	112/111 2020	DENEITI KENEW	1110	T	T	T
Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
San Dimas Community Hospital - Client ID H3170						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	109	\$671.00	\$616.83	\$54.17
		EE & Spouse	21	\$1,409.16	\$1,271.75	\$137.41
		EE & Child(ren)	44	\$1,268.22	\$1,155.79	\$112.43
		EE & Family	<u>23</u>	\$2,113.73	\$1,832.66	\$281.07
		Estimated Monthly Premium	197	\$207,149	\$186,947	\$20,202
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)	3	\$933.80	\$732.58	\$201.22
		EE & Family	<u>3</u>	\$1,556.37	\$1,154.78	\$401.59
		Estimated Monthly Premium	<u></u> 19	\$15,252	\$11,717	\$3,536
				<b>\$10,202</b>	<b>4</b> ,	40,000
Total Medical Monthly		Total Medical Employees	216	\$222,401	\$198,664	\$23,737
Total Medical Annual		. ,		\$2,668,811	\$2,383,964	\$284,847
				, ,,,,,,,,	, , , , , , , ,	, , , ,
Bio-Medical Services - Client ID H3130						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	218	\$671.00	\$616.83	\$54.17
		EE & Spouse	31	\$1,409.16	\$1,271.75	\$137.41
		EE & Child(ren)	46	\$1,268.22	\$1,155.79	\$112.43
		EE & Family	<u>40</u>	\$2,113.73	\$1,832.66	\$281.07
		Estimated Monthly Premium	335	\$332,849	\$300,366	\$32,483
		, , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	, , , , , ,
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	21	\$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	<u>2</u>	<u>\$1,556.37</u>	<u>\$1,154.78</u>	<u>\$401.59</u>
		Estimated Monthly Premium	28	\$18,780	\$14,553	\$4,226
Total Madical Manshly		Total Madical Fundamen	202	£254 C20	£244.040	£20.740
Total Medical Monthly Total Medical Annual		Total Medical Employees	363	\$351,629 \$4,219,548	\$314,919 \$3,779,032	\$36,710 \$440,515
Total Wedical Alliual				\$4,219,540	\$3,779,032	\$440,515
Chino Valley Medical Center - Client ID H3100						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	143	\$671.00	\$671.00	\$0.00
Trume Er o'r Ernt (oon moured)	17 1720 1270 1720	EE & Spouse	21	\$1,409.16	\$1,296.59	\$112.57
		EE & Child(ren)	24	\$1,268.22	\$1,166.90	\$101.32
		EE & Family	12	\$2,113.73	\$1,944.87	\$168.86
		Estimated Monthly Premium	200	\$181,347	\$174,525	\$6,822
		Losmatoa monthly i remain	200	Ψ101,041	Ψ11-1,020	ΨΟ,ΟΖΖ
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	11	\$518.77	\$416.98	\$101.79
	., 1/20 12/01/20	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	<u>u</u> 12	\$6,744	\$5,387	\$1,357
		Localidated monthly i remium	12	ΨΟ,Ι ΤΤ	ΨΟ,ΟΟΙ	ψ1,007
Total Medical Monthly		Total Medical Employees	212	\$188.091	\$179.912	\$8.179
Total Medical Monthly Total Medical Annual		Total Medical Employees	212	\$188,091 \$2,257,097	\$179,912 \$2,158,944	\$8,179 \$98,153

