<i>Hospitality - Client ID H3290</i>						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	0	\$671.00	\$536.05	\$134.95
		EE & Spouse	0	\$1,409.16	\$1,006.77	\$402.39
		EE & Child(ren)	0	\$1,268.22	\$915.82	\$352.40
		EE & Family	0	<u>\$2,113.73</u>	<u>\$1,445.26</u>	<u>\$668.47</u>
		Estimated Monthly Premium	0	\$0	\$0	\$0
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	0	\$518.77	\$405.57	\$113.20
		EE & Spouse	0	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	0	\$933.80	\$732.58	\$201.22
		EE & Family	0	<u>\$1,556.37</u>	<u>\$1,154.78</u>	<u>\$401.59</u>
		Estimated Monthly Premium	0	\$0	\$0	\$0
Total Medical Monthly		Total Medical Employees	0	\$0	\$0	\$0
Total Medical Annual				\$0	\$0	\$0
Total Legacy Medical Monthly		Total Medical Employees	6,033	\$6,078,661	\$5,502,413	\$576,248
Total Legacy Medical Annual				\$72,943,937	\$66,028,959	\$6,914,977
Combined PRIME Medical Monthly		Total Medical Employees	24,708	\$26,716,615	\$24,187,885	\$2,528,730
Combined PRIME Medical Annual				\$320,599,378	\$290,254,615	\$30,344,763

**CENTINELA HOSPITAL MEDICAL CENTER
FUNDING AND CONTRIBUTION LEVELS
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>Centinela Hospital Medical Center - Client ID H3270</i>						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	506	\$671.00	\$671.00	\$0.00
		EE & Spouse	73	\$1,409.16	\$1,409.16	\$0.00
		EE & Child(ren)	120	\$1,268.22	\$1,268.22	\$0.00
		EE & Family	84	<u>\$2,113.73</u>	<u>\$2,113.73</u>	<u>\$0.00</u>
		Estimated Monthly Premium	783	\$772,134	\$772,134	\$0
PRIME PPO HIGH OPTION PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	0	\$1,167.11	\$799.61	\$367.50
		EE & Spouse	0	\$2,334.26	\$1,595.58	\$738.68
		EE & Child(ren)	0	\$2,100.82	\$1,459.15	\$641.67
		EE & Family	0	<u>\$3,501.36</u>	<u>\$2,420.91</u>	<u>\$1,080.45</u>
		Estimated Monthly Premium	0	\$0	\$0	\$0
PRIME PPO LOW OPTION PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	0	\$849.65	\$650.16	\$199.49
		EE & Spouse	0	\$1,699.33	\$1,341.02	\$358.31
		EE & Child(ren)	0	\$1,529.38	\$1,231.69	\$297.69
		EE & Family	0	<u>\$2,548.93</u>	<u>\$2,008.72</u>	<u>\$540.21</u>
		Estimated Monthly Premium	0	\$0	\$0	\$0
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	73	\$518.77	\$416.98	\$101.79
		EE & Spouse	3	\$1,037.57	\$799.78	\$237.79
		EE & Child(ren)	13	\$933.80	\$735.24	\$198.56
		EE & Family	3	<u>\$1,556.37</u>	<u>\$1,160.09</u>	<u>\$396.28</u>
		Estimated Monthly Premium	92	\$57,791	\$45,877	\$11,914
<i>Robotics Outpatient Center - Client ID H3271</i>						
PRIME EPO PLAN (Self-Insured)	1/0/00	EE	0	\$671.00	\$616.83	\$54.17
		EE & Spouse	0	\$1,409.16	\$1,271.75	\$137.41
		EE & Child(ren)	0	\$1,268.22	\$1,155.79	\$112.43
		EE & Family	0	<u>\$2,113.73</u>	<u>\$1,832.66</u>	<u>\$281.07</u>
		Estimated Monthly Premium	0	\$0	\$0	\$0
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	0	\$518.77	\$405.57	\$113.20
		EE & Spouse	0	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	0	\$933.80	\$732.58	\$201.22
		EE & Family	0	<u>\$1,556.37</u>	<u>\$1,154.78</u>	<u>\$401.59</u>
		Estimated Monthly Premium	0	\$0	\$0	\$0
<i>Centinela Valley Endoscopy Center - Client ID H3272</i>						
PRIME EPO PLAN (Self-Insured)	1/0/00	EE	2	\$671.00	\$616.83	\$54.17
		EE & Spouse	0	\$1,409.16	\$1,271.75	\$137.41
		EE & Child(ren)	0	\$1,268.22	\$1,155.79	\$112.43
		EE & Family	0	<u>\$2,113.73</u>	<u>\$1,832.66</u>	<u>\$281.07</u>
		Estimated Monthly Premium	2	\$1,342	\$1,234	\$108
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	3	\$518.77	\$405.57	\$113.20
		EE & Spouse	0	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	0	\$933.80	\$732.58	\$201.22
		EE & Family	0	<u>\$1,556.37</u>	<u>\$1,154.78</u>	<u>\$401.59</u>

