

**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>Saint Mary's Medical Group - Client ID H3396</i>						
<b>PRIME Non-Union 2020 D2 UNIFIED EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	47	\$746.96	\$746.96	\$0.00
		EE & Spouse	10	\$1,568.64	\$1,424.87	\$143.77
		EE & Child(ren)	17	\$1,411.79	\$1,297.03	\$114.76
		EE & Family	16	\$2,352.99	\$2,078.53	\$274.46
		<b>Estimated Monthly Premium</b>	90	\$112,442	\$104,662	\$7,780
<b>PRIME VALUE PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	4	\$518.77	\$426.38	\$92.39
		EE & Spouse	0	\$1,037.57	\$839.97	\$197.60
		EE & Child(ren)	1	\$933.80	\$768.80	\$165.00
		EE & Family	0	\$1,556.37	\$1,227.07	\$329.30
		<b>Estimated Monthly Premium</b>	5	\$3,009	\$2,474	\$535
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>95</b>	<b>\$115,451</b>	<b>\$107,136</b>	<b>\$8,315</b>
<b>Total Medical Annual</b>				<b>\$1,385,408</b>	<b>\$1,285,634</b>	<b>\$99,774</b>
<i>Saint Mary's Fitness Center - Client ID H3400</i>						
<b>PRIME Non-Union 2020 D2 UNIFIED EPO PLAN (Self-Insured)</b>	1/1/22 - 12/31/22	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
		<b>Estimated Monthly Premium</b>	0	\$0	\$0	\$0
<b>PRIME VALUE PLAN (Self-Insured)</b>	1/1/22 - 12/31/22	EE	0	\$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
		<b>Estimated Monthly Premium</b>	0	\$0	\$0	\$0
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Medical Annual</b>				<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Saint Mary's Medical Monthly</b>		<b>Total Medical Employees</b>	<b>803</b>	<b>\$958,354</b>	<b>\$888,822</b>	<b>\$69,532</b>
<b>Total Saint Mary's Medical Annual</b>				<b>\$11,500,243</b>	<b>\$10,665,864</b>	<b>\$834,378</b>

**NORTH VISTA HOSPITAL  
FUNDING AND CONTRIBUTION LEVELS  
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>North Vista Hospital - Client ID H3398</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	336	\$711.54	\$657.37	\$54.17
		EE & Spouse	45	\$1,494.25	\$1,349.96	\$144.29
		EE & Child	53	\$1,344.82	\$1,226.75	\$118.07
		EE & Children	57	\$1,344.82	\$1,203.14	\$141.68
		EE & Family	70	\$2,241.40	\$1,946.27	\$295.13
		<b>Estimated Monthly Premium</b>	561	\$611,147	\$551,460	\$59,687
<b>PRIME VALUE PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	48	\$518.77	\$405.57	\$113.20
		EE & Spouse	2	\$1,037.57	\$796.59	\$240.98
		EE & Child	7	\$933.80	\$750.87	\$182.93
		EE & Children	5	\$933.80	\$696.00	\$237.80
		EE & Family	5	\$1,556.37	\$1,154.78	\$401.59
		<b>Estimated Monthly Premium</b>	67	\$45,964	\$35,571	\$10,393
<b>Total Medical Monthly</b>			<b>628</b>	<b>\$657,110</b>	<b>\$587,031</b>	<b>\$70,080</b>
<b>Total Medical Annual</b>				<b>\$7,885,325</b>	<b>\$7,044,368</b>	<b>\$840,957</b>
<i>North Vista Medical Group - Client ID H3399</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	0	\$711.54	\$657.37	\$54.17
		EE & Spouse	0	\$1,494.25	\$1,349.96	\$144.29
		EE & Child	0	\$1,344.82	\$1,226.75	\$118.07
		EE & Children	0	\$1,344.82	\$1,203.14	\$141.68
		EE & Family	0	\$2,241.40	\$1,946.27	\$295.13
		<b>Estimated Monthly Premium</b>	0	\$0	\$0	\$0
<b>PRIME VALUE PLAN (Self-Insured)</b>	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	0	\$933.80	\$750.87	\$182.93
		EE & Children	0	\$933.80	\$696.00	\$237.80
		EE & Family	0	\$1,556.37	\$1,154.78	\$401.59
		<b>Estimated Monthly Premium</b>	0	\$0	\$0	\$0
<b>Total Medical Monthly</b>			<b>0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Medical Annual</b>				<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Total North Vista Medical Monthly</b>		<b>Total Medical Employees</b>	<b>628</b>	<b>\$657,110</b>	<b>\$587,031</b>	<b>\$70,080</b>
<b>Total North Vista Medical Annual</b>				<b>\$7,885,325</b>	<b>\$7,044,368</b>	<b>\$840,957</b>

**SAINT CLARE'S HEALTH SYSTEM  
FUNDING AND CONTRIBUTION LEVELS  
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>Saint Clare's Health System - Client ID H3500</i>						
<b>PRIME EPO OPEN ACCESS PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	740	\$766.92	\$712.75	\$54.17
		EE & Spouse	144	\$1,610.56	\$1,473.15	\$137.41
		EE & Child(ren)	194	\$1,449.48	\$1,337.05	\$112.43
		EE & Family	168	\$2,415.84	\$2,134.77	\$281.07
		<b>Estimated Monthly Premium</b>	1,246	\$1,486,502	\$1,357,598	\$128,904
<b>PRIME VALUE PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	77	\$518.77	\$405.57	\$113.20
		EE & Spouse	11	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	16	\$933.80	\$732.58	\$201.22
		EE & Family	7	\$1,556.37	\$1,154.78	\$401.59
		<b>Estimated Monthly Premium</b>	111	\$77,194	\$59,796	\$17,398
<b>Total Medical Monthly</b>			1,357	\$1,563,696	\$1,417,394	\$146,302
<b>Total Medical Annual</b>				\$18,764,348	\$17,008,725	\$1,755,622