			_	5.45	PRIME	Employee
Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	Contribution	Contribution
Chino Valley Medical Center RNs - Client ID H3300						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	43	\$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	9	\$2,113.73	\$1,944.87	<u>\$168.86</u>
		Estimated Monthly Premium	<u>s</u> 68	\$69,155	\$65,935	\$3,220
		Estimated Montany Fremian		φου, του	φοσ,σοσ	Ψ0,220
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	<u>2</u>	\$1,556.37	\$1,160.09	\$396.28
		Estimated Monthly Premium	6	\$5,603	\$4,306	\$1,296
		j				· ,
Total Medical Monthly		Total Medical Employees	74	\$74,758	\$70,241	\$4,516
Total Medical Annual				\$897,090	\$842,897	\$54,193
Desert Valley Hospital - Client ID H3140						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	329	\$671.00	\$616.83	\$54.17
		EE & Spouse	50	\$1,409.16	\$1,271.75	\$137.41
		EE & Child(ren)	170	\$1,268.22	\$1,155.79	\$112.43
		EE & Family	<u>85</u>	\$2,113.73	\$1,832.66	\$281.07
		Estimated Monthly Premium	634	\$686,481	\$618,785	\$67,696
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	29	\$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	45	\$32,164	\$24,941	\$7,223
Total Medical Monthly		Total Medical Employees	679	\$718,646	\$643,726	\$74,919
Total Medical Annual				\$8,623,747	\$7,724,717	\$899,030
Desert Valley Medical Group - Client ID H3150	414105 40104105			0074.00	<b>#040.00</b>	<b>A54.47</b>
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE . Communication	91	\$671.00	\$616.83	\$54.17 \$137.41
		EE & Spouse	20	\$1,409.16	\$1,271.75	
		EE & Child(ren)	41	\$1,268.22	\$1,155.79	\$112.43
		EE & Family	<u>27</u>	\$2,113.73	\$1,832.66	<u>\$281.07</u>
		Estimated Monthly Premium	179	\$198,312	\$178,436	\$19,876
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	1	\$518.77	\$405.57	\$113.20
1		EE & Spouse	0	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	3	\$933.80	\$732.58	\$201.22
		EE & Family	<u>3</u>	\$1,556.37	\$1,154.78	\$401.59
		Estimated Monthly Premium	<u> </u>	\$7,989	\$6,068	\$1,922
				Ţ.,000	Ţ-,000	7 -,022
Total Medical Monthly		Total Medical Employees	186	\$206,301	\$184,503	\$21,798
Total Medical Annual				\$2,475,615	\$2,214,041	\$261,574

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
Huntington Beach Hospital - Client ID H3210						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	163	\$671.00	\$616.83	\$54.17
Traine Er o'r Erit (Gen-insured)	17 1720 - 1270 1720	EE & Spouse	16	\$1,409.16	\$1,271.75	\$137.41
		EE & Child(ren)	43	\$1,268.22	\$1.155.79	\$112.43
		EE & Family	20	\$2,113.73	\$1,832.66	\$281.07
		Estimated Monthly Premium	242	\$228,728	\$207,243	\$21,484
				,		. ,
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)	3	\$933.80	\$732.58	\$201.22
		EE & Family	2	\$1,556.37	\$1,154.78	\$401.5 <u>9</u>
		Estimated Monthly Premium	41	\$26,665	\$20,672	\$5,993
Total Medical Monthly		Total Medical Employees	283	\$255,393	\$227,915	\$27,477
Total Medical Annual				\$3,064,712	\$2,734,984	\$329,728
La Palma Intercommunity Hospital - Client ID H3200						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	149	\$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	<u>22</u>	\$2,113.73	\$1,832.66	\$281.07
		Estimated Monthly Premium	230	\$225,393	\$203,781	\$21,613
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	15	\$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	<u>3</u>	<u>\$1,556.37</u>	<u>\$1,154.78</u>	<u>\$401.59</u>
		Estimated Monthly Premium	22	\$16,393	\$12,606	\$3,787
T-4-144		Table North Control	0.50	<b>****</b>	2040.007	005.400
Total Medical Monthly		Total Medical Employees	252	\$241,787	\$216,387	\$25,400
Total Medical Annual				\$2,901,440	\$2,596,642	\$304,798