**CENTINELA HOSPITAL MEDICAL CENTER
FUNDING AND CONTRIBUTION LEVELS
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
		Estimated Monthly Premium	3	\$1,556	\$1,217	\$340
Total Medical Monthly		Total Medical Employees	880	832,824	820,462	12,362
Total Medical Annual				\$9,993,890	\$9,845,544	\$148,345

**ENCINO AND GARDEN GROVE MEDICAL CENTERS
FUNDING AND CONTRIBUTION LEVELS
YEAR 2020 BENEFITS RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>Encino Hospital Medical Center - Client ID H3250</i>						
PRIME Non-Union & SEIU-UHW UNIFIED EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	78	\$671.00	\$671.00	\$0.00
		EE & Spouse	27	\$1,409.16	\$1,296.59	\$112.57
		EE & Child	11	\$1,268.22	\$1,166.90	\$101.32
		EE & Children	4	\$1,268.22	\$1,166.90	\$101.32
		EE & Family	29	\$2,113.73	\$1,944.87	\$168.86
		Estimated Monthly Premium	149	\$170,707	\$161,251	\$9,456
PRIME SEIU 121 RN EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	28	\$671.00	\$671.00	\$0.00
		EE & Spouse	8	\$1,409.16	\$1,296.59	\$112.57
		EE & Child	3	\$1,268.22	\$1,166.90	\$101.32
		EE & Children	9	\$1,268.22	\$1,166.90	\$101.32
		EE & Family	9	\$2,113.73	\$1,944.87	\$168.86
		Estimated Monthly Premium	57	\$64,303	\$60,667	\$3,636
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	19	\$518.77	\$416.98	\$101.79
		EE & Spouse	7	\$1,037.57	\$799.78	\$237.79
		EE & Child	2	\$933.80	\$753.29	\$180.51
		EE & Children	4	\$933.80	\$699.14	\$234.66
		EE & Family	1	\$1,556.37	\$1,160.09	\$396.28
		Estimated Monthly Premium	33	\$24,279	\$18,984	\$5,294
Total Medical Monthly		Total Medical Employees	239	\$259,289	\$240,902	\$18,387
Total Medical Annual				\$3,111,469	\$2,890,828	\$220,641