**SAINT CLARE'S HEALTH SYSTEM  
FUNDING AND CONTRIBUTION LEVELS  
YEAR 2020 BENEFIT RENEWALS**

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

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>Landmark Medical Center - Client ID H3392</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	225	\$686.49	\$686.49	\$0.00
		EE & Spouse	69	\$1,441.60	\$1,360.98	\$80.62
		EE & Child(ren)	46	\$1,297.44	\$1,224.88	\$72.56
		EE & Family	<u>72</u>	<u>\$2,162.39</u>	<u>\$2,041.47</u>	<u>\$120.92</u>
		<b>Estimated Monthly Premium</b>	412	\$469,305	\$451,698	\$17,607
<b>PRIME VALUE PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	16	\$518.77	\$416.98	\$101.79
		EE & Spouse	2	\$1,037.57	\$799.78	\$237.79
		EE & Child(ren)	4	\$933.80	\$735.24	\$198.56
		EE & Family	<u>2</u>	<u>\$1,556.37</u>	<u>\$1,160.09</u>	<u>\$396.28</u>
		<b>Estimated Monthly Premium</b>	24	\$17,223	\$13,532	\$3,691
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>436</b>	<b>\$486,528</b>	<b>\$465,231</b>	<b>\$21,298</b>
<b>Total Medical Annual</b>				<b>\$5,838,340</b>	<b>\$5,582,767</b>	<b>\$255,574</b>

**SAINT MARY'S GENERAL HOSPITAL, PASSAIC NJ  
FUNDING AND CONTRIBUTION LEVELS  
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>Saint Mary's General Hospital - Passaic, NJ - Client ID H3505</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	334	\$747.13	\$747.13	\$0.00
		EE & Spouse	52	\$1,568.96	\$1,444.04	\$124.92
		EE & Child(ren)	54	\$1,412.07	\$1,309.86	\$102.21
		EE & Family	51	<u>\$2,353.48</u>	<u>\$2,097.96</u>	<u>\$255.52</u>
		<b>Estimated Monthly Premium</b>	491	\$527,407	\$502,360	\$25,047
<b>PRIME VALUE PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	38	\$518.77	\$416.98	\$101.79
		EE & Spouse	4	\$1,037.57	\$799.78	\$237.79
		EE & Child(ren)	14	\$933.80	\$735.24	\$198.56
		EE & Family	11	<u>\$1,556.37</u>	<u>\$1,160.09</u>	<u>\$396.28</u>
		<b>Estimated Monthly Premium</b>	67	\$54,057	\$42,099	\$11,958
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>558</b>	<b>\$581,463</b>	<b>\$544,459</b>	<b>\$37,005</b>
<b>Total Medical Annual</b>				<b>\$6,977,561</b>	<b>\$6,533,503</b>	<b>\$444,058</b>

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

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>Southern Regional Medical Center - Client ID H3510</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	250	\$747.12	\$692.95	\$54.17
		EE & Spouse	37	\$1,568.97	\$1,424.68	\$144.29
		EE & Child(ren)	74	\$1,412.07	\$1,294.02	\$118.05
		EE & Family	45	\$2,353.48	\$2,058.35	\$295.13
		<b>Estimated Monthly Premium</b>	406	\$455,232	\$414,334	\$40,898
<b>PRIME VALUE PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	49	\$518.77	\$405.57	\$113.20
		EE & Spouse	7	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	21	\$933.80	\$732.58	\$201.22
		EE & Family	7	\$1,556.37	\$1,154.78	\$401.59
		<b>Estimated Monthly Premium</b>	84	\$63,187	\$48,917	\$14,270
<b>Total Medical Monthly</b>			<b>490</b>	<b>\$518,419</b>	<b>\$463,251</b>	<b>\$55,168</b>
<b>Total Medical Annual</b>				<b>\$6,221,025</b>	<b>\$5,559,007</b>	<b>\$662,018</b>

**SAINT MICHAEL'S MEDICAL CENTER  
FUNDING AND CONTRIBUTION LEVELS  
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>St. Michael's Medical Center- Client ID H3530</i>						
<b>PRIME NON-UNION EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	126	\$779.85	\$779.85	\$0.00
		EE & Spouse	25	\$1,637.66	\$1,512.74	\$124.92
		EE & Child(ren)	21	\$1,473.91	\$1,371.70	\$102.21
		EE & Family	20	\$2,456.53	\$2,201.01	\$255.52
		<b>Estimated Monthly Premium</b>	192	\$219,285	\$208,906	\$10,380
<b>PRIME CIR EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	54	\$779.85	\$779.85	\$0.00
		EE & Spouse	9	\$1,637.66	\$1,512.74	\$124.92
		EE & Child(ren)	1	\$1,473.91	\$1,371.70	\$102.21
		EE & Family	5	\$2,456.53	\$2,201.01	\$255.52
		<b>Estimated Monthly Premium</b>	69	\$70,607	\$68,103	\$2,504
<b>PRIME IUOE EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	9	\$779.85	\$779.85	\$0.00
		EE & Spouse	2	\$1,637.66	\$1,512.74	\$124.92
		EE & Child(ren)	2	\$1,473.91	\$1,371.70	\$102.21
		EE & Family	0	\$2,456.53	\$2,201.01	\$255.52
		<b>Estimated Monthly Premium</b>	13	\$13,242	\$12,788	\$454
<b>PRIME JNESO EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	66	\$779.85	\$779.85	\$0.00
		EE & Spouse	15	\$1,637.66	\$1,512.74	\$124.92
		EE & Child(ren)	16	\$1,473.91	\$1,371.70	\$102.21
		EE & Family	20	\$2,456.53	\$2,201.01	\$255.52
		<b>Estimated Monthly Premium</b>	117	\$148,748	\$140,129	\$8,620
<b>PRIME EPO PLUS PLAN (Self-Insured) -- New Plan eff. 1/1/2023</b>	1/1/23 - 12/31/23	EE	15	\$935.82	\$719.15	\$216.67
		EE & Spouse	4	\$1,965.19	\$1,508.02	\$457.17
		EE & Child(ren)	5	\$1,768.69	\$1,357.02	\$411.67
		EE & Family	6	\$2,947.84	\$2,258.84	\$689.00
		<b>Estimated Monthly Premium</b>	30	\$48,429	\$37,157	\$11,271
<b>PRIME VALUE PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	21	\$518.77	\$426.38	\$92.39
		EE & Spouse	3	\$1,037.57	\$839.97	\$197.60
		EE & Child(ren)	6	\$933.80	\$768.80	\$165.00
		EE & Family	3	\$1,556.37	\$1,227.07	\$329.30
		<b>Estimated Monthly Premium</b>	33	\$24,279	\$19,768	\$4,511
<b>Total Medical Monthly</b>			454	\$524,590	\$486,850	\$37,740
<b>Total Medical Annual</b>				\$6,295,080	\$5,842,204	\$452,876