					DD:::=	Employee
Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
Coverage / Carrier	Reliewal Feriou	Category	Les	Rate/i ee	Contribution	Contribution
Montclair Hospital Medical Center - Client ID H3160						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	97	\$671.00	\$616.83	\$54.17
· · · · · · · · · · · · · · · · · · ·	1, 1,25 12,5 1,25	EE & Spouse	17	\$1,409.16	\$1,271.75	\$137.41
		EE & Child(ren)	15	\$1,268.22	\$1,155.79	\$112.43
		EE & Family	24	\$2,113.73	\$1,832.66	\$281.07
		Estimated Monthly Premium	153	\$158,796	\$142,773	\$16,023
				¥120,122	<b>*</b> * * * * * * * * * * * * * * * * * *	¥10,020
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	21	\$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	2	\$1,556.37	\$1,154.78	\$401.59
		Estimated Monthly Premium	30	\$20,855	\$16,147	\$4,708
				<del>+=1,000</del>	<del>*</del> . • ,	<b>4</b> 1,1 2 2
Total Medical Monthly		Total Medical Employees	183	\$179,650	\$158,920	\$20,731
Total Medical Annual		,		\$2,155,804	\$1,907,035	\$248,769
				4=,100,001	¥ 1,001,000	4= 10,110
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	\$2,113.73	\$1,832.66	\$281.07
		Estimated Monthly Premium	6	\$6.066	\$5,456	\$610
				42,000	40,100	****
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	753	\$671.00	\$616.83	\$54.17
, , ,		EE & Spouse	108	\$1,409.16	\$1,271.75	\$137.41
		EE & Child(ren)	215	\$1,268.22	\$1,155.79	\$112.43
		EE & Family	167	\$2,113.73	\$1,832.66	\$281.07
		Estimated Monthly Premium	1,243	\$1,283,112	\$1,156,371	\$126,741
		-				
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	35	\$518.77	\$405.57	\$113.20
		EE & Spouse	4	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	10	\$933.80	\$732.58	\$201.22
		` ′		Φ4 FFC 07	\$1,154.78	\$401.59
		EE & Family	<u>13</u>	\$1,556.37	Ψ1,101.10	Ψ-01.00
		EE & Family  Estimated Monthly Premium	<u>13</u> 62	\$1,556.37 \$51,878	\$39,719	\$12,159
Total Medical Monthly						
Total Medical Monthly Total Medical Annual		Estimated Monthly Premium	62	\$51,878	\$39,719	\$12,159
		Estimated Monthly Premium	62	\$51,878 <b>\$1,334,991</b>	\$39,719 <b>\$1,196,090</b>	\$12,159 <b>\$138,900</b>
		Estimated Monthly Premium	62	\$51,878 <b>\$1,334,991</b>	\$39,719 <b>\$1,196,090</b>	\$12,159 <b>\$138,900</b>
Total Medical Annual	1/1/25 - 12/31/25	Estimated Monthly Premium	1,305	\$51,878 <b>\$1,334,991</b>	\$39,719 <b>\$1,196,090</b>	\$12,159 <b>\$138,900</b>
Total Medical Annual  Paradise Valley Hospital - Client ID H3230	1/1/25 - 12/31/25	Estimated Monthly Premium  Total Medical Employees	62	\$51,878 \$1,334,991 \$16,019,886	\$39,719 \$1,196,090 \$14,353,084	\$12,159 \$138,900 \$1,666,803
Total Medical Annual  Paradise Valley Hospital - Client ID H3230	1/1/25 - 12/31/25	Total Medical Employees  EE  EE & Spouse	1,305 1,305 333 58	\$51,878 \$1,334,991 \$16,019,886 \$671.00 \$1,409.16	\$39,719 \$1,196,090 \$14,353,084 \$616.83 \$1,271.75	\$12,159 \$138,900 \$1,666,803 \$54.17 \$137.41
Total Medical Annual  Paradise Valley Hospital - Client ID H3230	1/1/25 - 12/31/25	Total Medical Employees  EE	333 58 57	\$51,878 \$1,334,991 \$16,019,886 \$671.00 \$1,409.16 \$1,268.22	\$39,719 \$1,196,090 \$14,353,084 \$616.83 \$1,271.75 \$1,155.79	\$12,159 \$138,900 \$1,666,803 \$54.17 \$137.41 \$112.43
Total Medical Annual  Paradise Valley Hospital - Client ID H3230	1/1/25 - 12/31/25	Estimated Monthly Premium  Total Medical Employees  EE  EE & Spouse  EE & Child(ren)	1,305 1,305 333 58	\$51,878 \$1,334,991 \$16,019,886 \$671.00 \$1,409.16	\$39,719 \$1,196,090 \$14,353,084 \$616.83 \$1,271.75	\$12,159 \$138,900 \$1,666,803 \$54.17 \$137.41

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	24	\$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	<u>3</u>	<b>\$1,556.37</b>	\$1,160.09	<u>\$396.28</u>
		Estimated Monthly Premium	44	\$33,824	\$26,503	\$7,321
Total Medical Monthly		Total Medical Employees	530	\$491,609	\$441,190	\$50,419
Total Medical Annual				\$5,899,307	\$5,294,282	\$605,025