**ENCINO AND GARDEN GROVE MEDICAL CENTERS
FUNDING AND CONTRIBUTION LEVELS
YEAR 2020 BENEFITS RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>Garden Grove Hospital Medical Center - Client ID H3260 (Including UNAC)</i>						
PRIME Non-Union UNIFIED EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	104	\$671.00	\$671.00	\$0.00
		EE & Spouse	14	\$1,409.16	\$1,296.59	\$112.57
		EE & Child	8	\$1,268.22	\$1,166.90	\$101.32
		EE & Children	8	\$1,268.22	\$1,166.90	\$101.32
		EE & Family	25	\$2,113.73	\$1,944.87	\$168.86
		Estimated Monthly Premium	159	\$162,647	\$155,228	\$7,419
PRIME UNAC EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	47	\$671.00	\$671.00	\$0.00
		EE & Spouse	15	\$1,409.16	\$1,296.59	\$112.57
		EE & Child	15	\$1,268.22	\$1,166.90	\$101.32
		EE & Children	7	\$1,268.22	\$1,166.90	\$101.32
		EE & Family	29	\$2,113.73	\$1,944.87	\$168.86
		Estimated Monthly Premium	113	\$141,873	\$133,059	\$8,815
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	24	\$518.77	\$416.98	\$101.79
		EE & Spouse	1	\$1,037.57	\$799.78	\$237.79
		EE & Child	3	\$933.80	\$753.29	\$180.51
		EE & Children	0	\$933.80	\$699.14	\$234.66
		EE & Family	4	\$1,556.37	\$1,160.09	\$396.28
		Estimated Monthly Premium	32	\$22,515	\$17,708	\$4,807
Total Medical Monthly		Total Medical Employees	304	\$327,035	\$305,995	\$21,041
Total Medical Annual				\$3,924,424	\$3,671,938	\$252,486
Total Garden Grove/Encino Medical Monthly		Total Medical Employees	543	\$586,324	\$546,897	\$39,427
Total Garden Grove/Encino Medical Annual				\$7,035,893	\$6,562,766	\$473,127

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>St. Francis Medical Center - Client ID H3275</i>						
PRIME SEIU 2020 D1 UNIFIED EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	265	\$671.00	\$671.00	\$0.00
		EE & Spouse	46	\$1,409.16	\$1,409.16	\$0.00
		EE & Child(ren)	97	\$1,268.22	\$1,268.22	\$0.00
		EE & Family	65	\$2,113.73	\$2,113.73	\$0.00
		Estimated Monthly Premium	473	\$503,046	\$503,046	\$0
PRIME UNAC D1 UNIFIED EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	174	\$671.00	\$671.00	\$0.00
		EE & Spouse	23	\$1,409.16	\$1,409.16	\$0.00
		EE & Child(ren)	57	\$1,268.22	\$1,268.22	\$0.00
		EE & Family	51	\$2,113.73	\$2,113.73	\$0.00
		Estimated Monthly Premium	305	\$329,253	\$329,253	\$0
PRIME Non-Union D1 UNIFIED EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	97	\$671.00	\$671.00	\$0.00
		EE & Spouse	14	\$1,409.16	\$1,409.16	\$0.00
		EE & Child(ren)	27	\$1,268.22	\$1,268.22	\$0.00
		EE & Family	26	\$2,113.73	\$2,113.73	\$0.00
		Estimated Monthly Premium	164	\$174,014	\$174,014	\$0
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	93	\$518.77	\$416.98	\$101.79
		EE & Spouse	7	\$1,037.57	\$799.78	\$237.79
		EE & Child(ren)	16	\$933.80	\$735.24	\$198.56
		EE & Family	9	\$1,556.37	\$1,160.09	\$396.28
		Estimated Monthly Premium	125	\$84,457	\$66,582	\$17,874
<i>Shoreline Surgery Center - Client ID H3276</i>						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	1	\$671.00	\$616.83	\$54.17
		EE & Spouse	0	\$1,409.16	\$1,271.75	\$137.41
		EE & Child(ren)	1	\$1,268.22	\$1,155.79	\$112.43
		EE & Family	0	\$2,113.73	\$1,832.66	\$281.07
		Estimated Monthly Premium	2	\$1,939	\$1,773	\$167
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	1	\$518.77	\$405.57	\$113.20
		EE & Spouse	0	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	0	\$933.80	\$732.58	\$201.22
		EE & Family	0	\$1,556.37	\$1,154.78	\$401.59
		Estimated Monthly Premium	1	\$519	\$406	\$113
<i>Physician's Surgery Center Downey - Client ID H3277</i>						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	2	\$671.00	\$616.83	\$54.17
		EE & Spouse	0	\$1,409.16	\$1,271.75	\$137.41
		EE & Child(ren)	0	\$1,268.22	\$1,155.79	\$112.43
		EE & Family	0	\$2,113.73	\$1,832.66	\$281.07
		Estimated Monthly Premium	2	\$1,342	\$1,234	\$108
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	2	\$518.77	\$405.57	\$113.20
		EE & Spouse	0	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	3	\$933.80	\$732.58	\$201.22
		EE & Family	0	\$1,556.37	\$1,154.78	\$401.59
		Estimated Monthly Premium	5	\$3,839	\$3,009	\$830
Total Medical Monthly		Total Medical Employees	1,077	\$1,098,409	\$1,079,317	\$19,093
Total Medical Annual				\$13,180,913	\$12,951,801	\$229,112

