					PRIME	Contributio
Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	Contribution	n
San Dimas Community Hospital - Client ID H3170						
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	<u>23</u>	\$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
Bio-Medical Services - Client ID H3130						
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
		j				
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
		j		. ,	. ,	. ,
Total Medical Monthly		Total Medical Employees	362	\$353,341	\$316,902	\$36,439
Total Medical Annual		ļ. J		\$4,240,092	\$3,802,825	\$437,267
Chino Valley Medical Center - Client ID H3100						
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
				ψ1,200	ψο,σσ ι	ψ1,100
Total Medical Monthly		Total Medical Employees	214	\$186,959	\$178,971	\$7,989
Total Medical Annual		. C.a. Modiour Employees		\$2,243,513	\$2,147,650	\$95,863
Total modiful Alliani				#2,2 10,010	₩ 2,1-71,000	400,000

Renewal Period 1/1/25 - 12/31/25 1/1/25 - 12/31/25	EE EE & Spouse EE & Child(ren) EE & Family Estimated Monthly Premium	41 7 9 <u>8</u> 65	\$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$65,699	\$671.00 \$1,296.59 \$1,166.90 \$1,944.87	\$0.00 \$112.57 \$101.32
1/1/25 - 12/31/25	EE EE & Spouse EE & Child(ren) EE & Family Estimated Monthly Premium	41 7 9 8	\$671.00 \$1,409.16 \$1,268.22 \$2,113.73	\$671.00 \$1,296.59 \$1,166.90 \$1,944.87	\$0.00 \$112.57 \$101.32
	EE & Spouse EE & Child(ren) EE & Family Estimated Monthly Premium	7 9 <u>8</u>	\$1,409.16 \$1,268.22 \$2,113.73	\$1,296.59 \$1,166.90 \$1,944.87	\$112.57 \$101.32
	EE & Spouse EE & Child(ren) EE & Family Estimated Monthly Premium	7 9 <u>8</u>	\$1,409.16 \$1,268.22 \$2,113.73	\$1,296.59 \$1,166.90 \$1,944.87	\$112.57 \$101.32
	EE & Spouse EE & Child(ren) EE & Family Estimated Monthly Premium	7 9 <u>8</u>	\$1,409.16 \$1,268.22 \$2,113.73	\$1,296.59 \$1,166.90 \$1,944.87	\$112.57 \$101.32
1/1/25 - 12/31/25	EE & Child(ren) EE & Family Estimated Monthly Premium	9 <u>8</u>	\$1,268.22 \$2,113.73	\$1,166.90 \$1,944.87	\$101.32
1/1/25 - 12/31/25	EE & Family Estimated Monthly Premium	<u>8</u>	\$2,113.73	\$1,944.87	
1/1/25 - 12/31/25	Estimated Monthly Premium				\$168.86
1/1/25 - 12/31/25	·	00	Ψ00,000	\$62,648	\$3,051
1/1/25 - 12/31/25	ГГ			ψ02,040	ψο,σστ
	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	\$1,556.37	\$1,160.09	\$396.28
	Estimated Monthly Premium	6	\$5,603	\$4,306	\$1,296
					•
	Total Medical Employees	71			\$4,347
			\$855,621	\$803,455	\$52,167
1/1/25 - 12/31/25	EE	319	\$671.00	\$616.83	\$54.17
1,1,120 12,01,120					\$137.41
					\$112.43
	` '				\$281.07
	·	625	\$681,040		\$67,267
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	<u>3</u>	<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 Madical Company	000	6744 C47	#C27 F40	\$74,136
	Total Medical Employees	000			\$889,629
			ψ0,000,110	ψ1,000,141	Ψ003,023
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	<u>28</u>	\$2,113.73	\$1,832.66	\$281.07
	Estimated Monthly Premium	177	\$197,815	\$177,879	\$19,936
1/1/25 - 12/31/25			<u> </u>		\$113.20
					\$240.98
	()				\$201.22
					<u>\$401.59</u>
	Estimated Monthly Premium	7	\$7,989	\$6,068	\$1,922
	Total Medical Employees	194	\$205 905	\$182 Q47	\$21,858
	Total Wedical Employees	104			\$21,050
		Total Medical Employees	Total Medical Employees 71	Total Medical Employees	Total Medical Employees