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

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>Mission Regional Medical Center - Client ID H3540</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	303	\$702.69	\$648.52	\$54.17
		EE & Spouse	60	\$1,475.71	\$1,338.30	\$137.41
		EE & Child(ren)	168	\$1,328.15	\$1,215.72	\$112.43
		EE & Family	100	\$2,213.59	\$1,932.52	\$281.07
		<b>Estimated Monthly Premium</b>	631	\$745,946	\$674,293	\$71,653
<b>PRIME VALUE PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	28	\$518.77	\$405.57	\$113.20
		EE & Spouse	4	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	7	\$933.80	\$732.58	\$201.22
		EE & Family	10	\$1,556.37	\$1,154.78	\$401.59
		<b>Estimated Monthly Premium</b>	49	\$40,776	\$31,218	\$9,558
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>680</b>	<b>\$786,722</b>	<b>\$705,511</b>	<b>\$81,211</b>
<b>Total Medical Annual</b>				<b>\$9,440,664</b>	<b>\$8,466,128</b>	<b>\$974,536</b>

**COSHOCTON COUNTY MEMORIAL HOSPITAL  
FUNDING AND CONTRIBUTION LEVELS  
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>Coshocton County Memorial Hospital - Client ID H3591</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	104	\$679.21	\$679.21	\$0.00
		EE & Spouse	37	\$1,426.34	\$1,301.42	\$124.92
		EE & Child(ren)	41	\$1,283.69	\$1,181.48	\$102.21
		EE & Family	24	\$2,139.53	\$1,884.01	\$255.52
		<b>Estimated Monthly Premium</b>	206	\$227,392	\$212,447	\$14,945
<b>PRIME VALUE PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	8	\$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	3	\$1,556.37	\$1,160.09	\$396.28
		<b>Estimated Monthly Premium</b>	11	\$8,819	\$6,816	\$2,003
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>217</b>	<b>\$236,212</b>	<b>\$219,263</b>	<b>\$16,948</b>
<b>Total Medical Annual</b>				<b>\$2,834,540</b>	<b>\$2,631,161</b>	<b>\$203,379</b>

**SUBURBAN COMMUNITY HOSPITAL  
FUNDING AND CONTRIBUTION LEVELS  
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<b>Suburban Community Hospital - Client ID H3598</b>						
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	27	\$867.05	\$867.05	\$0.00
(Rates are medical & vision bundled)		EE & Spouse	1	\$1,907.33	\$1,782.41	\$124.92
		EE & Child(ren)	1	\$1,718.06	\$1,615.85	\$102.21
		EE & Family	4	\$2,862.78	\$2,607.26	\$255.52
		<b>Estimated Monthly Premium</b>	33	\$38,487	\$37,238	\$1,249
<b>PRIME PLATINUM EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	0	\$1,145.12	\$997.25	\$147.87
		EE & Spouse	0	\$2,591.74	\$2,321.10	\$270.64
		EE & Child(ren)	0	\$1,690.32	\$1,468.86	\$221.46
		EE & Family	0	\$3,278.95	\$2,837.04	\$441.91
		<b>Estimated Monthly Premium</b>	0	\$0	\$0	\$0
<b>PRIME VALUE PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	2	\$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
		<b>Estimated Monthly Premium</b>	2	\$1,038	\$834	\$204
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	35	<b>\$39,524</b>	<b>\$38,072</b>	<b>\$1,453</b>
<b>Total Medical Annual</b>				<b>\$474,293</b>	<b>\$456,859</b>	<b>\$17,433</b>
			3			
<b>Suburban Medical Group - Client ID H3599</b>			3			
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	5	\$867.05	\$867.05	\$0.00
(Rates are medical & vision bundled)		EE & Spouse	1	\$1,907.33	\$1,782.41	\$124.92
		EE & Child(ren)	3	\$1,718.06	\$1,615.85	\$102.21
		EE & Family	3	\$2,862.78	\$2,607.26	\$255.52
		<b>Estimated Monthly Premium</b>	12	\$19,985	\$18,787	\$1,198
<b>PRIME PLATINUM EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	0	\$1,145.12	\$997.25	\$147.87
		EE & Spouse	0	\$2,591.74	\$2,321.10	\$270.64
		EE & Child(ren)	0	\$1,690.32	\$1,468.86	\$221.46
		EE & Family	0	\$3,278.95	\$2,837.04	\$441.91
		<b>Estimated Monthly Premium</b>	0	\$0	\$0	\$0
<b>PRIME VALUE PLAN (Self-Insured)</b>	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
		<b>Estimated Monthly Premium</b>	0	\$0	\$0	\$0
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	12	<b>\$19,985</b>	<b>\$18,787</b>	<b>\$1,198</b>
<b>Total Medical Annual</b>				<b>\$239,821</b>	<b>\$225,444</b>	<b>\$14,377</b>
<b>Total Suburban's Medical Monthly</b>		<b>Total Medical Employees</b>	47	<b>\$59,510</b>	<b>\$56,859</b>	<b>\$2,651</b>
<b>Total Suburban's Medical Annual</b>				<b>\$714,114</b>	<b>\$682,303</b>	<b>\$31,811</b>

**GARDEN CITY HOSPITAL  
FUNDING AND CONTRIBUTION LEVELS  
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>Garden City Hospital - Client ID H3375</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	257	\$859.51	\$805.34	\$54.17
		EE & Spouse	54	\$1,805.00	\$1,653.86	\$151.14
		EE & Child(ren)	96	\$1,624.48	\$1,500.82	\$123.66
		EE & Family	47	\$2,707.50	\$2,398.32	\$309.18
		<b>Estimated Monthly Premium</b>	454	\$601,567	\$553,081	\$48,486
<b>PRIME VALUE PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	48	\$518.77	\$405.57	\$113.20
		EE & Spouse	6	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	11	\$933.80	\$732.58	\$201.22
		EE & Family	6	\$1,556.37	\$1,154.78	\$401.59
		<b>Estimated Monthly Premium</b>	71	\$50,736	\$39,234	\$11,502
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>525</b>	<b>\$652,303</b>	<b>\$592,315</b>	<b>\$59,989</b>
<b>Total Medical Annual</b>				<b>\$7,827,637</b>	<b>\$7,107,774</b>	<b>\$719,862</b>
<i>Garden City Medical Group - Client ID H3385</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	45	\$859.51	\$805.34	\$54.17
		EE & Spouse	5	\$1,805.00	\$1,653.86	\$151.14
		EE & Child(ren)	1	\$1,624.48	\$1,500.82	\$123.66
		EE & Family	4	\$2,707.50	\$2,398.32	\$309.18
		<b>Estimated Monthly Premium</b>	55	\$60,157	\$55,604	\$4,554
<b>PRIME VALUE PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	4	\$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
		<b>Estimated Monthly Premium</b>	5	\$3,631	\$2,777	\$854
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>60</b>	<b>\$63,789</b>	<b>\$58,381</b>	<b>\$5,408</b>
<b>Total Medical Annual</b>				<b>\$765,467</b>	<b>\$700,569</b>	<b>\$64,897</b>

