

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

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>San Dimas Community Hospital - Client ID H3170</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	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	23	\$2,113.73	\$1,832.66	\$281.07
		<b>Estimated Monthly Premium</b>	197	\$207,149	\$186,947	\$20,202
<b>PRIME VALUE PLAN (Self-Insured)</b>	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	3	\$1,556.37	\$1,154.78	\$401.59
		<b>Estimated Monthly Premium</b>	19	\$15,252	\$11,717	\$3,536
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>216</b>	<b>\$222,401</b>	<b>\$198,664</b>	<b>\$23,737</b>
<b>Total Medical Annual</b>				<b>\$2,668,811</b>	<b>\$2,383,964</b>	<b>\$284,847</b>
<i>Bio-Medical Services - Client ID H3130</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	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	40	\$2,113.73	\$1,832.66	\$281.07
		<b>Estimated Monthly Premium</b>	335	\$332,849	\$300,366	\$32,483
<b>PRIME VALUE PLAN (Self-Insured)</b>	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	2	\$1,556.37	\$1,154.78	\$401.59
		<b>Estimated Monthly Premium</b>	28	\$18,780	\$14,553	\$4,226
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>363</b>	<b>\$351,629</b>	<b>\$314,919</b>	<b>\$36,710</b>
<b>Total Medical Annual</b>				<b>\$4,219,548</b>	<b>\$3,779,032</b>	<b>\$440,515</b>
<i>Chino Valley Medical Center - Client ID H3100</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	143	\$671.00	\$671.00	\$0.00
		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
		<b>Estimated Monthly Premium</b>	200	\$181,347	\$174,525	\$6,822
<b>PRIME VALUE PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	11	\$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>	12	\$6,744	\$5,387	\$1,357
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>212</b>	<b>\$188,091</b>	<b>\$179,912</b>	<b>\$8,179</b>
<b>Total Medical Annual</b>				<b>\$2,257,097</b>	<b>\$2,158,944</b>	<b>\$98,153</b>

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

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>Chino Valley Medical Center RNs - Client ID H3300</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	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	<u>\$2,113.73</u>	<u>\$1,944.87</u>	<u>\$168.86</u>
		<b>Estimated Monthly Premium</b>	68	\$69,155	\$65,935	\$3,220
<b>PRIME VALUE PLAN (Self-Insured)</b>	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>	<u>\$1,556.37</u>	<u>\$1,160.09</u>	<u>\$396.28</u>
		<b>Estimated Monthly Premium</b>	6	\$5,603	\$4,306	\$1,296
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>74</b>	<b>\$74,758</b>	<b>\$70,241</b>	<b>\$4,516</b>
<b>Total Medical Annual</b>				<b>\$897,090</b>	<b>\$842,897</b>	<b>\$54,193</b>
<i>Desert Valley Hospital - Client ID H3140</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	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>	<u>\$2,113.73</u>	<u>\$1,832.66</u>	<u>\$281.07</u>
		<b>Estimated Monthly Premium</b>	634	\$686,481	\$618,785	\$67,696
<b>PRIME VALUE PLAN (Self-Insured)</b>	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	<u>3</u>	<u>\$1,556.37</u>	<u>\$1,154.78</u>	<u>\$401.59</u>
		<b>Estimated Monthly Premium</b>	45	\$32,164	\$24,941	\$7,223
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>679</b>	<b>\$718,646</b>	<b>\$643,726</b>	<b>\$74,919</b>
<b>Total Medical Annual</b>				<b>\$8,623,747</b>	<b>\$7,724,717</b>	<b>\$899,030</b>
<i>Desert Valley Medical Group - Client ID H3150</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	91	\$671.00	\$616.83	\$54.17
		EE & Spouse	20	\$1,409.16	\$1,271.75	\$137.41
		EE & Child(ren)	41	\$1,268.22	\$1,155.79	\$112.43
		EE & Family	<u>27</u>	<u>\$2,113.73</u>	<u>\$1,832.66</u>	<u>\$281.07</u>
		<b>Estimated Monthly Premium</b>	179	\$198,312	\$178,436	\$19,876
<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)	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>
		<b>Estimated Monthly Premium</b>	7	\$7,989	\$6,068	\$1,922
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>186</b>	<b>\$206,301</b>	<b>\$184,503</b>	<b>\$21,798</b>
<b>Total Medical Annual</b>				<b>\$2,475,615</b>	<b>\$2,214,041</b>	<b>\$261,574</b>