					PRIME	Contributio
Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	Contribution	n
Huntington Beach Hospital - Client ID H3210						
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	<u>21</u>	<u>\$2,113.73</u>	\$1,832.66	<u>\$281.07</u>
		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
TAME VALUE FEAR (Gen-insured)	1/1/23 - 12/31/23	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
		Louisian Montany 1 Tomani	10	Ψ20,7 10	ΨΕΣ,ΕΘΕ	φο,σσσ
Total Medical Monthly		Total Medical Employees	284	\$258,380	\$230,191	\$28,190
Total Medical Annual				\$3,100,566	\$2,762,288	\$338,278
La Palma Intercommunity Hospital - Client ID H3200						
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	<u>3</u>	<u>\$1,556.37</u>	<u>\$1,154.78</u>	<u>\$401.59</u>
		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		Total Wedical Employees	201	\$2,891,562		
i Otal Medical Allitual				\$2,091,562	\$2,586,705	\$304,856

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Contributio
ecrologe / carror	1101101111111101100	g,				
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	<u>24</u>	<u>\$2,113.73</u>	\$1,832.66	<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
FRINC VALUE FEAR (Self-Ilisured)	1/1/25 - 12/31/25	EE & Spouse	3	\$1,037.57	\$796.59	\$240.98
		EE & Child(ren)	4	\$933.80	\$732.58	\$240.96
		EE & Family	1	\$1,556.37	\$1,154.78	\$401.59
		Estimated Monthly Premium	26	\$17,742	\$13,775	\$3,967
		Estimated Monthly 1 Termum	20	Ψ17,742	Ψ10,770	ψ0,301
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		. ctal incarca. Empreyore	Ť	\$72,791	\$65,469	\$7,322
Prime Management Services - Client ID H3110						
PRIME EPO PLAN (Self-Insured)						
PRIME EFO PLAN (Sell-Ilisuleu)	1/1/25 - 12/31/25	EE	756	\$671.00	\$616.83	\$54.17
	1/1/25 - 12/31/25	EE & Spouse	107	\$1,409.16	\$1,271.75	\$137.41
(Control of the control of the contr	1/1/25 - 12/31/25	EE & Spouse EE & Child(ren)	107 217	\$1,409.16 \$1,268.22	\$1,271.75 \$1,155.79	\$137.41 \$112.43
	1/1/25 - 12/31/25	EE & Spouse EE & Child(ren) EE & Family	107 217 169	\$1,409.16 \$1,268.22 \$2,113.73	\$1,271.75 \$1,155.79 \$1,832.66	\$137.41 \$112.43 \$281.07
	1/1/25 - 12/31/25	EE & Spouse EE & Child(ren)	107 217	\$1,409.16 \$1,268.22	\$1,271.75 \$1,155.79	\$137.41 \$112.43
		EE & Spouse EE & Child(ren) EE & Family Estimated Monthly Premium	107 217 169 1,249	\$1,409.16 \$1,268.22 \$2,113.73 \$1,290,480	\$1,271.75 \$1,155.79 <u>\$1,832.66</u> \$1,162,927	\$137.41 \$112.43 <u>\$281.07</u> \$127,554
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE & Spouse EE & Child(ren) EE & Family Estimated Monthly Premium	107 217 169 1,249	\$1,409.16 \$1,268.22 <u>\$2,113.73</u> \$1,290,480 \$518.77	\$1,271.75 \$1,155.79 \$1,832.66 \$1,162,927 \$405.57	\$137.41 \$112.43 \$281.07 \$127,554 \$113.20
		EE & Spouse EE & Child(ren) EE & Family Estimated Monthly Premium EE EE & Spouse	107 217 169 1,249 34 4	\$1,409.16 \$1,268.22 <u>\$2,113.73</u> \$1,290,480 \$518.77 \$1,037.57	\$1,271.75 \$1,155.79 \$1,832.66 \$1,162,927 \$405.57 \$796.59	\$137.41 \$112.43 <u>\$281.07</u> \$127,554 \$113.20 \$240.98
		EE & Spouse EE & Child(ren) EE & Family Estimated Monthly Premium EE EE & Spouse EE & Child(ren)	107 217 169 1,249 34 4 11	\$1,409.16 \$1,268.22 <u>\$2,113.73</u> \$1,290,480 \$518.77 \$1,037.57 \$933.80	\$1,271.75 \$1,155.79 \$1,832.66 \$1,162,927 \$405.57 \$796.59 \$732.58	\$137.41 \$112.43 <u>\$281.07</u> \$127,554 \$113.20 \$240.98 \$201.22