**GARDEN CITY HOSPITAL  
FUNDING AND CONTRIBUTION LEVELS  
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>United Home Health Services - Client ID H3380</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	4	\$859.51	\$805.34	\$54.17
		EE & Spouse	0	\$1,805.00	\$1,653.86	\$151.14
		EE & Child(ren)	1	\$1,624.48	\$1,500.82	\$123.66
		EE & Family	2	\$2,707.50	\$2,398.32	\$309.18
		<b>Estimated Monthly Premium</b>	7	\$10,478	\$9,519	\$959
<b>PRIME VALUE PLAN (Self-Insured)</b>	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
		<b>Estimated Monthly Premium</b>	1	\$1,556	\$1,155	\$402
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>8</b>	<b>\$12,034</b>	<b>\$10,674</b>	<b>\$1,360</b>
<b>Total Medical Annual</b>				<b>\$144,407</b>	<b>\$128,083</b>	<b>\$16,323</b>
<b>Total Garden City's Medical Monthly</b>		<b>Total Medical Employees</b>	<b>593</b>	<b>\$728,126</b>	<b>\$661,369</b>	<b>\$66,757</b>
<b>Total Garden City's Medical Annual</b>				<b>\$8,737,510</b>	<b>\$7,936,427</b>	<b>\$801,083</b>

**LAKE HURON MEDICAL CENTER  
FUNDING AND CONTRIBUTION LEVELS  
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>Lake Huron Medical Center - Client ID H3381</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	139	\$859.51	\$805.34	\$54.17
		EE & Spouse	32	\$1,805.00	\$1,653.86	\$151.14
		EE & Child(ren)	49	\$1,624.48	\$1,500.82	\$123.66
		EE & Family	24	\$2,707.50	\$2,398.32	\$309.18
		<b>Estimated Monthly Premium</b>	244	\$321,811	\$295,966	\$25,846
<b>PRIME VALUE PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	12	\$518.77	\$405.57	\$113.20
		EE & Spouse	5	\$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
		<b>Estimated Monthly Premium</b>	22	\$16,705	\$12,935	\$3,770
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	266	<b>\$338,516</b>	<b>\$308,901</b>	<b>\$29,616</b>
<b>Total Medical Annual</b>				<b>\$4,062,193</b>	<b>\$3,706,806</b>	<b>\$355,386</b>
<i>Lake Huron Medical Group - Client ID H3382</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	14	\$859.51	\$805.34	\$54.17
		EE & Spouse	4	\$1,805.00	\$1,653.86	\$151.14
		EE & Child(ren)	6	\$1,624.48	\$1,500.82	\$123.66
		EE & Family	6	\$2,707.50	\$2,398.32	\$309.18
		<b>Estimated Monthly Premium</b>	30	\$45,245	\$41,285	\$3,960
<b>PRIME VALUE PLAN (Self-Insured)</b>	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
		<b>Estimated Monthly Premium</b>	0	\$0	\$0	\$0
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	30	<b>\$45,245</b>	<b>\$41,285</b>	<b>\$3,960</b>
<b>Total Medical Annual</b>				<b>\$542,940</b>	<b>\$495,420</b>	<b>\$47,520</b>
<b>Total Lake Huron's Medical Monthly</b>		<b>Total Medical Employees</b>	296	<b>\$383,761</b>	<b>\$350,186</b>	<b>\$33,576</b>
<b>Total Lake Huron's Medical Annual</b>				<b>\$4,605,133</b>	<b>\$4,202,227</b>	<b>\$402,906</b>

**PROVIDENCE MEDICAL CENTER ST. JOHN'S HOSPITAL  
FUNDING AND CONTRIBUTION LEVELS  
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>Providence Medical Center - Client ID H3340</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	239	\$859.51	\$805.34	\$54.17
		EE & Spouse	59	\$1,805.00	\$1,653.86	\$151.14
		EE & Child(ren)	70	\$1,624.48	\$1,500.82	\$123.66
		EE & Family	44	\$2,707.50	\$2,398.32	\$309.18
		<b>Estimated Monthly Premium</b>	412	\$544,761	\$500,637	\$44,124
<b>PRIME VALUE PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	17	\$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	6	\$1,556.37	\$1,154.78	\$401.59
		<b>Estimated Monthly Premium</b>	29	\$23,968	\$18,347	\$5,621
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	441	<b>\$568,729</b>	<b>\$518,984</b>	<b>\$49,745</b>
<b>Total Medical Annual</b>				<b>\$6,824,750</b>	<b>\$6,227,812</b>	<b>\$596,937</b>
<i>St. John Hospital - Client ID H3345</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	67	\$859.51	\$805.34	\$54.17
		EE & Spouse	16	\$1,805.00	\$1,653.86	\$151.14
		EE & Child(ren)	37	\$1,624.48	\$1,500.82	\$123.66
		EE & Family	16	\$2,707.50	\$2,398.32	\$309.18
		<b>Estimated Monthly Premium</b>	136	\$189,893	\$174,323	\$15,570
<b>PRIME VALUE PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	8	\$518.77	\$405.57	\$113.20
		EE & Spouse	0	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	1	\$933.80	\$732.58	\$201.22
		EE & Family	1	\$1,556.37	\$1,154.78	\$401.59
		<b>Estimated Monthly Premium</b>	10	\$6,640	\$5,132	\$1,508
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	146	<b>\$196,533</b>	<b>\$179,455</b>	<b>\$17,078</b>
<b>Total Medical Annual</b>				<b>\$2,358,399</b>	<b>\$2,153,459</b>	<b>\$204,940</b>
<b>Total Providence &amp; St. John's Medical Monthly</b>		<b>Total Medical Employees</b>	587	<b>\$765,262</b>	<b>\$698,439</b>	<b>\$66,823</b>
<b>Total Providence &amp; St. John's Medical Annual</b>				<b>\$9,183,149</b>	<b>\$8,381,271</b>	<b>\$801,878</b>