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

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>Huntington Beach Hospital - Client ID H3210</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	163	\$671.00	\$616.83	\$54.17
		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	<u>\$2,113.73</u>	<u>\$1,832.66</u>	<u>\$281.07</u>
		<b>Estimated Monthly Premium</b>	242	\$228,728	\$207,243	\$21,484
<b>PRIME VALUE PLAN (Self-Insured)</b>	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	<u>2</u>	<u>\$1,556.37</u>	<u>\$1,154.78</u>	<u>\$401.59</u>
		<b>Estimated Monthly Premium</b>	41	\$26,665	\$20,672	\$5,993
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>283</b>	<b>\$255,393</b>	<b>\$227,915</b>	<b>\$27,477</b>
<b>Total Medical Annual</b>				<b>\$3,064,712</b>	<b>\$2,734,984</b>	<b>\$329,728</b>
<i>La Palma Intercommunity Hospital - Client ID H3200</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	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>	<u>\$2,113.73</u>	<u>\$1,832.66</u>	<u>\$281.07</u>
		<b>Estimated Monthly Premium</b>	230	\$225,393	\$203,781	\$21,613
<b>PRIME VALUE PLAN (Self-Insured)</b>	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>
		<b>Estimated Monthly Premium</b>	22	\$16,393	\$12,606	\$3,787
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>252</b>	<b>\$241,787</b>	<b>\$216,387</b>	<b>\$25,400</b>
<b>Total Medical Annual</b>				<b>\$2,901,440</b>	<b>\$2,596,642</b>	<b>\$304,798</b>

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

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<b>Montclair Hospital Medical Center - Client ID H3160</b>						
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	97	\$671.00	\$616.83	\$54.17
		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	<u>\$2,113.73</u>	<u>\$1,832.66</u>	<u>\$281.07</u>
		<b>Estimated Monthly Premium</b>	153	\$158,796	\$142,773	\$16,023
<b>PRIME VALUE PLAN (Self-Insured)</b>	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	<u>2</u>	<u>\$1,556.37</u>	<u>\$1,154.78</u>	<u>\$401.59</u>
		<b>Estimated Monthly Premium</b>	30	\$20,855	\$16,147	\$4,708
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>183</b>	<b>\$179,650</b>	<b>\$158,920</b>	<b>\$20,731</b>
<b>Total Medical Annual</b>				<b>\$2,155,804</b>	<b>\$1,907,035</b>	<b>\$248,769</b>
<b>Premiere Healthcare Staffing - Client ID H3115</b>						
<b>PRIME EPO PLAN (Self-Insured)</b>	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>
		<b>Estimated Monthly Premium</b>	6	\$6,066	\$5,456	\$610
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>6</b>	<b>\$6,066</b>	<b>\$5,456</b>	<b>\$610</b>
<b>Total Medical Annual</b>				<b>\$72,791</b>	<b>\$65,469</b>	<b>\$7,322</b>
<b>Prime Management Services - Client ID H3110</b>						
<b>PRIME EPO PLAN (Self-Insured)</b>	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	<u>\$2,113.73</u>	<u>\$1,832.66</u>	<u>\$281.07</u>
		<b>Estimated Monthly Premium</b>	1,243	\$1,283,112	\$1,156,371	\$126,741
<b>PRIME VALUE PLAN (Self-Insured)</b>	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
		EE & Family	<u>13</u>	<u>\$1,556.37</u>	<u>\$1,154.78</u>	<u>\$401.59</u>
		<b>Estimated Monthly Premium</b>	62	\$51,878	\$39,719	\$12,159
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>1,305</b>	<b>\$1,334,991</b>	<b>\$1,196,090</b>	<b>\$138,900</b>
<b>Total Medical Annual</b>				<b>\$16,019,886</b>	<b>\$14,353,084</b>	<b>\$1,666,803</b>
<b>Paradise Valley Hospital - Client ID H3230</b>						
<b>PRIME EPO PLAN (Self-Insured)</b>	1/1/25 - 12/31/25	EE	333	\$671.00	\$616.83	\$54.17
		EE & Spouse	58	\$1,409.16	\$1,271.75	\$137.41
		EE & Child(ren)	57	\$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>
		<b>Estimated Monthly Premium</b>	486	\$457,785	\$414,687	\$43,098