		EE & Spouse EE & Child(ren) EE & Family Estimated Monthly Premium EE EE & Spouse EE & Child(ren) EE & Family	107 217 169 1,249 34 4 11 14	\$1,409.16 \$1,268.22 \$2,113.73 \$1,290,480 \$518.77 \$1,037.57 \$933.80 \$1,556.37	\$1,271.75 \$1,155.79 \$1,832.66 \$1,162,927 \$405.57 \$796.59 \$732.58 \$1,154.78	\$137.41 \$112.43 \$281.07 \$127,554 \$113.20 \$240.98 \$201.22 \$401.59
		EE & Spouse EE & Child(ren) EE & Family Estimated Monthly Premium EE EE & Spouse EE & Child(ren)	107 217 169 1,249 34 4 11	\$1,409.16 \$1,268.22 <u>\$2,113.73</u> \$1,290,480 \$518.77 \$1,037.57 \$933.80	\$1,271.75 \$1,155.79 \$1,832.66 \$1,162,927 \$405.57 \$796.59 \$732.58	\$137.41 \$112.43 <u>\$281.07</u> \$127,554 \$113.20 \$240.98 \$201.22
		EE & Spouse EE & Child(ren) EE & Family Estimated Monthly Premium EE EE & Spouse EE & Child(ren) EE & Family	107 217 169 1,249 34 4 11 14	\$1,409.16 \$1,268.22 \$2,113.73 \$1,290,480 \$518.77 \$1,037.57 \$933.80 \$1,556.37	\$1,271.75 \$1,155.79 \$1,832.66 \$1,162,927 \$405.57 \$796.59 \$732.58 \$1,154.78	\$137.41 \$112.43 \$281.07 \$127,554 \$113.20 \$240.98 \$201.22 \$401.59
PRIME VALUE PLAN (Self-Insured)		EE & Spouse EE & Child(ren) EE & Family Estimated Monthly Premium EE EE & Spouse EE & Child(ren) EE & Family Estimated Monthly Premium	107 217 169 1,249 34 4 11 14 63	\$1,409.16 \$1,268.22 \$2,113.73 \$1,290,480 \$518.77 \$1,037.57 \$933.80 \$1,556.37 \$53,849	\$1,271.75 \$1,155.79 \$1,832.66 \$1,162,927 \$405.57 \$796.59 \$732.58 \$1,154.78 \$41,201	\$137.41 \$112.43 \$281.07 \$127,554 \$113.20 \$240.98 \$201.22 \$401.59 \$12,648
PRIME VALUE PLAN (Self-Insured) Total Medical Monthly Total Medical Annual		EE & Spouse EE & Child(ren) EE & Family Estimated Monthly Premium EE EE & Spouse EE & Child(ren) EE & Family Estimated Monthly Premium	107 217 169 1,249 34 4 11 14 63	\$1,409.16 \$1,268.22 \$2,113.73 \$1,290,480 \$518.77 \$1,037.57 \$933.80 \$1,556.37 \$53,849	\$1,271.75 \$1,155.79 \$1,832.66 \$1,162,927 \$405.57 \$796.59 \$732.58 \$1,154.78 \$41,201	\$137.41 \$112.43 \$281.07 \$127,554 \$113.20 \$240.98 \$201.22 \$401.59 \$12,648
PRIME VALUE PLAN (Self-Insured) Total Medical Monthly Total Medical Annual Paradise Valley Hospital - Client ID H3230	1/1/25 - 12/31/25	EE & Spouse EE & Child(ren) EE & Family Estimated Monthly Premium EE EE & Spouse EE & Child(ren) EE & Family Estimated Monthly Premium Total Medical Employees	107 217 169 1,249 34 4 11 14 63	\$1,409.16 \$1,268.22 \$2,113.73 \$1,290,480 \$518.77 \$1,037.57 \$933.80 \$1,556.37 \$53,849 \$1,344,330 \$16,131,956	\$1,271.75 \$1,155.79 \$1,832.66 \$1,162,927 \$405.57 \$796.59 \$732.58 \$1,154.78 \$41,201 \$1,204,128 \$14,449,533	\$137.41 \$112.43 \$281.07 \$127,554 \$113.20 \$240.98 \$201.22 \$401.59 \$12,648 \$140,202 \$1,682,423
PRIME VALUE PLAN (Self-Insured) Total Medical Monthly Total Medical Annual		EE & Spouse EE & Child(ren) EE & Family Estimated Monthly Premium EE EE & Spouse EE & Child(ren) EE & Family Estimated Monthly Premium Total Medical Employees EE	107 217 169 1,249 34 4 11 14 63 1,312	\$1,409.16 \$1,268.22 \$2,113.73 \$1,290,480 \$518.77 \$1,037.57 \$933.80 \$1,556.37 \$53,849 \$1,344,330 \$16,131,956	\$1,271.75 \$1,155.79 \$1,832.66 \$1,162,927 \$405.57 \$796.59 \$732.58 \$1,154.78 \$41,201 \$1,204,128 \$14,449,533	\$137.41 \$112.43 \$281.07 \$127,554 \$113.20 \$240.98 \$201.22 \$401.59 \$12,648 \$140,202 \$1,682,423