# EAST LIVERPOOL CITY HOSPITAL FUNDING AND CONTRIBUTION LEVELS YEAR 2020 BENEFIT RENEWALS

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>East Liverpool City Hospital - Client ID H3592</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	194	\$859.51	\$859.51	\$0.00
		EE & Spouse	50	\$1,805.00	\$1,680.08	\$124.92
		EE & Child(ren)	42	\$1,624.48	\$1,522.27	\$102.21
		EE & Family	51	\$2,707.50	\$2,451.98	\$255.52
		<b>Estimated Monthly Premium</b>	337	\$463,306	\$439,735	\$23,570
<b>PRIME VALUE PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	10	\$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	1	\$1,556.37	\$1,160.09	\$396.28
		<b>Estimated Monthly Premium</b>	19	\$14,422	\$11,341	\$3,081
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	356	<b>\$477,728</b>	<b>\$451,076</b>	<b>\$26,651</b>
<b>Total Medical Annual</b>				<b>\$5,732,731</b>	<b>\$5,412,914</b>	<b>\$319,818</b>
<i>Ohio Valley Home Health Services - Client ID H3594</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	3	\$859.51	\$859.51	\$0.00
		EE & Spouse	1	\$1,805.00	\$1,680.08	\$124.92
		EE & Child(ren)	4	\$1,624.48	\$1,522.27	\$102.21
		EE & Family	0	\$2,707.50	\$2,451.98	\$255.52
		<b>Estimated Monthly Premium</b>	8	\$10,881	\$10,348	\$534
<b>PRIME VALUE PLAN (Self-Insured)</b>	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
		<b>Estimated Monthly Premium</b>	0	\$0	\$0	\$0
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	8	<b>\$10,881</b>	<b>\$10,348</b>	<b>\$534</b>
<b>Total Medical Annual</b>				<b>\$130,577</b>	<b>\$124,172</b>	<b>\$6,405</b>
<i>River Valley Physicians - Client ID H3595</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	18	\$859.51	\$859.51	\$0.00
		EE & Spouse	5	\$1,805.00	\$1,680.08	\$124.92
		EE & Child(ren)	1	\$1,624.48	\$1,522.27	\$102.21
		EE & Family	7	\$2,707.50	\$2,451.98	\$255.52
		<b>Estimated Monthly Premium</b>	31	\$45,073	\$42,558	\$2,515
<b>PRIME VALUE PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	2	\$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
		<b>Estimated Monthly Premium</b>	3	\$2,075	\$1,634	\$441
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	34	<b>\$47,148</b>	<b>\$44,191</b>	<b>\$2,957</b>
<b>Total Medical Annual</b>				<b>\$565,779</b>	<b>\$530,297</b>	<b>\$35,482</b>
<b>Total East Liverpool's Medical Monthly</b>		<b>Total Medical Employees</b>	398	<b>\$535,757</b>	<b>\$505,615</b>	<b>\$30,142</b>
<b>Total East Liverpool's Medical Annual</b>				<b>\$6,429,088</b>	<b>\$6,067,383</b>	<b>\$361,704</b>



**ST. MARY'S MEDICAL CENTER ST. JOSEPH MEDICAL CENTER  
FUNDING AND CONTRIBUTION LEVELS  
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>St. Mary's Medical Center - Client ID H3560</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	114	\$859.51	\$805.34	\$54.17
		EE & Spouse	31	\$1,805.00	\$1,653.86	\$151.14
		EE & Child(ren)	60	\$1,624.48	\$1,500.82	\$123.66
		EE & Family	28	\$2,707.50	\$2,398.32	\$309.18
		<b>Estimated Monthly Premium</b>	233	\$327,218	\$300,281	\$26,937
<b>PRIME VALUE PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	9	\$518.77	\$405.57	\$113.20
		EE & Spouse	0	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	8	\$933.80	\$732.58	\$201.22
		EE & Family	2	\$1,556.37	\$1,154.78	\$401.59
		<b>Estimated Monthly Premium</b>	19	\$15,252	\$11,820	\$3,432
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>252</b>	<b>\$342,470</b>	<b>\$312,101</b>	<b>\$30,369</b>
<b>Total Medical Annual</b>				<b>\$4,109,640</b>	<b>\$3,745,211</b>	<b>\$364,429</b>
<i>St. Joseph Medical Center - Client ID H3561</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	301	\$859.51	\$805.34	\$54.17
		EE & Spouse	44	\$1,805.00	\$1,653.86	\$151.14
		EE & Child(ren)	110	\$1,624.48	\$1,500.82	\$123.66
		EE & Family	41	\$2,707.50	\$2,398.32	\$309.18
		<b>Estimated Monthly Premium</b>	496	\$627,833	\$578,599	\$49,234
<b>PRIME VALUE PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	25	\$518.77	\$405.57	\$113.20
		EE & Spouse	2	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	8	\$933.80	\$732.58	\$201.22
		EE & Family	2	\$1,556.37	\$1,154.78	\$401.59
		<b>Estimated Monthly Premium</b>	37	\$25,628	\$19,903	\$5,725
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>533</b>	<b>\$653,460</b>	<b>\$598,501</b>	<b>\$54,959</b>
<b>Total Medical Annual</b>				<b>\$7,841,524</b>	<b>\$7,182,014</b>	<b>\$659,511</b>
<i>South Kansas City Surgical Center - Client ID H3562</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	9	\$859.51	\$805.34	\$54.17
		EE & Spouse	2	\$1,805.00	\$1,653.86	\$151.14
		EE & Child(ren)	11	\$1,624.48	\$1,500.82	\$123.66
		EE & Family	1	\$2,707.50	\$2,398.32	\$309.18
		<b>Estimated Monthly Premium</b>	23	\$31,922	\$29,463	\$2,459
<b>PRIME VALUE PLAN (Self-Insured)</b>	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
		<b>Estimated Monthly Premium</b>	1	\$519	\$406	\$113
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>24</b>	<b>\$32,441</b>	<b>\$29,869</b>	<b>\$2,572</b>
<b>Total Medical Annual</b>				<b>\$389,294</b>	<b>\$358,424</b>	<b>\$30,869</b>