**PAMPA REGIONAL MEDICAL CENTER
FUNDING AND CONTRIBUTION LEVELS
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>Pampa Regional Medical Center - Client ID H3320</i>						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	91	\$772.97	\$718.80	\$54.17
		EE & Spouse	23	\$1,623.27	\$1,478.98	\$144.29
		EE & Child(ren)	56	\$1,460.95	\$1,342.90	\$118.05
		EE & Family	28	\$2,434.94	\$2,139.81	\$295.13
		Estimated Monthly Premium	198	\$257,667	\$234,544	\$23,123
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	4	\$518.77	\$405.57	\$113.20
		EE & Spouse	1	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	3	\$933.80	\$732.58	\$201.22
		EE & Family	2	\$1,556.37	\$1,154.78	\$401.59
		Estimated Monthly Premium	10	\$9,027	\$6,926	\$2,101
Total Medical Monthly		Total Medical Employees	208	\$266,694	\$241,471	\$25,223
Total Medical Annual				\$3,200,325	\$2,897,647	\$302,678

**ROXBOROUGH MEMORIAL HOSPITAL
FUNDING AND CONTRIBUTION LEVELS
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>Roxborough Memorial Hospital - Client ID H3325</i>						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	172	\$747.12	\$692.95	\$54.17
		EE & Spouse	16	\$1,568.97	\$1,424.68	\$144.29
		EE & Child(ren)	33	\$1,412.07	\$1,294.02	\$118.05
		EE & Family	17	\$2,353.48	\$2,058.35	\$295.13
		Estimated Monthly Premium	238	\$240,216	\$219,677	\$20,539
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	46	\$518.77	\$405.57	\$113.20
		EE & Spouse	3	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	10	\$933.80	\$732.58	\$201.22
		EE & Family	3	\$1,556.37	\$1,154.78	\$401.59
		Estimated Monthly Premium	62	\$40,983	\$31,836	\$9,147
Total Medical Monthly		Total Medical Employees	300	\$281,199	\$251,513	\$29,686
Total Medical Annual				\$3,374,386	\$3,018,156	\$356,230

**LOWER BUCKS HOSPITAL
FUNDING AND CONTRIBUTION LEVELS
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>Lower Bucks Hospital - Client ID H3330</i>						
PRIME EPO PLAN (Self-Insured) - IUOE	1/1/25 - 12/31/25	EE	11	\$710.18	\$710.18	\$0.00
<i>(Rates are medical only, not bundled with Vision)</i>		EE & Spouse	3	\$1,565.99	\$1,441.07	\$124.92
		EE & Child(ren)	1	\$1,409.38	\$1,307.17	\$102.21
		EE & Family	1	<u>\$2,349.00</u>	<u>\$2,093.48</u>	<u>\$255.52</u>
		Estimated Monthly Premium	16	\$16,268	\$15,536	\$732
PRIME EPO PLAN (Self-Insured) - PASNAP & Non-Union	1/1/25 - 12/31/25	EE	184	\$754.66	\$754.66	\$0.00
<i>(Rates are medical & vision bundled)</i>		EE & Spouse	46	\$1,659.50	\$1,534.58	\$124.92
		EE & Child(ren)	36	\$1,495.00	\$1,392.79	\$102.21
		EE & Family	41	<u>\$2,491.06</u>	<u>\$2,235.54</u>	<u>\$255.52</u>
		Estimated Monthly Premium	307	\$371,148	\$351,246	\$19,902
PRIME VALUE PLAN (Self-Insured) - Union & Non-Union	1/1/25 - 12/31/25	EE	21	\$518.77	\$416.98	\$101.79
		EE & Spouse	0	\$1,037.57	\$799.78	\$237.79
		EE & Child(ren)	8	\$933.80	\$735.24	\$198.56
		EE & Family	2	<u>\$1,556.37</u>	<u>\$1,160.09</u>	<u>\$396.28</u>
		Estimated Monthly Premium	31	\$21,477	\$16,959	\$4,519
Total Medical Monthly		Total Medical Employees	354	\$408,894	\$383,740	\$25,153
Total Medical Annual				\$4,906,722	\$4,604,883	\$301,840