PRIME VALUE PLAN (Self-Insured) Total Medical Monthly Total Medical Annual Paradise Valley Hospital - Client ID H3230	1/1/25 - 12/31/25	EE & Spouse EE & Child(ren) EE & Family Estimated Monthly Premium EE EE & Spouse EE & Child(ren) EE & Family Estimated Monthly Premium Total Medical Employees EE EE & Spouse	107 217 169 1,249 34 4 11 14 63 1,312	\$1,409.16 \$1,268.22 \$2,113.73 \$1,290,480 \$518.77 \$1,037.57 \$933.80 \$1,556.37 \$53,849 \$1,344,330 \$16,131,956 \$671.00 \$1,409.16	\$1,271.75 \$1,155.79 \$1,832.66 \$1,162,927 \$405.57 \$796.59 \$732.58 \$1,154.78 \$41,201 \$1,204,128 \$14,449,533 \$616.83 \$1,271.75	\$137.41 \$112.43 \$281.07 \$127,554 \$113.20 \$240.98 \$201.22 \$401.59 \$12,648 \$140,202 \$1,682,423 \$54.17 \$137.41
PRIME VALUE PLAN (Self-Insured) Total Medical Monthly Total Medical Annual Paradise Valley Hospital - Client ID H3230	1/1/25 - 12/31/25	EE & Spouse EE & Child(ren) EE & Family Estimated Monthly Premium EE EE & Spouse EE & Child(ren) EE & Family Estimated Monthly Premium Total Medical Employees EE & Spouse EE & Child(ren)	107 217 169 1,249 34 4 11 14 63 1,312	\$1,409.16 \$1,268.22 \$2,113.73 \$1,290,480 \$518.77 \$1,037.57 \$933.80 \$1,556.37 \$53,849 \$1,344,330 \$16,131,956 \$671.00 \$1,409.16 \$1,268.22	\$1,271.75 \$1,155.79 \$1,832.66 \$1,162,927 \$405.57 \$796.59 \$732.58 \$1,154.78 \$41,201 \$1,204,128 \$14,449,533 \$616.83 \$1,271.75 \$1,155.79	\$137.41 \$112.43 \$281.07 \$127,554 \$113.20 \$240.98 \$201.22 \$401.59 \$12,648 \$140,202 \$1,682,423 \$54.17 \$137.41 \$112.43
PRIME VALUE PLAN (Self-Insured) Total Medical Monthly Total Medical Annual Paradise Valley Hospital - Client ID H3230	1/1/25 - 12/31/25	EE & Spouse EE & Child(ren) EE & Family Estimated Monthly Premium EE EE & Spouse EE & Child(ren) EE & Family Estimated Monthly Premium Total Medical Employees EE & Spouse EE & Child(ren)	107 217 169 1,249 34 4 11 14 63 1,312 329 57 59 38	\$1,409.16 \$1,268.22 \$2,113.73 \$1,290,480 \$518.77 \$1,037.57 \$933.80 \$1,556.37 \$53,849 \$1,344,330 \$16,131,956 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73	\$1,271.75 \$1,155.79 \$1,832.66 \$1,162,927 \$405.57 \$796.59 \$732.58 \$1,154.78 \$41,201 \$1,204,128 \$14,449,533 \$616.83 \$1,271.75 \$1,155.79 \$1,832.66	\$137.41 \$112.43 \$281.07 \$127,554 \$113.20 \$240.98 \$201.22 \$401.59 \$12,648 \$140,202 \$1,682,423 \$54.17 \$137.41 \$112.43 \$281.07
PRIME VALUE PLAN (Self-Insured) Total Medical Monthly Total Medical Annual Paradise Valley Hospital - Client ID H3230	1/1/25 - 12/31/25	EE & Spouse EE & Child(ren) EE & Family Estimated Monthly Premium EE EE & Spouse EE & Child(ren) EE & Family Estimated Monthly Premium Total Medical Employees EE & Spouse EE & Child(ren)	107 217 169 1,249 34 4 11 14 63 1,312	\$1,409.16 \$1,268.22 \$2,113.73 \$1,290,480 \$518.77 \$1,037.57 \$933.80 \$1,556.37 \$53,849 \$1,344,330 \$16,131,956 \$671.00 \$1,409.16 \$1,268.22	\$1,271.75 \$1,155.79 \$1,832.66 \$1,162,927 \$405.57 \$796.59 \$732.58 \$1,154.78 \$41,201 \$1,204,128 \$14,449,533 \$616.83 \$1,271.75 \$1,155.79	\$137.41 \$112.43 \$281.07 \$127,554 \$113.20 \$240.98 \$201.22 \$401.59 \$12,648 \$140,202 \$1,682,423 \$54.17 \$137.41 \$112.43