**ST. MARY'S MEDICAL CENTER ST. JOSEPH MEDICAL CENTER  
FUNDING AND CONTRIBUTION LEVELS  
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<b>CHCS Home Health Care - Client ID H3563</b>						
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	0	\$859.51	\$805.34	\$54.17
		EE & Spouse	0	\$1,805.00	\$1,653.86	\$151.14
		EE & Child(ren)	0	\$1,624.48	\$1,500.82	\$123.66
		EE & Family	0	\$2,707.50	\$2,398.32	\$309.18
		<b>Estimated Monthly Premium</b>	0	\$0	\$0	\$0
<b>PRIME VALUE PLAN (Self-Insured)</b>	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
		<b>Estimated Monthly Premium</b>	0	\$0	\$0	\$0
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Medical Annual</b>				<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>CPCN Physicians Service (30) STM - Client ID H3564</b>						
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	20	\$859.51	\$805.34	\$54.17
		EE & Spouse	4	\$1,805.00	\$1,653.86	\$151.14
		EE & Child(ren)	10	\$1,624.48	\$1,500.82	\$123.66
		EE & Family	9	\$2,707.50	\$2,398.32	\$309.18
		<b>Estimated Monthly Premium</b>	43	\$65,023	\$59,315	\$5,707
<b>PRIME VALUE PLAN (Self-Insured)</b>	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	1	\$1,556.37	\$1,154.78	\$401.59
		<b>Estimated Monthly Premium</b>	2	\$2,075	\$1,560	\$515
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>45</b>	<b>\$67,098</b>	<b>\$60,876</b>	<b>\$6,222</b>
<b>Total Medical Annual</b>				<b>\$805,172</b>	<b>\$730,508</b>	<b>\$74,664</b>
<b>CPCN Physicians Service (32) STJ - Client ID H3565</b>						
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	15	\$859.51	\$805.34	\$54.17
		EE & Spouse	5	\$1,805.00	\$1,653.86	\$151.14
		EE & Child(ren)	8	\$1,624.48	\$1,500.82	\$123.66
		EE & Family	7	\$2,707.50	\$2,398.32	\$309.18
		<b>Estimated Monthly Premium</b>	35	\$53,866	\$49,144	\$4,722
<b>PRIME VALUE PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	1	\$518.77	\$405.57	\$113.20
		EE & Spouse	1	\$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
		<b>Estimated Monthly Premium</b>	3	\$3,113	\$2,357	\$756
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>38</b>	<b>\$56,979</b>	<b>\$51,501</b>	<b>\$5,478</b>
<b>Total Medical Annual</b>				<b>\$683,744</b>	<b>\$618,014</b>	<b>\$65,731</b>
<b>St. Mary's Surgical Center - Client ID H3566</b>						
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	7	\$859.51	\$805.34	\$54.17
		EE & Spouse	1	\$1,805.00	\$1,653.86	\$151.14
		EE & Child(ren)	3	\$1,624.48	\$1,500.82	\$123.66
		EE & Family	0	\$2,707.50	\$2,398.32	\$309.18
		<b>Estimated Monthly Premium</b>	11	\$12,695	\$11,794	\$901
<b>PRIME VALUE PLAN (Self-Insured)</b>	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)	1	\$933.80	\$732.58	\$201.22
		EE & Family	0	\$1,556.37	\$1,154.78	\$401.59
		<b>Estimated Monthly Premium</b>	2	\$1,453	\$1,138	\$314
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>13</b>	<b>\$14,148</b>	<b>\$12,932</b>	<b>\$1,216</b>
<b>Total Medical Annual</b>				<b>\$169,771</b>	<b>\$155,182</b>	<b>\$14,589</b>
<b>Total St. Joseph &amp; St. Mary's Medical Monthly</b>		<b>Total Medical Employees</b>	<b>905</b>	<b>\$1,166,595</b>	<b>\$1,065,779</b>	<b>\$100,816</b>

**ST. MARY'S MEDICAL CENTER ST. JOSEPH MEDICAL CENTER  
FUNDING AND CONTRIBUTION LEVELS  
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>Total St. Joseph &amp; St. Mary's Medical Annual</i>				\$13,999,145	\$12,789,353	\$1,209,792

**ST. MARY'S MEDICAL CENTER ST. JOSEPH MEDICAL CENTER  
FUNDING AND CONTRIBUTION LEVELS  
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<b>H3805 - Mercy Medical Center - Aurora LLC</b>						
<b>PRIME EPO PLAN (Self-Insured)</b>	3/1/25 - 12/31/25	EE	166	\$671.00	\$589.75	\$81.25
		EE & Spouse	29	\$1,409.16	\$1,203.04	\$206.12
		EE & Child(ren)	58	\$1,268.22	\$1,099.58	\$168.64
		EE & Family	31	\$2,113.73	\$1,692.14	\$421.59
		<b>Estimated Monthly Premium</b>	284	\$291,334	\$249,019	\$42,315
<b>PRIME VALUE PLAN (Self-Insured)</b>	3/1/25 - 12/31/25	EE	32	\$518.77	\$415.61	\$103.16
		EE & Spouse	4	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	13	\$933.80	\$732.58	\$201.22
		EE & Family	8	\$1,556.37	\$1,154.78	\$401.59
		<b>Estimated Monthly Premium</b>	57	\$45,341	\$35,248	\$10,094
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	341	<b>\$336,675</b>	<b>\$284,266</b>	<b>\$52,409</b>
<b>Total Medical Annual</b>				<b>\$4,040,104</b>	<b>\$3,411,196</b>	<b>\$628,908</b>
<b>H3615 - Resurrection Medical Center - Chicago LLC</b>						
<b>PRIME EPO PLAN (Self-Insured)</b>	3/1/25 - 12/31/25	EE	331	\$671.00	\$589.75	\$81.25
		EE & Spouse	75	\$1,409.16	\$1,203.04	\$206.12
		EE & Child(ren)	109	\$1,268.22	\$1,099.58	\$168.64
		EE & Family	72	\$2,113.73	\$1,692.14	\$421.59
		<b>Estimated Monthly Premium</b>	587	\$618,213	\$527,124	\$91,089
<b>PRIME VALUE PLAN (Self-Insured)</b>	3/1/25 - 12/31/25	EE	47	\$518.77	\$415.61	\$103.16
		EE & Spouse	6	\$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
		<b>Estimated Monthly Premium</b>	65	\$44,303	\$34,793	\$9,511
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	652	<b>\$662,516</b>	<b>\$561,917</b>	<b>\$100,600</b>
<b>Total Medical Annual</b>				<b>\$7,950,192</b>	<b>\$6,742,998</b>	<b>\$1,207,194</b>
<b>H3825 - Saint Francis Hospital - Evanston LLC</b>						
<b>PRIME EPO PLAN (Self-Insured)</b>	3/1/25 - 12/31/25	EE	368	\$671.00	\$589.75	\$81.25
		EE & Spouse	38	\$1,409.16	\$1,203.04	\$206.12
		EE & Child(ren)	57	\$1,268.22	\$1,099.58	\$168.64
		EE & Family	43	\$2,113.73	\$1,692.14	\$421.59
		<b>Estimated Monthly Premium</b>	506	\$463,655	\$398,182	\$65,473
<b>PRIME VALUE PLAN (Self-Insured)</b>	3/1/25 - 12/31/25	EE	47	\$518.77	\$415.61	\$103.16
		EE & Spouse	6	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	10	\$933.80	\$732.58	\$201.22
		EE & Family	9	\$1,556.37	\$1,154.78	\$401.59
		<b>Estimated Monthly Premium</b>	72	\$53,953	\$42,032	\$11,921
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	578	<b>\$517,608</b>	<b>\$440,214</b>	<b>\$77,394</b>
<b>Total Medical Annual</b>				<b>\$6,211,295</b>	<b>\$5,282,564</b>	<b>\$928,732</b>