		DENEIT REILE		4	T	<del></del>
					PRIME	Employee
Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	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	<u>2</u>	<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	<u>0</u>	<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	200	\$671.00	\$616.83	\$54.17
		EE & Spouse	53	\$1,409.16	\$1,271.75	\$137.41
		EE & Child(ren)	39	\$1,268.22	\$1,155.79	\$112.43
		EE & Family	<u>38</u>	<u>\$2,113.73</u>	<u>\$1,832.66</u>	<u>\$281.07</u>
		Estimated Monthly Premium	330	\$338,668	\$305,486	\$33,182
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	29	\$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	<u>3</u>	<u>\$1,556.37</u>	<u>\$1,154.78</u>	<u>\$401.59</u>
		Estimated Monthly Premium	39	\$26,665	\$20,610	\$6,055
Total Medical Monthly		Total Medical Employees	369	\$365,333	\$326,096	\$39,237
Total Medical Annual				\$4,383,995	\$3,913,147	\$470,848
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	<u>0</u>	<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	<u>0</u>	<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

	1 1	1		1		
			_		PRIME	Employee
Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	Contribution	Contribution
West Anaheim Medical Center - Client ID H3220	1/1/05 10/01/05		115	4074.00	0074.00	<b>*</b> 0.00
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	415	\$671.00	\$671.00	\$0.00
		EE & Spouse	41	\$1,409.16	\$1,295.86	\$113.30
		EE & Child(ren)	83	\$1,268.22	\$1,175.52	\$92.70
		EE & Family	<u>84</u>	\$2,113.73	\$1,881.97	<u>\$231.76</u>
		Estimated Monthly Premium	623	\$619,056	\$587,249	\$31,807
DDIME VALUE DI AN (Solf Incured)	1/1/25 - 12/31/25	EE	E0	\$518.77	\$416.98	\$101.79
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE & Spouse	58 4	\$1,037.57	\$799.78	\$237.79
		EE & Spouse EE & Child(ren)	6	\$933.80	\$735.24	\$237.79 \$198.56
		EE & Child(ren) EE & Family		\$933.80 \$1,556.37	\$1,160.09	\$198.56 \$396.28
			<u>8</u> 76			
		Estimated Monthly Premium	70	\$52,293	\$41,076	\$11,217
Total Medical Monthly		Total Medical Employees	699	\$671,349	\$628,325	\$43,024
Total Medical Annual		Total Medical Employees	033	\$8,056,186	\$7,539,900	\$516,286
Total Medical Allifual				ψο,σου, του	ψ1,000,000	<b>\$010,200</b>
Shasta Regional Medical Center - Client ID H3280						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	294	\$671.00	\$671.00	\$0.00
Time 2. C / 2. III (Con inicarca)	1, 1,20 12,0 1,20	EE & Spouse	93	\$1,409.16	\$1,284.24	\$124.92
		EE & Child(ren)	107	\$1,268.22	\$1,166.01	\$102.21
		EE & Family	109	\$2,113.73	\$1,858.21	\$255.52
		Estimated Monthly Premium	603	\$694,422	\$644,016	\$50,406
				¥30 i, i.z.	<b>4</b> 011,010	<del>-</del>
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	22	\$518.77	\$416.98	\$101.79
		EE & Spouse	2	\$1,037.57	\$799.78	\$237.79
		EE & Child(ren)	5	\$933.80	\$735.24	\$198.56
		EE & Family	6	\$1,556.37	\$1,160.09	\$396.28
		Estimated Monthly Premium	35	\$27,495	\$21,410	\$6,085
		,		. ,		
Total Medical Monthly		Total Medical Employees	638	\$721,917	\$665,426	\$56,491
Total Medical Annual				\$8,663,007	\$7,985,114	\$677,894
Shasta Medical Group - Client ID H3285						
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)	8	\$1,268.22	\$1,166.01	\$102.21
		EE & Family	3	<u>\$2,113.73</u>	<u>\$1,858.21</u>	<u>\$255.52</u>
		Estimated Monthly Premium	29	\$31,518	\$29,434	\$2,084
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	29	\$31,518	\$29,434	\$2,084
Total Medical Annual				\$378,211	\$353,204	\$25,007

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
Hospitality - Client ID H3290						
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	<u>0</u>	<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	<u>0</u>	\$1,556.37	\$1,154.78	<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	6,028	\$6,067,007	\$5,492,104	\$574,903
Total Legacy Medical Annual				\$72,804,083	\$65,905,245	\$6,898,838
Combined PRIME Medical Monthly		Total Medical Employees	25,013	27,066,944	24,502,457	2,564,487
Combined PRIME Medical Annual				\$324,803,324	\$294,029,482	\$30,773,843