					PRIME	Contributio
Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	Contribution	n
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	<u>3</u>	<u>\$1,556.37</u>	<u>\$1,160.09</u>	<u>\$396.28</u>
		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

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		0.1	-	D-1-/F	PRIME	Contributio
Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	Contribution	n
Daniella Malla Malla I Orania Ollari I D 1100 10						
Paradise Valley Medical Group - Client ID H3240	4/4/05 40/04/05	FF	2	CC74 00	#C4C 00	ФГ 4 4 7
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE . O	0	\$671.00	\$616.83	\$54.17
		EE & Spouse		\$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
		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
Traine triese resident modeody	17 1720 12/01/20	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
		Estimated Monthly Fremium	Ū	ΨΟ	ΨΟ	ΨΟ
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	\$2,113.73	\$1,832.66	\$281.07
		Estimated Monthly Premium	330	\$340,003	\$306,680	\$33,324
		j				
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	\$1,556.37	\$1,154.78	\$401.59
		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	\$2,113.73	\$1,832.66	\$281.07
		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	\$401.59
		Estimated Monthly Premium	0	\$0	\$0	\$0
Total Medical Monthly		Total Medical Employees	0	\$0	\$0	\$0
Total Medical Annual				\$0	\$0	\$0

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		0-1		D-1-/F	PRIME	Contributio
Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	Contribution	n
West Angle in the Period Control Office (ID 1900)						
West Anaheim Medical Center - Client ID H3220	1/1/05 10/01/05		404	#074.00	#074.00	#0.00
PRIME EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE . O	421 42	\$671.00	\$671.00	\$0.00
		EE & Spouse		\$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
Traine triede repair (don mourou)	17 17 20 12 12 17 20	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
		Latinated Monthly Fremium		Ψ32,293	ψ+1,110	ψ11,10Z
Total Medical Monthly		Total Medical Employees	707	\$675,938	\$632,975	\$42,964
Total Medical Annual				\$8,111,262	\$7,595,695	\$515,566
Shasta Regional Medical Center - Client ID H3280						
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
		j				
Total Medical Monthly		Total Medical Employees	638	\$719,628	\$663,285	\$56,343
Total Medical Annual				\$8,635,532	\$7,959,421	\$676,111
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)	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

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Contributio n
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	0	\$2,113.73	\$1,445.26	<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	6,033	\$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		
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

			_	<i>.</i> -	PRIME	Employee
Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	Contribution	Contribution
Centinela Hospital Medical Center - Client ID H3270	144 /05 104 /05			0074.00	***	A 0.00
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	<u>84</u>	\$2,113.73	\$2,113.73	\$0.00
		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	\$3,501.36	\$2,420.91	\$1,080.45
		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	<u>0</u>	<u>\$2,548.93</u>	<u>\$2,008.72</u>	<u>\$540.21</u>
		Estimated Monthly Premium	0	\$0	\$0	\$0
DDIME VALUE DLAN (Solf Inquired)	1/1/25 - 12/31/25	EE	70	\$518.77	\$416.98	\$101.79
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE & Spouse	73	'	\$799.78	\$237.79
		EE & Child(ren)	3 13	\$1,037.57 \$933.80	\$799.78 \$735.24	\$237.79 \$198.56
		EE & Child(Ten)	3	\$1,556.37	\$1,160.09	\$396.28
		Estimated Monthly Premium	<u>3</u> 92	\$57,791	\$45,877	\$11,914
Robotics Outpatient Center - Client ID H3271		Estillated Monthly Freinidin	92	φ57,791	φ45,67 <i>1</i>	\$11,914
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	\$2,113.73	\$1,832.66	\$281.07
		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
Centinela Valley Endoscopy Center - Client ID H3272	4/0/00			0074.00	# 040.00	05447
PRIME EPO PLAN (Self-Insured)	1/0/00	EE . Coorne	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>0</u>	\$2,113.73 \$4.242	\$1,832.66 \$4,224	\$281.07 \$4.00
		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
	., .,20 12,01/20	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

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 BENEFIT'S RENEWALS

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
Encino Hospital Medical Center - Client ID H3250						
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

		1				
					PRIME	Employee
Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	Contribution	Contribution
Garden Grove Hospital Medical Center - Client ID H3260 (Including UNAC)						
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	<u>\$2,113.73</u>	<u>\$1,944.87</u>	<u>\$168.86</u>
		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	<u>29</u>	\$2,113.73	\$1,944.87	<u>\$168.86</u>
		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