**ST. MARY'S MEDICAL CENTER ST. JOSEPH MEDICAL CENTER**  
**FUNDING AND CONTRIBUTION LEVELS**  
**YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<b>H3630 - Saint Joseph Hospital - Elgin LLC</b>						
<b>PRIME EPO PLAN (Self-Insured)</b>	3/1/25 - 12/31/25	EE	145	\$671.00	\$589.75	\$81.25
		EE & Spouse	23	\$1,409.16	\$1,203.04	\$206.12
		EE & Child(ren)	55	\$1,268.22	\$1,099.58	\$168.64
		EE & Family	36	\$2,113.73	\$1,692.14	\$421.59
		<b>Estimated Monthly Premium</b>	259	\$275,552	\$234,578	\$40,974
<b>PRIME VALUE PLAN (Self-Insured)</b>	3/1/25 - 12/31/25	EE	14	\$518.77	\$415.61	\$103.16
		EE & Spouse	5	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	6	\$933.80	\$732.58	\$201.22
		EE & Family	1	\$1,556.37	\$1,154.78	\$401.59
		<b>Estimated Monthly Premium</b>	26	\$19,610	\$15,352	\$4,258
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>285</b>	<b>\$295,162</b>	<b>\$249,929</b>	<b>\$45,233</b>
<b>Total Medical Annual</b>				<b>\$3,541,942</b>	<b>\$2,999,152</b>	<b>\$542,790</b>
<b>H3635 - Saint Joseph Hospital - Joliet LLC</b>						
<b>PRIME EPO PLAN (Self-Insured)</b>	3/1/25 - 12/31/25	EE	344	\$671.00	\$589.75	\$81.25
		EE & Spouse	50	\$1,409.16	\$1,203.04	\$206.12
		EE & Child(ren)	127	\$1,268.22	\$1,099.58	\$168.64
		EE & Family	87	\$2,113.73	\$1,692.14	\$421.59
		<b>Estimated Monthly Premium</b>	608	\$646,240	\$549,889	\$96,352
<b>PRIME VALUE PLAN (Self-Insured)</b>	3/1/25 - 12/31/25	EE	40	\$518.77	\$415.61	\$103.16
		EE & Spouse	6	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	24	\$933.80	\$732.58	\$201.22
		EE & Family	7	\$1,556.37	\$1,154.78	\$401.59
		<b>Estimated Monthly Premium</b>	77	\$60,282	\$47,069	\$13,213
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>685</b>	<b>\$706,522</b>	<b>\$596,958</b>	<b>\$109,564</b>
<b>Total Medical Annual</b>				<b>\$8,478,270</b>	<b>\$7,163,498</b>	<b>\$1,314,772</b>
<b>H3645 - St. Mary's Hospital - Kankakee, LLC</b>						
<b>PRIME EPO PLAN (Self-Insured)</b>	3/1/25 - 12/31/25	EE	131	\$671.00	\$589.75	\$81.25
		EE & Spouse	29	\$1,409.16	\$1,203.04	\$206.12
		EE & Child(ren)	72	\$1,268.22	\$1,099.58	\$168.64
		EE & Family	36	\$2,113.73	\$1,692.14	\$421.59
		<b>Estimated Monthly Premium</b>	268	\$296,173	\$252,232	\$43,941
<b>PRIME VALUE PLAN (Self-Insured)</b>	3/1/25 - 12/31/25	EE	16	\$518.77	\$415.61	\$103.16
		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
		<b>Estimated Monthly Premium</b>	22	\$15,252	\$11,954	\$3,298
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>290</b>	<b>\$311,425</b>	<b>\$264,186</b>	<b>\$47,239</b>
<b>Total Medical Annual</b>				<b>\$3,737,097</b>	<b>\$3,170,230</b>	<b>\$566,867</b>
<b>H3655 - Saint Mary of Nazareth Hospital - Chicago, LLC</b>						
<b>PRIME EPO PLAN (Self-Insured)</b>	3/1/25 - 12/31/25	EE	432	\$671.00	\$589.75	\$81.25
		EE & Spouse	43	\$1,409.16	\$1,203.04	\$206.12
		EE & Child(ren)	95	\$1,268.22	\$1,099.58	\$168.64
		EE & Family	46	\$2,113.73	\$1,692.14	\$421.59
		<b>Estimated Monthly Premium</b>	616	\$568,178	\$488,801	\$79,377
<b>PRIME VALUE PLAN (Self-Insured)</b>	3/1/25 - 12/31/25	EE	51	\$518.77	\$415.61	\$103.16
		EE & Spouse	4	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	12	\$933.80	\$732.58	\$201.22
		EE & Family	8	\$1,556.37	\$1,154.78	\$401.59
		<b>Estimated Monthly Premium</b>	73	\$51,151	\$40,102	\$11,049
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>689</b>	<b>\$619,330</b>	<b>\$528,903</b>	<b>\$90,426</b>
<b>Total Medical Annual</b>				<b>\$7,431,957</b>	<b>\$6,346,840</b>	<b>\$1,085,116</b>