**DALLAS MEDICAL CENTER
FUNDING AND CONTRIBUTION LEVELS
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>Dallas Medical Center - Client ID H3335</i>						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	115	\$747.12	\$692.95	\$54.17
		EE & Spouse	24	\$1,568.97	\$1,424.68	\$144.29
		EE & Child(ren)	35	\$1,412.07	\$1,294.02	\$118.05
		EE & Family	35	\$2,353.48	\$2,058.35	\$295.13
		Estimated Monthly Premium	209	\$255,368	\$231,215	\$24,154
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	10	\$518.77	\$405.57	\$113.20
		EE & Spouse	1	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	5	\$933.80	\$732.58	\$201.22
		EE & Family	1	\$1,556.37	\$1,154.78	\$401.59
		Estimated Monthly Premium	17	\$12,451	\$9,670	\$2,781
Total Medical Monthly		Total Medical Employees	226	\$267,819	\$240,884	\$26,934
Total Medical Annual				\$3,213,828	\$2,890,614	\$323,214

**DALLAS REGIONAL MEDICAL CENTER
FUNDING AND CONTRIBUTION LEVELS
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>Dallas Regional Medical Center - Client ID H3337</i>						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	164	\$747.12	\$692.95	\$54.17
		EE & Spouse	37	\$1,568.97	\$1,424.68	\$144.29
		EE & Child(ren)	64	\$1,412.07	\$1,294.02	\$118.05
		EE & Family	<u>54</u>	<u>\$2,353.48</u>	<u>\$2,058.35</u>	<u>\$295.13</u>
		Estimated Monthly Premium	319	\$398,040	\$360,325	\$37,715
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	43	\$518.77	\$405.57	\$113.20
		EE & Spouse	6	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	12	\$933.80	\$732.58	\$201.22
		EE & Family	<u>10</u>	<u>\$1,556.37</u>	<u>\$1,154.78</u>	<u>\$401.59</u>
		Estimated Monthly Premium	71	\$55,302	\$42,558	\$12,744
Total Medical Monthly			390	\$453,342	\$402,883	\$50,459
Total Medical Annual				\$5,440,102	\$4,834,595	\$605,506

**RIVERVIEW REGIONAL MEDICAL CENTER
FUNDING AND CONTRIBUTION LEVELS
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>Riverview Regional Medical Center - Client ID H3338</i>						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	257	\$747.12	\$692.95	\$54.17
		EE & Spouse	69	\$1,568.97	\$1,424.68	\$144.29
		EE & Child(ren)	69	\$1,412.07	\$1,294.02	\$118.05
		EE & Family	58	\$2,353.48	\$2,058.35	\$295.13
		Estimated Monthly Premium	453	\$534,203	\$485,063	\$49,141
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	40	\$518.77	\$405.57	\$113.20
		EE & Spouse	7	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	8	\$933.80	\$732.58	\$201.22
		EE & Family	4	\$1,556.37	\$1,154.78	\$401.59
		Estimated Monthly Premium	59	\$41,710	\$32,279	\$9,431
Total Medical Monthly			512	\$575,913	\$517,341	\$58,572
Total Medical Annual				\$6,910,957	\$6,208,097	\$702,860
<i>Gadsden Physicians Management - Client ID H3339</i>						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	19	\$747.12	\$692.95	\$54.17
		EE & Spouse	5	\$1,568.97	\$1,424.68	\$144.29
		EE & Child(ren)	4	\$1,412.07	\$1,294.02	\$118.05
		EE & Family	6	\$2,353.48	\$2,058.35	\$295.13
		Estimated Monthly Premium	34	\$41,809	\$37,816	\$3,994
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	0	\$518.77	\$405.57	\$113.20
		EE & Spouse	0	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	0	\$933.80	\$732.58	\$201.22
		EE & Family	1	\$1,556.37	\$1,154.78	\$401.59
		Estimated Monthly Premium	1	\$1,556	\$1,155	\$402
Total Medical Monthly			35	\$43,366	\$38,970	\$4,395
Total Medical Annual				\$520,388	\$467,645	\$52,743
Total Riverview & Gadsden Medical Monthly		Total Medical Employees	547	\$619,279	\$556,312	\$62,967
Total Riverview & Gadsden Medical Annual				\$7,431,345	\$6,675,742	\$755,603