Juse (ren) illy y Premium 4 Juse (ren) illy y Premium 3 Juse (ren) illy y Premium 3 Juse (ren) illy y Premium 4 Juse (ren) illy y Premium 1 Juse (ren) illy y Premium 1	265 46 97 65 473 174 23 551 305 97 14 27 26 164 93 7	\$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$503,046 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$329,253 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$1,268.22 \$2,113.73 \$1,409.16 \$1,268.22 \$1,13.73 \$1,409.16 \$1,268.22 \$2,113.73 \$1,409.16 \$1,268.22 \$2,113.73 \$1,74,014	Contribution \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$503,046 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$329,253 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$329,253 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$174,014 \$416.98 \$799.78	\$0.00 \$0.00
use (ren) iily y Premium 4 1 use (ren) iily y Premium 4 2 use (ren) iily y Premium 3 2 use (ren) iily y Premium 1 2 use (ren) iily y Premium 1	46 97 65 473 174 23 57 51 305 97 14 27 26 664 993 7 16	\$1,409.16 \$1,268.22 \$2,113.73 \$503,046 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$329,253 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$1,409.16 \$1,268.22 \$2,113.73 \$174,014	\$1,409.16 \$1,268.22 \$2,113.73 \$503,046 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$329,253 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$329,253	\$0.00 \$0.00
use (ren) iily y Premium 4 1 use (ren) iily y Premium 4 2 use (ren) iily y Premium 3 2 use (ren) iily y Premium 1 2 use (ren) iily y Premium 1	46 97 65 473 174 23 57 51 305 97 14 27 26 664 993 7 16	\$1,409.16 \$1,268.22 \$2,113.73 \$503,046 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$329,253 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$1,409.16 \$1,268.22 \$2,113.73 \$174,014	\$1,409.16 \$1,268.22 \$2,113.73 \$503,046 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$329,253 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$329,253	\$0.00 \$0.00
(ren) illy y Premium 1 use (ren) illy y Premium 2 (ren) illy y Premium 3 use (ren) illy y Premium 1 use (ren) illy y Premium 1	97 65 174 174 23 57 51 1305 97 14 227 26 164	\$1,268.22 \$2,113.73 \$503.046 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$329.253 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$1,409.16 \$1,268.22 \$2,113.73 \$174.014	\$1,268.22 \$2,113.73 \$503,046 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$329,253 \$671.00 \$1,268.22 \$2,113.73 \$12,68.22 \$2,113.73 \$12,68.22 \$2,113.73 \$12,68.22 \$2,113.73 \$174,014	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
y Premium 4 11 use (ren) iily y Premium 3 use (ren) iily y Premium 3 use (ren) iily y Premium 1	65 473 174 23 57 51 805 97 14 227 226 664	\$2,113.73 \$503,046 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$329,253 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$1,409.16 \$1,268.22 \$1,13.73 \$174,014	\$2,113.73 \$503,046 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$329,253 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$329,453 \$414.91 \$416.98 \$799.78	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
y Premium 4 1	174 23 57 51 305 97 14 27 26 164 993 7 16	\$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$329.253 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$174.014 \$518.77 \$1,037.57	\$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$329,253 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$174,014 \$416.98 \$799.78	\$0 \$0.00
use (ren) iily y Premium use (ren) iily y Premium use (ren) iily y Premium 1	23 57 51 305 97 14 27 26 164 93 7	\$1,409.16 \$1,268.22 \$2,113.73 \$329.253 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$174,014 \$518.77 \$1,037.57	\$1,409.16 \$1,268.22 \$2,113.73 \$329,253 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$174,014 \$416.98 \$799.78	\$0.00 \$0.00 \$0.00 \$0 \$0 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