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

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

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

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>Paradise Valley Medical Group - Client ID H3240</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	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	\$2,113.73	\$1,832.66	\$281.07
		<b>Estimated Monthly Premium</b>	4	\$5,569	\$4,899	\$670
<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>	<b>4</b>	<b>\$5,569</b>	<b>\$4,899</b>	<b>\$670</b>
<b>Total Medical Annual</b>				<b>\$66,834</b>	<b>\$58,788</b>	<b>\$8,046</b>
<i>Sherman Oaks Hospital - Client ID H3180</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	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	38	\$2,113.73	\$1,832.66	\$281.07
		<b>Estimated Monthly Premium</b>	330	\$338,668	\$305,486	\$33,182
<b>PRIME VALUE PLAN (Self-Insured)</b>	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	3	\$1,556.37	\$1,154.78	\$401.59
		<b>Estimated Monthly Premium</b>	39	\$26,665	\$20,610	\$6,055
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>369</b>	<b>\$365,333</b>	<b>\$326,096</b>	<b>\$39,237</b>
<b>Total Medical Annual</b>				<b>\$4,383,995</b>	<b>\$3,913,147</b>	<b>\$470,848</b>
<i>Sherman Oaks Medical Group - Client ID H3190</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	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	\$2,113.73	\$1,832.66	\$281.07
		<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>

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

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<b>West Anaheim Medical Center - Client ID H3220</b>						
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	84	\$2,113.73	\$1,881.97	\$231.76
		<b>Estimated Monthly Premium</b>	623	\$619,056	\$587,249	\$31,807
<b>PRIME VALUE PLAN (Self-Insured)</b>						
	1/1/25 - 12/31/25	EE	58	\$518.77	\$416.98	\$101.79
		EE & Spouse	4	\$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
		<b>Estimated Monthly Premium</b>	76	\$52,293	\$41,076	\$11,217
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>699</b>	<b>\$671,349</b>	<b>\$628,325</b>	<b>\$43,024</b>
<b>Total Medical Annual</b>				<b>\$8,056,186</b>	<b>\$7,539,900</b>	<b>\$516,286</b>
<b>Shasta Regional Medical Center - Client ID H3280</b>						
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	294	\$671.00	\$671.00	\$0.00
		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
		<b>Estimated Monthly Premium</b>	603	\$694,422	\$644,016	\$50,406
<b>PRIME VALUE PLAN (Self-Insured)</b>						
	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
		<b>Estimated Monthly Premium</b>	35	\$27,495	\$21,410	\$6,085
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	<b>638</b>	<b>\$721,917</b>	<b>\$665,426</b>	<b>\$56,491</b>
<b>Total Medical Annual</b>				<b>\$8,663,007</b>	<b>\$7,985,114</b>	<b>\$677,894</b>
<b>Shasta Medical Group - Client ID H3285</b>						
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	\$2,113.73	\$1,858.21	\$255.52
		<b>Estimated Monthly Premium</b>	29	\$31,518	\$29,434	\$2,084
<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>	<b>29</b>	<b>\$31,518</b>	<b>\$29,434</b>	<b>\$2,084</b>
<b>Total Medical Annual</b>				<b>\$378,211</b>	<b>\$353,204</b>	<b>\$25,007</b>

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

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
<i>Hospitality - Client ID H3290</i>						
<b>PRIME EPO PLAN (Self-Insured)</b>	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>
		<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	<u>\$1,556.37</u>	<u>\$1,154.78</u>	<u>\$401.59</u>
		<b>Estimated Monthly Premium</b>	0	\$0	\$0	\$0
<b>Total Medical Monthly</b>		<b>Total Medical Employees</b>	0	\$0	\$0	\$0
<b>Total Medical Annual</b>				\$0	\$0	\$0
<b>Total Legacy Medical Monthly</b>		<b>Total Medical Employees</b>	6,028	\$6,067,007	\$5,492,104	\$574,903
<b>Total Legacy Medical Annual</b>				\$72,804,083	\$65,905,245	\$6,898,838
<b>Combined PRIME Medical Monthly</b>		<b>Total Medical Employees</b>	25,013	27,066,944	24,502,457	2,564,487
<b>Combined PRIME Medical Annual</b>				\$324,803,324	\$294,029,482	\$30,773,843