**KNAPP MEDICAL CENTER KNAPP MEDICAL GROUP
FUNDING AND CONTRIBUTION LEVELS
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
Knapp Medical Center - Client ID H3355						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	228	\$702.69	\$648.52	\$54.17
		EE & Spouse	44	\$1,475.71	\$1,338.30	\$137.41
		EE & Child(ren)	110	\$1,328.15	\$1,215.72	\$112.43
		EE & Family	67	\$2,213.59	\$1,932.52	\$281.07
		Estimated Monthly Premium	449	\$519,552	\$469,956	\$49,596
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	15	\$518.77	\$405.57	\$113.20
		EE & Spouse	3	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	7	\$933.80	\$732.58	\$201.22
		EE & Family	6	\$1,556.37	\$1,154.78	\$401.59
		Estimated Monthly Premium	31	\$26,769	\$20,530	\$6,239
Total Medical Monthly		Total Medical Employees	480	\$546,321	\$490,486	\$55,835
Total Medical Annual				\$6,555,848	\$5,885,830	\$670,018
Knapp Medical Group - Client ID H3360						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	3	\$702.69	\$648.52	\$54.17
		EE & Spouse	0	\$1,475.71	\$1,338.30	\$137.41
		EE & Child(ren)	2	\$1,328.15	\$1,215.72	\$112.43
		EE & Family	2	\$2,213.59	\$1,932.52	\$281.07
		Estimated Monthly Premium	7	\$9,192	\$8,242	\$950
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	0	\$518.77	\$405.57	\$113.20
		EE & Spouse	0	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	0	\$933.80	\$732.58	\$201.22
		EE & Family	0	\$1,556.37	\$1,154.78	\$401.59
		Estimated Monthly Premium	0	\$0	\$0	\$0
Total Medical Monthly		Total Medical Employees	7	\$9,192	\$8,242	\$950
Total Medical Annual				\$110,299	\$98,904	\$11,394
Total KNAPP Medical Monthly		Total Medical Employees	487	\$555,512	\$498,728	\$56,784
Total KNAPP Medical Annual				\$6,666,147	\$5,984,735	\$681,412

**HARLINGEN MEDICAL CENTER
FUNDING AND CONTRIBUTION LEVELS
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>Harlingen Medical Center - Client ID H3370</i>						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	254	\$702.69	\$648.52	\$54.17
		EE & Spouse	57	\$1,475.71	\$1,338.30	\$137.41
		EE & Child(ren)	146	\$1,328.15	\$1,215.72	\$112.43
		EE & Family	63	\$2,213.59	\$1,932.52	\$281.07
		Estimated Monthly Premium	520	\$595,965	\$540,251	\$55,714
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	32	\$518.77	\$405.57	\$113.20
		EE & Spouse	4	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	5	\$933.80	\$732.58	\$201.22
		EE & Family	4	\$1,556.37	\$1,154.78	\$401.59
		Estimated Monthly Premium	45	\$31,645	\$24,447	\$7,199
Total Medical Monthly		Total Medical Employees	565	\$627,610	\$564,698	\$62,913
Total Medical Annual				\$7,531,322	\$6,776,372	\$754,950