use (ren) iily y Premium use (ren) iily y Premium use (ren) iily y Premium 1	23 57 51 305 97 14 27 26 164 93 7	\$1,409.16 \$1,268.22 \$2,113.73 \$329.253 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$174,014 \$518.77 \$1,037.57	\$1,409.16 \$1,268.22 \$2,113.73 \$329,253 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$174,014 \$416.98 \$799.78	\$0.00 \$0.00 \$0.00 \$0 \$0 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
(ren) illy y Premium 3 use (ren) illy y Premium 1 use (ren) illy y Premium 1	57 51 305 97 14 27 26 164 93 7 16	\$1,268.22 \$2,113.73 \$329,253 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$174,014 \$518.77 \$1,037.57	\$1,268.22 \$2,113.73 \$329,253 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$174,014 \$416.98 \$799.78	\$0.00 \$0.00 \$0 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
y Premium 3 use (ren) iily y Premium 1 use (ren) iily y Premium 1	51 305 97 14 27 26 164 93 7	\$2.113.73 \$329,253 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$174,014 \$518.77 \$1,037.57	\$2,113,73 \$329,253 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$174,014 \$416.98 \$799.78	\$0.00 \$0 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0
y Premium 3 use (ren) hily y Premium 1 use (ren)	97 14 27 26 164 93 7	\$329,253 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$174,014 \$518.77 \$1,037.57	\$329,253 \$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$174,014 \$416.98 \$799.78	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0
use (ren) iiiy y Premium 1	97 14 27 26 164 93 7	\$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$174,014 \$518.77 \$1,037.57	\$671.00 \$1,409.16 \$1,268.22 \$2,113.73 \$174,014 \$416.98 \$799.78	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0
use (ren) nilly y Premium 1 use (ren)	14 27 26 164 93 7	\$1,409.16 \$1,268.22 \$2,113.73 \$174,014 \$518.77 \$1,037.57	\$1,409.16 \$1,268.22 \$2,113.73 \$174,014 \$416.98 \$799.78	\$0.00 \$0.00 \$0.00 \$0
y Premium 1	27 <u>26</u> 164 93 7 16	\$1,268.22 \$2,113.73 \$174,014 \$518.77 \$1,037.57	\$1,268.22 \$2,113.73 \$174,014 \$416.98 \$799.78	\$0.00 <u>\$0.00</u> \$0 \$101.79
y Premium 1	26 164 93 7	\$2,113.73 \$174,014 \$518.77 \$1,037.57	\$2,113.73 \$174,014 \$416.98 \$799.78	\$0.00 \$0 \$101.79
y Premium 1	93 7 16	\$174,014 \$518.77 \$1,037.57	\$174,014 \$416.98 \$799.78	\$0 \$101.79
use (ren)	93 7 16	\$518.77 \$1,037.57	\$416.98 \$799.78	\$101.79
use (ren)	7 16	\$1,037.57	\$799.78	
use (ren)	7 16	\$1,037.57	\$799.78	
(ren)				\$237.79
elle.	9	\$933.80	\$735.24	\$198.56
nily		\$1,556.37	\$1,160.09	\$396.28
y Premium 1	125	\$84,457	\$66,582	\$17,874
	1	6074.00	0040.00	051.17
	0	\$671.00 \$1.409.16	\$616.83 \$1,271.75	\$54.17 \$137.41
	1	\$1,268.22	\$1,155.79	\$112.43
	0	\$2,113.73	\$1,832.66	\$281.07
	2	\$1,939	\$1,773	\$167
	1	\$518.77	\$405.57	\$113.20
	0	\$1,037.57	\$796.59	\$240.98
	0	\$933.80	\$732.58	\$201.22
,	0	\$1,556.37	\$1,154.78	<u>\$401.59</u>
y Premium	1	\$519	\$406	\$113
		0001	0015	0
			** * * * * * * * * * * * * * * * * * * *	\$54.17
				\$137.41
(ren)	0	\$1,268.22	\$1,155.79	\$112.43
nily	0	\$2,113.73	\$1,832.66	\$281.07
y Premium	2	\$1,342	\$1,234	\$108
	2	\$518.77	\$405.57	\$113.20
	0	\$1,037.57	\$796.59	\$240.98
	3	\$933.80	\$732.58	\$201.22
use	0	\$1,556.37	\$1,154.78	\$401.59
use (ren)	5	\$3,839	\$3,009	\$830
use (ren) nily		,	+-,	
use (ren) nily			\$1 079 317	\$19,093
(ren) nily y Premium	.077	\$1.098.409		4.0,000
d	ouse Id(ren) amily hly Premium	ouse 0 d(ren) 0 mily 0 hly Premium 2 couse 0 d(ren) 3 amily 0 hly Premium 5 couse 5 couse 0 d(ren) 5 couse 0 c	ouse 0 \$1,409.16 d(ren) 0 \$1,268.22 milly 0 \$2,113.73 hly Premium 2 \$1,342	ouse 0 \$1,409.16 \$1,271.75 d(ren) 0 \$1,268.22 \$1,155.79 amily 0 \$2,113.73 \$1,832.66 hly Premium 2 \$1,342 \$1,234