**ST. MARY'S MEDICAL CENTER ST. JOSEPH MEDICAL CENTER**  
**FUNDING AND CONTRIBUTION LEVELS**  
**YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>H3660 - Holy Family Medical Center</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	3/1/25 - 12/31/25	EE	78	\$671.00	\$589.75	\$81.25
		EE & Spouse	20	\$1,409.16	\$1,203.04	\$206.12
		EE & Child(ren)	27	\$1,268.22	\$1,099.58	\$168.64
		EE & Family	37	\$2,113.73	\$1,692.14	\$421.59
		<b>Estimated Monthly Premium</b>	162	\$192,971	\$162,359	\$30,612
<b>PRIME VALUE PLAN (Self-Insured)</b>	3/1/25 - 12/31/25	EE	11	\$518.77	\$415.61	\$103.16
		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
		<b>Estimated Monthly Premium</b>	20	\$15,667	\$12,201	\$3,466
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	182	<b>\$208,638</b>	<b>\$174,561</b>	<b>\$34,078</b>
<b>Total Medical Annual</b>				<b>\$2,503,659</b>	<b>\$2,094,726</b>	<b>\$408,933</b>
<i>H3665 - MedSpace Services, LLC</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	3/1/25 - 12/31/25	EE	35	\$671.00	\$589.75	\$81.25
		EE & Spouse	9	\$1,409.16	\$1,203.04	\$206.12
		EE & Child(ren)	15	\$1,268.22	\$1,099.58	\$168.64
		EE & Family	14	\$2,113.73	\$1,692.14	\$421.59
		<b>Estimated Monthly Premium</b>	73	\$84,783	\$71,652	\$13,131
<b>PRIME VALUE PLAN (Self-Insured)</b>	3/1/25 - 12/31/25	EE	3	\$518.77	\$415.61	\$103.16
		EE & Spouse	2	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	1	\$933.80	\$732.58	\$201.22
		EE & Family	2	\$1,556.37	\$1,154.78	\$401.59
		<b>Estimated Monthly Premium</b>	8	\$7,678	\$5,882	\$1,796
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	81	<b>\$92,461</b>	<b>\$77,534</b>	<b>\$14,927</b>
<b>Total Medical Annual</b>				<b>\$1,109,531</b>	<b>\$930,413</b>	<b>\$179,118</b>
<i>H3670 - Prime Healthcare Illinois Medical Group, LLC</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	3/1/25 - 12/31/25	EE	224	\$671.00	\$589.75	\$81.25
		EE & Spouse	47	\$1,409.16	\$1,203.04	\$206.12
		EE & Child(ren)	86	\$1,268.22	\$1,099.58	\$168.64
		EE & Family	69	\$2,113.73	\$1,692.14	\$421.59
		<b>Estimated Monthly Premium</b>	426	\$471,449	\$399,968	\$71,480
<b>PRIME VALUE PLAN (Self-Insured)</b>	3/1/25 - 12/31/25	EE	25	\$518.77	\$415.61	\$103.16
		EE & Spouse	9	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	9	\$933.80	\$732.58	\$201.22
		EE & Family	11	\$1,556.37	\$1,154.78	\$401.59
		<b>Estimated Monthly Premium</b>	54	\$47,832	\$36,855	\$10,976
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	480	<b>\$519,280</b>	<b>\$436,824</b>	<b>\$82,457</b>
<b>Total Medical Annual</b>				<b>\$6,231,366</b>	<b>\$5,241,885</b>	<b>\$989,480</b>
<i>H3675 - Prime Healthcare Home Care and Hospice</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	3/1/25 - 12/31/25	EE	40	\$671.00	\$589.75	\$81.25
		EE & Spouse	9	\$1,409.16	\$1,203.04	\$206.12
		EE & Child(ren)	20	\$1,268.22	\$1,099.58	\$168.64
		EE & Family	7	\$2,113.73	\$1,692.14	\$421.59
		<b>Estimated Monthly Premium</b>	76	\$79,683	\$68,254	\$11,429
<b>PRIME VALUE PLAN (Self-Insured)</b>	3/1/25 - 12/31/25	EE	3	\$518.77	\$415.61	\$103.16
		EE & Spouse	0	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	2	\$933.80	\$732.58	\$201.22
		EE & Family	0	\$1,556.37	\$1,154.78	\$401.59
		<b>Estimated Monthly Premium</b>	5	\$3,424	\$2,712	\$712
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	81	<b>\$83,107</b>	<b>\$70,966</b>	<b>\$12,141</b>
<b>Total Medical Annual</b>				<b>\$997,282</b>	<b>\$851,591</b>	<b>\$145,691</b>
<i>H3680 - Prime Healthcare Senior Living</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	3/1/25 - 12/31/25	EE	56	\$671.00	\$589.75	\$81.25
		EE & Spouse	14	\$1,409.16	\$1,203.04	\$206.12
		EE & Child(ren)	20	\$1,268.22	\$1,099.58	\$168.64
		EE & Family	8	\$2,113.73	\$1,692.14	\$421.59
		<b>Estimated Monthly Premium</b>	98	\$99,578	\$85,397	\$14,181
<b>PRIME VALUE PLAN (Self-Insured)</b>	3/1/25 - 12/31/25	EE	6	\$518.77	\$415.61	\$103.16
		EE & Spouse	3	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	2	\$933.80	\$732.58	\$201.22
		EE & Family	2	\$1,556.37	\$1,154.78	\$401.59
		<b>Estimated Monthly Premium</b>	13	\$11,206	\$8,656	\$2,548
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	111	<b>\$110,784</b>	<b>\$94,055</b>	<b>\$16,729</b>
<b>Total Medical Annual</b>				<b>\$1,329,410</b>	<b>\$1,128,665</b>	<b>\$200,745</b>

**ST. MARY'S MEDICAL CENTER ST. JOSEPH MEDICAL CENTER  
FUNDING AND CONTRIBUTION LEVELS  
YEAR 2020 BENEFIT RENEWALS**

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>Total Illinois Medical Monthly</i>		Total Medical Employees	4,455	\$4,463,509	\$3,780,313	\$683,196
<i>Total Illinois Medical Annual</i>				\$53,562,106	\$45,363,759	\$8,198,347