**MONROE HOSPITAL
FUNDING AND CONTRIBUTION LEVELS
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>Monroe Hospital - Client ID H3397</i>						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	92	\$747.12	\$692.95	\$54.17
		EE & Spouse	19	\$1,568.97	\$1,424.68	\$144.29
		EE & Child(ren)	42	\$1,412.07	\$1,294.02	\$118.05
		EE & Family	23	\$2,353.48	\$2,058.35	\$295.13
		Estimated Monthly Premium	176	\$211,982	\$192,511	\$19,471
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	12	\$518.77	\$405.57	\$113.20
		EE & Spouse	0	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	5	\$933.80	\$732.58	\$201.22
		EE & Family	1	\$1,556.37	\$1,154.78	\$401.59
		Estimated Monthly Premium	18	\$12,451	\$9,685	\$2,766
Total Medical Monthly			194	\$224,433	\$202,196	\$22,237
Total Medical Annual				\$2,693,197	\$2,426,349	\$266,848

SAINT MARY'S - RENO
FUNDING AND CONTRIBUTION LEVELS
YEAR 2020 BENEFIT RENEWALS

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>Summit Surgery Center at St. Mary's Galena - Client ID H3394</i>						
PRIME Non-Union 2020 D2 UNIFIED EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	0	\$746.96	\$746.96	\$0.00
		EE & Spouse	0	\$1,568.64	\$1,424.87	\$143.77
		EE & Child(ren)	0	\$1,411.79	\$1,297.03	\$114.76
		EE & Family	0	\$2,352.99	\$2,078.53	\$274.46
		Estimated Monthly Premium	0	\$0	\$0	\$0
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	1	\$518.77	\$426.38	\$92.39
		EE & Spouse	0	\$1,037.57	\$839.97	\$197.60
		EE & Child(ren)	0	\$933.80	\$768.80	\$165.00
		EE & Family	0	\$1,556.37	\$1,227.07	\$329.30
		Estimated Monthly Premium	1	\$519	\$426	\$92
Total Medical Monthly		Total Medical Employees	1	\$519	\$426	\$92
Total Medical Annual				\$6,225	\$5,117	\$1,109
<i>Saint Mary's Regional Medical Center - Client ID H3395</i>						
PRIME Non-Union 2020 D2 UNIFIED EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	115	\$746.96	\$746.96	\$0.00
		EE & Spouse	38	\$1,568.64	\$1,424.87	\$143.77
		EE & Child(ren)	33	\$1,411.79	\$1,297.03	\$114.76
		EE & Family	29	\$2,352.99	\$2,078.53	\$274.46
		Estimated Monthly Premium	215	\$260,335	\$243,125	\$17,210
PRIME CWA 2020 D2 UNIFIED EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	122	\$746.96	\$746.96	\$0.00
		EE & Spouse	46	\$1,568.64	\$1,424.87	\$143.77
		EE & Child(ren)	38	\$1,411.79	\$1,297.03	\$114.76
		EE & Family	35	\$2,352.99	\$2,078.53	\$274.46
		Estimated Monthly Premium	241	\$299,289	\$278,709	\$20,580
PRIME CNA 2019 D2 UNIFIED EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	107	\$762.99	\$762.99	\$0.00
		EE & Spouse	22	\$1,602.29	\$1,458.52	\$143.77
		EE & Child(ren)	39	\$1,442.08	\$1,327.32	\$114.76
		EE & Family	28	\$2,403.45	\$2,128.99	\$274.46
		Estimated Monthly Premium	196	\$240,428	\$225,105	\$15,323
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	35	\$518.77	\$426.38	\$92.39
		EE & Spouse	5	\$1,037.57	\$839.97	\$197.60
		EE & Child(ren)	7	\$933.80	\$768.80	\$165.00
		EE & Family	8	\$1,556.37	\$1,227.07	\$329.30
		Estimated Monthly Premium	55	\$42,332	\$34,321	\$8,011
Total Medical Monthly		Total Medical Employees	707	\$842,384	\$781,260	\$61,125
Total Medical Annual				\$10,108,609	\$9,375,114	\$733,495