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

Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	PRIME Contribution	Employee Contribution
Pampa Regional Medical Center - Client ID H3320						
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	<u>28</u>	\$2,434.94	\$2,139.81	<u>\$295.13</u>
		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	<u>2</u>	\$1,556.37	<u>\$1,154.78</u>	<u>\$401.59</u>
		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
Roxborough Memorial Hospital - Client ID H3325						
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	<u>17</u>	\$2,353.48	\$2,058.3 <u>5</u>	<u>\$295.13</u>
		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	<u>3</u>	\$1,556.37	\$1,154.7 <u>8</u>	<u>\$401.59</u>
		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
Lower Bucks Hospital - Client ID H3330						
PRIME EPO PLAN (Self-Insured) - IUOE	1/1/25 - 12/31/25	EE	11	\$710.18	\$710.18	\$0.00
(Rates are medical only, not bundled with Vision)		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	<u>1</u>	\$2,349.00	\$2,093.48	<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
(Rates are medical & vision bundled)		EE & Spouse	46	\$1,659.50	\$1,534.58	\$124.92
Rates are medical & vision bundled)		EE & Child(ren)	36	\$1,495.00	\$1,392.79	\$102.21
		EE & Family	<u>41</u>	\$2,491.06	<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	\$1,556.37	\$1,160.09	<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
Dallas Medical Center - Client ID H3335						
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	<u>35</u>	\$2,353.48	\$2,058.35	<u>\$295.13</u>
		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	<u>1</u>	\$1,556.37	<u>\$1,154.78</u>	\$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
Dallas Regional Medical Center - Client ID H3337						
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>	\$2,353.48	\$2,058.35	<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>	\$1,556.37	<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
Riverview Regional Medical Center - Client ID H3338						
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	<u>58</u>	\$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
Traine Trace I Erit (Gell Insured)	17 1723 12/01/20	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
Track Market Market L			540	AF75 040	0547.044	AF0 F70
Total Medical Monthly			512	\$575,913	\$517,341	\$58,572
Total Medical Annual				\$6,910,957	\$6,208,097	\$702,860
Gadsden Physicians Management - Client ID H3339						
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	<u>\$2,353.48</u>	<u>\$2,058.35</u>	<u>\$295.13</u>
		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
TRIME VALUE I LAN (Gen-insured)	17 1723 12/01/20	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			33	\$520,388	\$467,645	\$52,743
Total medical Allitual				Ψ020,000	Ψτοι, ιστο	Ψ02,170
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

					PRIME	Employee
Coverage / Carrier	Renewal Period	Category	Ees	Rate/Fee	Contribution	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	<u>67</u>	<u>\$2,213.59</u>	<u>\$1,932.52</u>	<u>\$281.07</u>
		Estimated Monthly Premium	449	\$519,552	\$469,956	\$49,596
DDIME VALUE DI AN (O-16 la consed)	4/4/05 40/04/05	EE	4.5	ФБ40.77	C405.57	# 440.00
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25		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	<u>\$401.59</u>
		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
	1, 1,20 12,01,20	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	<u>\$1,154.78</u>	<u>\$401.59</u>
		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
Harlingen Medical Center - Client ID H3370						
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	<u>63</u>	<u>\$2,213.59</u>	<u>\$1,932.52</u>	<u>\$281.07</u>
		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	<u>4</u>	\$1,556.37	<u>\$1,154.78</u>	<u>\$401.59</u>
		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
Monroe Hospital - Client ID H3397						
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	<u>23</u>	\$2,353.48	\$2,058.35	<u>\$295.13</u>
		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	<u>1</u>	\$1,556.37	<u>\$1,154.78</u>	<u>\$401.59</u>
		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
Summit Surgery Center at St. Mary's Galena - Client ID H3394		,				
PRIME Non-Union 2020 D2 UNIFIED EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	Period Category Ees Rate/Fee Contribution Contribution	\$0.00			
		EE & Spouse		•		\$143.77
						\$114.76
						\$274.46
		-				\$0
			,	4.0	4.0	4 3
PRIME VALUE PLAN (Self-Insured)	1/1/25 - 12/31/25	EE	1	\$518.77	\$426.38	\$92.39
			0	•		\$197.60
						\$165.00
						\$329.30
						\$92
			·	ψ0.0	4.2 0	Ψ32
Total Medical Monthly		Total Medical Employees	1	\$519	\$426	\$92
Total Medical Annual					•	\$1,109
				, ,	1 - 7	, ,
Saint Mary's Regional Medical Center - Client ID H3395						
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			\$1,424.87	\$143.77
		EE & Child(ren)				\$114.76
						<u>\$274.46</u>
		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	FF	100	₽74C OC	Ф74C ОС	\$0.00
PRIME CWA 2020 DZ UNIFIED EPO PLAN (Self-Insured)	1/1/25 - 12/31/25					\$0.00 \$143.77
						\$143.77
						\$274.46
						\$20,580
		•		, ,	· /	,
PRIME CNA 2019 D2 UNIFIED EPO PLAN (Self-Insured)	1/1/25 - 12/31/25	EE				\$0.00
					\$1,458.52	\$143.77
			39			\$114.76
						\$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
TAME TALLE LAN (Den moureu)	1/1/25 - 12/31/23	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
		Lottinated monthly i remidif	- 55	Ψπ2,002	ψ0-1,02 1	ΨΟ,ΟΤΙ
Total Medical Monthly		Total Medical Employees	707	\$842,384	\$781,260	\$61,125
Total Medical Annual				\$10,108,609	\$9,375,114	\$733,495
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